MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-100-[redacted]13

[redacted]LACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassu[redacted]

City of Elba

[redacted]ion District No. _____ File No. 35802

No. —

[redacted] Registration District No. _____ Registered No. _____

Hospital at home

FULL NAME OF CHILD Marbel — (died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	No	Nov 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Grace Macfarlane
RESIDENCE	—	RESIDENCE	Elba, Ida.
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY	— (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	—	BIRTHPLACE	Elba Idaho
OCCUPATION	—	OCCUPATION	Housework for mother

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:40 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

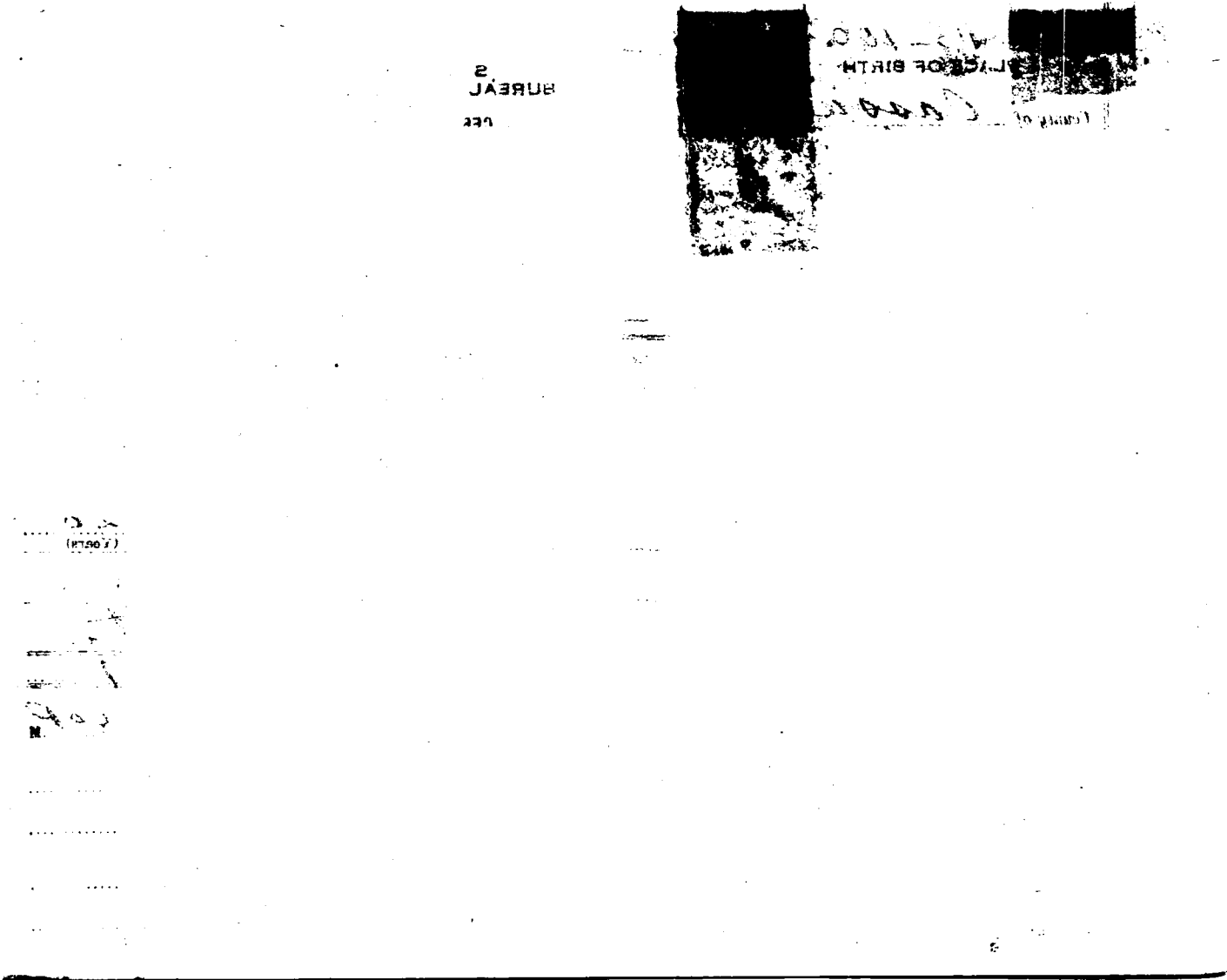
Address Malta Ida

Filed Jan 2 1916 C. I. Sater

Registrar

Registrar

S-Y CO. 24655



759-103-016-89

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Naf

District No. 119

File No. 35803

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		—	yes	Nov 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Gerroid	FULL MAIDEN NAME	Chloe Hill
RESIDENCE	Naf Idaho	RESIDENCE	Naf Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	North Ogden Utah	BIRTHPLACE	Mill Creek-Utah
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Barbara Williams

mid wife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Naf Idaho

Filed Jan 2 1916 C. J. Sater Registrar

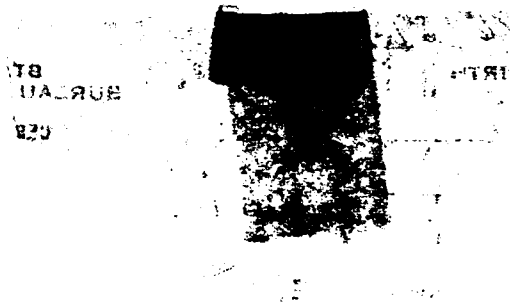
..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



343-208 26-2-9

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Heglar

[redacted] District No. 119

File No. 35804

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital at home

FULL NAME OF CHILD Muriel Estetta Culley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Dec 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Richard Culley	FULL MAIDEN NAME	Alta Lucille Bryant
RESIDENCE	Heglar, Idaho.	RESIDENCE	Heglar, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:5 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed Jan 2 1915 C. I. Sater

Registrar

Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1961

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-12

CERTIFICATE OF BIRTH

County ..... City of Winchester

No. ..... St.

Hospital .....

Registration District No. 48 File No. 35805

Primary Registration District No. 2127 Registered No. 45

FULL NAME OF CHILD MARION DALE STILWELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	12 (Month) 23 (Day) 1911 (Year)

FATHER		MOTHER	
FULL NAME	Thomas A. Stilwell	FULL MAIDEN NAME	Alma E. McFadden
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-5-1916 Elton B. Rogers Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

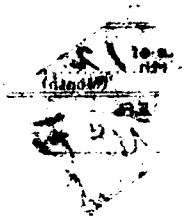
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

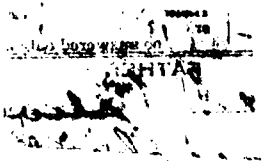
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

MAY 7 1942

JUN 5 1959





235-222-091-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. Rombough Ranch

Registration District No. 48

File No. 35806

Primary Registration District No. 2127

Registered No. 44

Hospital

FULL NAME OF CHILD Corinne Elizabeth Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 22th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert James Stevens	FULL MAIDEN NAME	Florence Irene Brezee
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 45 P. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Em. Laughlin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Ida.

Filed 12-27-1915 Elton B. Rogers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1975

753-1[illegible]4-553

PLAC[redacted]H

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ake

City of Montpelier Registration District No. 52 File No. 35807

No. ..... St. Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Wilson Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
M		yes	[redacted]

FATHER		MOTHER	
FULL NAME	Ann Victor Peterson	FULL MAIDEN NAME	Christina Wilson [redacted]
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white AGE AT LAST BIRTHDAY 28 (Years)	COLOR	white AGE AT LAST BIRTHDAY [redacted]
BIRTHPLACE	Kansas	BIRTHPLACE	Sweden
OCCUPATION	painter	OCCUPATION	painters [redacted]

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes — Born alive (Born alive [redacted]), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Lyman

phy (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed 12/31/ 1915 H H Hetting M.D. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BI[redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS IS [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN mus[redacted] of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

[redacted]

AMENDED 10-9-57

PLACE OF BIRTH

249.1112042.19

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 35809

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lloyd Milton Smith

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 11 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	G. M. Smith	FULL MAIDEN NAME	Leaster Baird
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:50 A. M. on the date above stated.

(Signature) I. W. Lynn

Physician (Physician or midwife)

Address Montpelier, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 12-31-15 H. H. King, M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 35809

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Loyd Smith (Name on Original Certificate) who was born (Was Born or Died) on November 11, 1915 (Date of Event) in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Record (Bible Record, Insurance Policy, Etc.) prepared on #519-22-8626 (Give Date), are:

Cert. of Ordination Feb. 15, 1931 viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Loyd Smith	Lloyd Milton Smith

Subscribed and sworn to before me this 2nd day of October, 1957

Ruth Aland
RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 5, 1960

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Clara P. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Georgetown Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 1957

Ruth Aland
RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 5, 1960

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Howard Smith
(Signature of Any Credible Person)

Georgetown Idaho
(Street Address, City, State)

FORM DPH 55.155

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-225-004-663

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 35810

No. — St.

Primary Registration District No. 2136

Registered No.

Hospital —

FULL NAME OF CHILD Alice Chaffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira C. Chaffin	FULL MAIDEN NAME	Amy Lee Wolford
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Colorado
OCCUPATION	Engineer	OCCUPATION	house-wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.35 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Lynn

physician (Physician or midwife)

Address Montpelier Idaho

Given names added from a supplemental report

19

Registrar

Filed 12/31/ 1915

H H Ring MD Registrar

S-Y CO. 20174

FEB 20 1967

DEC 29 1941

912-104-004-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52

File No. 35811

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence Rasmusson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 4 1915

FATHER		MOTHER	
FULL NAME	James Rasmusson	FULL MAIDEN NAME	Mary Emma Barkdoll
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.10 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Ida

Filed 12/31/1915 H H King M.D.

Registrar

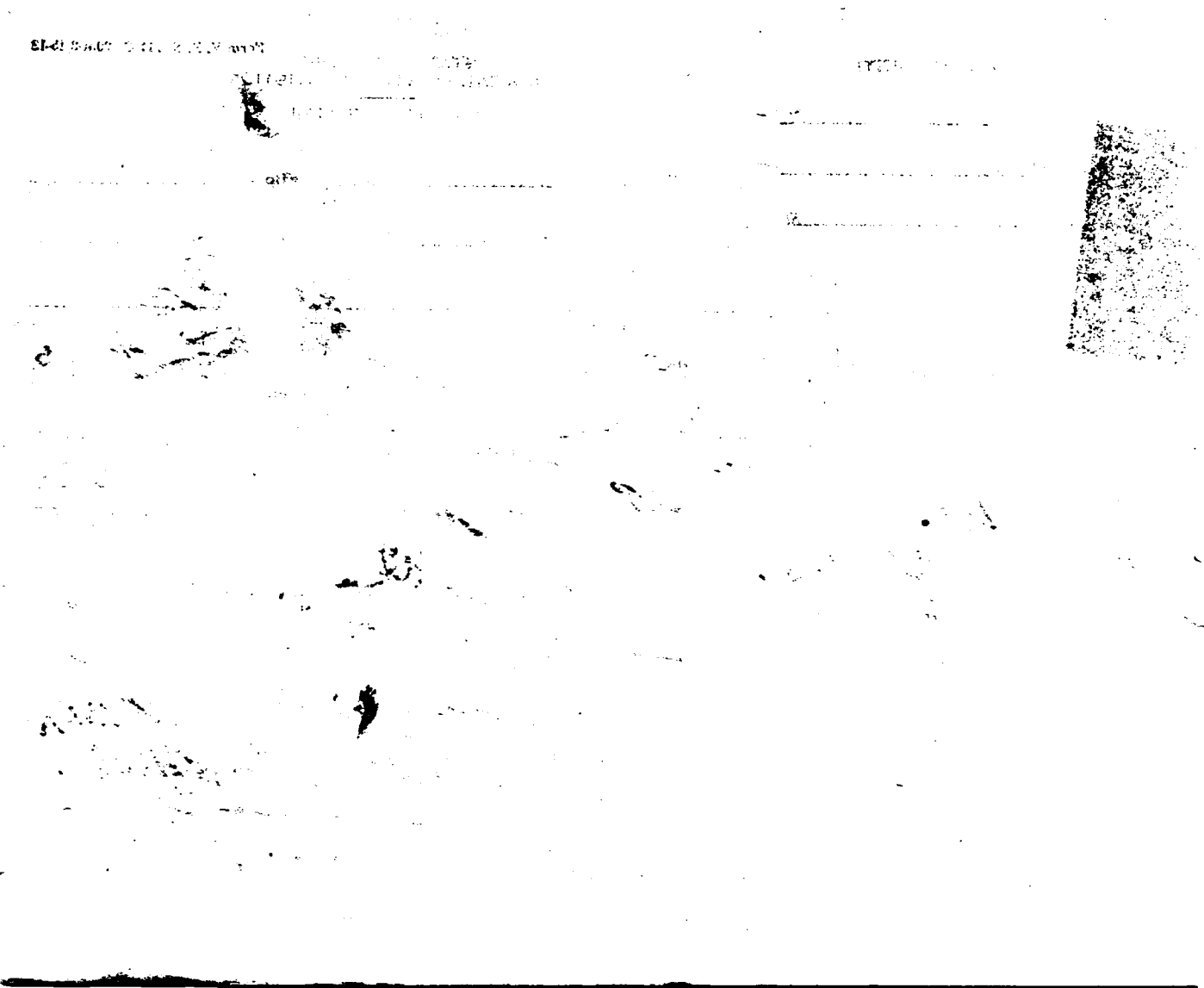
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BIN[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must b[illegible] of each, in order of birth stated.



275-201-00 [redacted]

PLACE OF BI[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35812

County of Bannock

City of Pocatello

No. 441 S. Grant St.

Hospital --- ---

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 937

FULL NAME OF CHILD Manila Edeline Spence

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Dec. 1 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Spence	FULL MAIDEN NAME	Frances Tuttle
RESIDENCE	441 S. Grant St.	RESIDENCE	441 S. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Belfast, Ireland	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg. Pocatello, Idaho

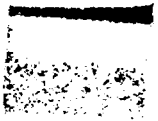
Filed Dec 11, 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y15·203·003-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35813

County of Bannock

City of Pocatello. Registration District No. 84 File No. 19

No. 635 W. Sublett Primary Registration District No. 2161 Registered No. 938

Hospital

FULL NAME OF CHILD Dannuser, Genevieve

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	yes	Dec 3 191 5

FATHER	MOTHER
FULL NAME Jacob A. Dannuser	FULL MAIDEN NAME Enza J. Hartmann
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Switzerland	COLOR White
OCCUPATION Machinist	AGE AT LAST BIRTHDAY 22 (Years)
	BIRTHPLACE Davison Co. So. Dak
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W B Steele

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 16, 19 15

W B Steele
Registrar

S-Y CO. 24655

AUG 8 1975

693-105-003-154

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 722 W. Harrison St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35814

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 939

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 5 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Donovan Williams	FULL MAIDEN NAME: Alice Anderson
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Salt Lake, Utah	BIRTHPLACE: Georgetown, Idaho
OCCUPATION: Carpenter	OCCUPATION: H. Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D.
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec. 28, 1915

O. J. Deen
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

365-206-003-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 730 W. Ninth St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35815

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 940

FULL NAME OF CHILD Nora Marguerite Conlon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Dec 6 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Wallace Conlon	FULL MAIDEN NAME	Nora Verbate Griffiths
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Frisco, Utah
OCCUPATION	Pumper R.R.	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Cattle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Dec 28, 1915 O B Steele Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1943

456.207.003819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35816

County of Bannock

City of Pocatello

No. 334 S 6th St.

Hospital Pocatello Gen Hosp

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 941

FULL NAME OF CHILD ~~not named~~ Francis Forden Dewitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John M DeWitt	FULL MAIDEN NAME	Margaret Forden Harmen
RESIDENCE	334 S. 6th St Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Junction Montana	BIRTHPLACE	Burlington Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Jan 1, 1916 O B Steele

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTI

CERTIFICATE OF BIRTH

JUN 12 194

236-110-003-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35817

County of Bannock

City of Pocatello

No. 340 S Hayes St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 942

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred J ~~Bloxham~~ Bloxham	FULL MAIDEN NAME	Mary Edna Sherman
RESIDENCE	Pocatello, Idaho 340 S. Hay	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	White Water Wisconsin	BIRTHPLACE	White Water Wisconsin
OCCUPATION	Electrician.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.M. Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Jan 11 1916 O. P. Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-110-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—25 1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35818

County of Bannock

City of Pocatello

No. 754 S. Main St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 943

FULL NAME OF CHILD Forrest ~~Raymond~~ ROBERT Morrison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Murdock R. Morrison	FULL MAIDEN NAME	Elizabeth Bucholdt
RESIDENCE	754 S. Main St.	RESIDENCE	754 S. Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 11, 1915

[signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942
JUN 30 1942

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 754 Main st.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 754 Main St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idah

FULL NAME OF CHILD Forrest Robert Morrison.

5. Date of Birth of Child (Month, day, year) 12-10-1915

Sex Male.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

FULL NAME Murdock Raymond Morrison.

16. FULL MAIDEN NAME Elizabeth Marie Bockholdt.

Color or Race White.

12. Age at time of THIS birth 31 yrs.

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

Birthplace Morris, (City or town) Illinois. (State or foreign country)

19. Birthplace Lockport, (City or town) Illinois. (State or foreign country)

Exact Occupation Railroad, Brakeman.

20. Exact Occupation House Wife.

Industry or Business

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum

Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of San Francisco ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother, Father (Mother, etc.) of the person whose name appears Item 4, above, that I am now 57, 56 years of age, that I have known this person for 26 years, and that Ada Fowler (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that he facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under hapter 139, 1937 Session Laws.

Elizabeth Marie Morrison Murdock R Morrison Signature

154 Hermann St, San Francisco, Calif. P. O. Address

Subscribed and sworn to before me this 22 day of June, 1916

(SEAL)

Notary Public, residing at San Francisco Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1917 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-111-003-114

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 347 So. Grant St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35819

Registration District No. 87 File No. 19

Primary Registration District No. 2461 Registered No. 944

FULL NAME OF CHILD Arthur David West

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)	1	yes	Dec 11 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur a West	FULL MAIDEN NAME	Alice E Jones
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	London, England	BIRTHPLACE	Lancashire England
OCCUPATION	Musician	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:45 a M on the date above stated.

(Signature) O J Steely

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 11, 1915 O J Steely Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

652-211-003-114

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35820

County of Bannock

City of Pocatello

No. 347 So Grant St.

Hospital

Registration District No. 84

File No. 19

Primary Registration District No. 2161

Registered No. 945

FULL NAME OF CHILD Ruby Elizabeth West

Sex of Child female

Twin ~~Triplet or other?~~ yes and Number in order of birth 2

(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Dec 11, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur A. West	FULL MAIDEN NAME	Alice E. James
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	London, England	BIRTHPLACE	Lancashire, England
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:45 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed Dec 11, 1915 O B Steely

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1942

569-212-003-458

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35821

County of Bannock

City of Pocatello

No. 741 S. 5th Av. St.

Hospital ----------

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 946

FULL NAME OF CHILD Sarah Madge Ewing (died)

Sex of Child female	Twin Triplet or other? ---- and Number in order of birth ------ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec. (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clyde O. Ewing	FULL MAIDEN NAME	Golda Meyer
RESIDENCE	741 S.5th Av.	RESIDENCE	741 S.5th Av.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Topeka, Kansas	BIRTHPLACE	Lincoln Neb.
OCCUPATION	contractor	OCCUPATION	housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-15 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Kane Bldg., Pocatello Ida

Filed Jan 1, 1916 O. P. Steele

Registrar

Registrar

8-Y CO. 24633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-212-003-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35822

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 947

FULL NAME OF CHILD Evans, Martha Lorissa Evans

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank L. Evans	FULL MAIDEN NAME	Grace Howard
RESIDENCE	Hill City Ida.	RESIDENCE	Hill City Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Lumbermen	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8:45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, house[illegible] etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Sprague

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kane Bldg.

Filed Jan 1, 1916 O. P. Hirsch Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236416003-271

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 529 W. Sublette St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35823

Registrat[redacted] 84 File No. 19

Primary [redacted]strict No. 2161 Registered No. 948

FULL NAME OF CHILD ~~Baby~~ Orcutt Challis Stowell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	12 (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hugh Henry Orcutt	FULL MAIDEN NAME	Viola May Sparks
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Benton Co. Minn.	BIRTHPLACE	Kirksville, Mo.
OCCUPATION	Loco fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no att[redacted] physician or midwife, then the father, hou[redacted]r, etc., should make this return. A stillbor[redacted] is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Dec 22 1915 [signature] Registrar

Registrar

S-Y CO. 20174

SEP 10 1948

SEP 17 1948

619-217-003-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35824

County of Bannock

City of Pocatello

No. 311 S. Johnson St.

Hospital ------

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 949

FULL NAME OF CHILD Helen Fairbanks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	----		----	yes	Dec (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Payne Fairbanks	FULL MAIDEN NAME	Lorie Eggertsen
RESIDENCE	311 S. Johnson St.	RESIDENCE	311 S. Johnson ST.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denver Colo.	BIRTHPLACE	Provo Utah
OCCUPATION	Elect. engineer	OCCUPATION	housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 20 a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, house, [illegible]er, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D., F.A.C.S.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kane Bldg Pocatello Ida

Filed Jan 1, 1916 O B Steele
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TE OF IDAHO
VITAL STATISTICS

TE OF BIRTH

File No.

Registered No.

349.118-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35825

County of Bannock

City of Pocatello

No. 842 N. Arthur St.

Registration District No. 84

File No. 19

Primary Registration District No. 2161

Registered No. 950

Hospital

FULL NAME OF CHILD Joe Robert Curran

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lynch A. Curran	FULL MAIDEN NAME	Martha Ann Bailey
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Pulaska Va.	BIRTHPLACE	Wellsville, Ohio
OCCUPATION	Coppersmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:40 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed Jan 11 1916

O B Steely
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

FEB 10 1972

DEC 17 19[illegible]

276-120 003-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35826

County of Bannock

City of Pocatello.

No. 529 N 5th St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 951

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Dec 20 1915

FATHER		MOTHER	
FULL NAME	Angelo Sfondello	FULL MAIDEN NAME	Alyea Gallo.
RESIDENCE	Pocatello, Idaho 529 N 5th	RESIDENCE	Pocatello, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nottro Italy.	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Pofe. Italy.
		OCCUPATION	Housework

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 3:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm. Newton.

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Jan 1 1916 O. P. Keely Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

435-121-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35827

County of Bannock

City of Pocatello R.F.D.

No. 10 mi. So. of Pocatello

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 952

FULL NAME OF CHILD Allen Charles McNally

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry McNally	FULL MAIDEN NAME	Mary Smith
RESIDENCE	R.F.D. So. of Pocatello 10 mi	RESIDENCE	10 mi. So. of Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 28 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kane Bldg - Pocatello - Ida

Filed Jan 11 1916 P. Hirtley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-122-007-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35828

County of Bannock

City of Pocatello

No. 1530 N. Harrison St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 953

FULL NAME OF CHILD Walter Dahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Dahl	FULL MAIDEN NAME	Esther Johnson
RESIDENCE	1530 N. Harrison Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Stevenson Mich.	BIRTHPLACE	Norway
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed Jan 1, 1916 O. B. Steely Registrar

S-Y CO. 24655

449-129-003168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35829

County of Bannock

City of Pocatello

No. — St.

Hospital Pocatello Gen. Hosp.

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 954

FULL NAME OF CHILD Howard Stanley Dewey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	12 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roscoe T. Dewey	FULL MAIDEN NAME	Eleanor Johnson
RESIDENCE	951 N. Arthur	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.25 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kane Bldg - Pocatello - Ida

Filed Jan 1 1916 O. B. Smith Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1968

753-131-003414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35830

County of Bannock

City of Pocatello

No. 245 N.3rd Av. St.

Hospital ---------

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 955

FULL NAME OF CHILD Floyd Kenneth Peterson

Sex of Child male	Twin Triplet or other? ------ and Number in order of birth ------ (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 12 (Month) 31 (Day) 5 (Year) 191

FATHER		MOTHER	
FULL NAME	Alfred Kenneth Peterson	FULL MAIDEN NAME	Alpha Grace Maupin
RESIDENCE	245 N 3rd Av.	RESIDENCE	245 N. 3rd Av.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kingston Utah	BIRTHPLACE	Eureka Springs, Ark.
OCCUPATION	Miner and fireman	OCCUPATION	housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D., F.A.C.S. (Physician or midwife)

Given names added from a supplemental report.

Address Kane Bldg. Pocatello Idaho

19

Filed June 1, 1916 O. B. Steely Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1962

959-219-003-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35833

County of Bannock

City of Pocatello

No. 255 South Hayes St.

Hospital Pocatello Gen Hospital

Registration District No. 84

File No. 20

Primary Registration District No. 2161

Registered No. 958

FULL NAME OF CHILD Elizabeth Jean Ivins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Hughes Ivins	FULL MAIDEN NAME	Theresa Jean Callaghan
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Wheaton Minn
OCCUPATION	Druggist	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 11 1916 P. Bartlett Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/14/41/ EA

OCT 11 1951

285.165.003-213

PLACE OF BIRTH

[redacted]

BUREAU OF VITA[redacted]

CERTIFICATE O[redacted]

County of Bannock

City of Pocatello

No. 206 S Lincoln *St.*

Registration District No. 84 **File No.** [redacted]

Primary Registration District No. 2161 **Registered No.** 959

Hospital

FULL NAME OF CHILD Calvert Eugene Sheldon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 5 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Mr A. O. Sheldon	FULL MAIDEN NAME: Ruth Sallee
RESIDENCE: Pocatello, Idaho. 206 S Lincoln	RESIDENCE: Pocatello, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Burlington Wisconsin	BIRTHPLACE: Somerset Kentucky
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st — Number of children of this mother now living, including present birth: 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Jan 1, 1916 O B Steele

Registrar

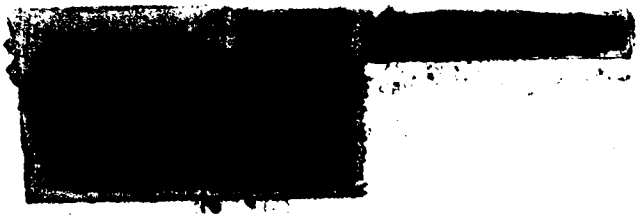
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 15 1957

692.228.003-99

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 35835

County of Bannock

City of Pocatello

No. 454 So. Main St.

Hospital home

Registration District No. [illegible] File No. 2-0

Primary Registration District No. 2161 Registered No. 960

FULL NAME OF CHILD Florence Wiseman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 29 1915

FATHER		MOTHER	
FULL NAME	Jesse Wiseman	FULL MAIDEN NAME	Annie Irlam
RESIDENCE	454 So. Main St	RESIDENCE	454 So. Main St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lancashire, England	BIRTHPLACE	Lancashire, England
OCCUPATION	Baker	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
midwife
(Physician or midwife)

Address 905 So. Main St.

Filed Dec 31 1915

Given names added from a supplemental report

.....19.....

.....
Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 28 1970

453.103.003.459

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35836

County of Bannock

City of Pocatello

No. 738 N. Main St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 923

FULL NAME OF CHILD John Joseph De Late

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. De Late	FULL MAIDEN NAME	Lena Reilly
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Boone, Iowa	BIRTHPLACE	Ogden, Utah
OCCUPATION	Machinist	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 56 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed Dec 11 1915 O B Staely Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1963

962-106-003-815

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35837

County of Bannock

City of Pocatello

No. 404 N. 9th St.

Hospital ---------

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 924

FULL NAME OF CHILD Ralph Howard Roberts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	-----		------	yes	Nov (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Roberts	FULL MAIDEN NAME	Matilda Hansen
RESIDENCE	404 N. 9th Av.	RESIDENCE	404 N. 9th Av.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Central City, Colo.	BIRTHPLACE	Blackhawk Colo.
OCCUPATION	butcher	OCCUPATION	housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Kane Bldg. Pocatello, Idaho

Filed Dec 11, 1915

O. F. Steely
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

818-110-006-919 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35838

County of Bingham

City of Ft. Hall

No. Joseph Rainey,s house St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 925

FULL NAME OF CHILD Joseph Rainey Hayball

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	----		------	yes	Nov. 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Arthur Hayball	FULL MAIDEN NAME	Ida Amelia Rainey
RESIDENCE	Ft. Hall, Idaho	RESIDENCE	Ft. Hall
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Ft. Hall, Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9-05 A M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Kane Bldg. Pocatello Idaho

Filed Dec 11, 1915 O. B. Steele

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-211-003-714

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 144 N. Lincoln St.

Hospital home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35839

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 926

FULL NAME OF CHILD Marion Priest

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Oscar Priest	FULL MAIDEN NAME	Emma Jane Paulson
RESIDENCE	144 N. Lincoln	RESIDENCE	144 N. Lincoln
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Untiah, Utah.	BIRTHPLACE	Heber City, Utah
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address 905 So. Main St.

Filed Nov 20, 1915 O B Seely

Registrar

Registrar

R-Y CO. 20174

APR 23 1968

453-216-003-249

PLACE OF BIRTH
Amended 6-7-76

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35840

County of Bannock

City of Pocatello

No. 645 N.Harrison St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 927

FULL NAME OF CHILD Laurie Mecham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover Mecham	FULL MAIDEN NAME	Laura Smith
RESIDENCE	645 N. Harrison	RESIDENCE	645 N.Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oak City Utah	BIRTHPLACE	Larimie Wyo.
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Kane Bldg Pocatello Ida.

Filed Dec 11, 1915

O B Sims
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1975

P

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

1 39 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 35840

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Meacham (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Meacham	Laurie Mecham
father's last name	Meacham	Mecham
Date of Birth	Nov. 14	Nov. 16

Subscribed and sworn to before me this 7th day of June, 1976

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-76

(Seal)

Signed Laura Edwards

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 7/22/75 lbc pd. rec. # 11657

JUN 7 1976

Washington Driver's License Issued 1972 gives date of birth as November 16, 1915 at Pocatello, Idaho. Card # 60712H089. Jack G. Nelson, Cept. of Motor Vehicles. Gives name as Laurie Mecham.
Viewed by F V.S.

Marriage license of parents gives correct spelling of last name. Marriage License of Grover Mecham and Laura Smith dated Sept. 3, 1914 and recorded Sept. 3, 1914 in Book 2 Page 29, Marriage License record of White Pine County, Nevada.
Viewed by V.S.

[redacted]

20m-2-15-12

365-22-6-007-813

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bannock

CERTIFICATE OF BIRTH

35841

City of Pocatello

Registration District No. 84 File No. 19

No. [redacted] Bonnet St.

Primary Registration District No. 2161 Registered No. 928

Hospital

FULL NAME OF CHILD Barbara Cannon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	11 16 1915

FATHER		MOTHER	
FULL NAME	Gustave Cannon	FULL MAIDEN NAME	Myrtle Yates
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Paris Idaho
OCCUPATION	Hdw. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Roberts

Physician

(Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 20, 1915 O. J. Strack
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6318 248 [illegible] 289

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35842

County of Bannock

City of Pocatello

No. 152 So Main St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 929

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John P. Flynn	FULL MAIDEN NAME	Mildred E. Byrd
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Towida, Pa	BIRTHPLACE	Clay Center, Kans
OCCUPATION	Switchman	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello, Idaho

Filed Dec 8, 1915 O. B. Steele Registrar

S-Y CO. 20174

964-222-003-255 Premature birth

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35843

County of Bannock

City of Pocatello

No. 216 W. Carson St.

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 930

Hospital

FULL NAME OF CHILD Roush (died)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	✓		✓	yes	Nov. 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Linley M. Roush	FULL MAIDEN NAME	Sadie M. Keefer
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Willow Springs Mo	BIRTHPLACE	La Grande, Or
OCCUPATION	Concrete Finisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed Dec 11, 1915 O. B. Steely Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434 222 003. 313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35844

County of Bannock

City of Pocatello

Registration District No. 84

File No. 19

No. 1347 N. Garfield St.

Primary Registration District No. 2161

Registered No. 931

Hospital

FULL NAME OF CHILD Margaret Meredith McDermott

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓		✓	yes	Nov. 27, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter J. McDermott	FULL MAIDEN NAME	Marguerite F. Callahan
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Montpelier Idaho	BIRTHPLACE	Tukoon, Idaho
OCCUPATION	Loco Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

Filed Dec 11, 1915

.....Registrar

O. P. Steely Registrar

S-Y CO. 24655

SEP 22 1954

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314.220.007-034

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35845

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 932

FULL NAME OF CHILD ..... died

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	Nov 20 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lemuel Campbell	Grace M. Stuckey
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	Smithfield, Mo	Morgan Switch, Mo.
OCCUPATION	Pipe Fitter, O.S.L.&R.	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle M.D.

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 8, 1915 O. J. Green Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-125-003-119

PLACE OF BIRTH

Form V. S. No. 11-C

County of Bannock

City of Pocatello

No. 536 W. Lander St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 933

FULL NAME OF CHILD DARWIN DELBERT Hansen

Sex of Child Male.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Delbert Hansen	FULL MAIDEN NAME	Frances Barrett
RESIDENCE	536 W. Lander	RESIDENCE	536 W. Lander
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ida,	BIRTHPLACE	Ida
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McProgue

M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Kane Bldg.

19

Filed Dec 11, 1915 O. B. Steele

Registrar

Registrar

S-Y CO. 24655

[redacted]

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 536 W Lander
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county Native years 0 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 536 W. Lander
   (e) How long has **MOTHER** lived in Idaho? Native yrs.
   (f) Mother's mailing address (For registration notice): ✓
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Darwin Delbert Hansen

5. Date of Birth (Month, day, year) Nov 25, 1915

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delbert Hansen
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace St Charles (City or Town) Idaho (State or foreign country)
14. Exact Occupation R.R. Fireman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Frances Barrett
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pocatello (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
    (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by H. Frances Barrett (First name) (Last name), who is related to this child as mother (Mother, etc.)

MAY 1 1942

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ~~$10 nor more than~~ $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81 [redacted] 15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35847

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 934

FULL NAME OF CHILD John Frederick Hassan.

Sex of Child	Twin-Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1 (To be answered only in event of plural births)	Yes	Nov. 30th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Hassan	FULL MAIDEN NAME	Agnes Derham
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Corinth, Miss	BIRTHPLACE	Hollidaysburg Pa
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Wright

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Dec 22 1915 O. B. Steely
Registrar

Registrar

S-Y CO. 20174

OCT 5 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

~~366 [illegible] 369~~

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35848

County of Bannock

City of Pocatello

No. 745 W. Bridger

Hospital Amended 12/27/79

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 935

FULL NAME OF CHILD NORMA CAROLINE TOWNEND

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
fem	no	—	yes	11. 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Archer Townend	FULL MAIDEN NAME	Ada Louisa Ellen Norman
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Yorkshire England	BIRTHPLACE	Cambridgeshire, England
OCCUPATION	Coach Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed Dec 11, 1915 O B Steely

Registrar Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 27 3 17 PM '79

State of _____ } ss.
County of _____

Certificate No. 35848
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Townend (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 30, 1915 (Date of Event)

in Pocatello (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Norma Caroline Townend

Subscribed and sworn to before me this 7th day of December, 1979.

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Alma V. Adams
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office - 12-7-79 - no corresp.

Own child's birth certificate on file with Bureau of Vital Statistics gives name of mother as Norma Caroline Townend. Child born Dec. 24, 1949, in Pocatello, Idaho. Certificate # 50-15477. DEC 27 1979
Viewed by V.S.

Certificate of Baptism issued by Trinity Church in Pocatello on 6/11/16 lists name of child as Norma Caroline Townsend. viewed by V.S.

315-230-003-534

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 639 So 5 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35849

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 936

FULL NAME OF CHILD Marguerette Louise Cavanaugh

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
X	4 (To be answered only in event of plural births)	Yes	Nov (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Cavanaugh	FULL MAIDEN NAME	Louise Eldridge
RESIDENCE	Pocatello, Ida.	RESIDENCE	Same
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Florida
OCCUPATION	Grocer	OCCUPATION	(Grocer) Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Roy (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 28, 1915 O B Seeley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DECEASED

485-230-003-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1238 N. Main St.

Hospital ——

Registration District No. 84 File No. 19 35850

Primary Registration District No. 2161 Registered No. 917

FULL NAME OF CHILD Elizabeth Myers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct 30 191 (Month) (Day) (Y

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Myers	FULL MAIDEN NAME	Violet Cressy
RESIDENCE	1238 N. Main St.	RESIDENCE	1238 N Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minn.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 a.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 11, 1918 P B Steele Registrar

Registrar

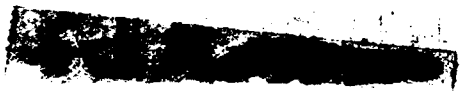
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/2/40 L. B.



3.86 226.003 .813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35851

County of Bannock

City of Pocatello

No. 222 So. 8th Ave

Hospital home

Registration District No. 84 File No. 14

Primary Registration District No. 2161 Registered No. 918

FULL NAME OF CHILD Dorthy Alice Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Warren John Thomas	FULL MAIDEN NAME	Susen Alice Hathenbrook
RESIDENCE	222 So. 8th Ave.	RESIDENCE	222 So. 8th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Provo, Utah
OCCUPATION	O.S.L. Ticket agent	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St.

Filed Nov 20, 1915 O B Steele
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-119-003-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35852

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 919

FULL NAME OF CHILD Gail Wright Green

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 19th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ben Frank Green	FULL MAIDEN NAME	Kate Burnett
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Montpelier, Idaho.	BIRTHPLACE	Gunnison, Colo.
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Wright
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho.

Filed Dec 22, 1915 [signature] Registrar

S-Y CO. 20174

MAR 31 1971

142-216-003-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35853

County of Bannock

City of Pocatello

No. 451 N. Main St.

Hospital

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 920

FULL NAME OF CHILD Mildred Victoria Justice

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sterling Justice	FULL MAIDEN NAME	Mabel Allen
RESIDENCE	451 N. Main St.	RESIDENCE	451 N. Main St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Fruit + stock raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Pooley

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Dec 11, 1915 O B Seely Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

797103-003396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35854

County of Bannock

City of Pocatello

No. 842 W. Lander St.

Registration District No. 84 File No. 19

Primary Registration District No. 2161 Registered No. 921

Hospital

FULL NAME OF CHILD Clyde Alva Pipkin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	Yes	Oct (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Archie Guy Pipkin	FULL MAIDEN NAME	Edna Irene Craw
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Merchant (Police) Patrol	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Dec 28, 1915 [signature] Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIR

PLACE OF BIRTH

Oeypaf 1915 . 276452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469.212-003-643

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35855

County of Bannock

City of Pocatello

No. 209 N. Johnson Av.

Hospital

Registration District No. 84

File No. 19

Primary Registration District No. 2161

Registered No. 922

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	✓		✓	Yes	Oct 11 (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Lester Morgan	FULL MAIDEN NAME	Maude Outhank
RESIDENCE	209 N. Johnson Av.	RESIDENCE	209 N. Johnson Av.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Georga	BIRTHPLACE	Maryland
OCCUPATION	Grocery clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole

Kane Bldg. Pocatello Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Dec 11, 1915

O B Steele
Registrar

S-Y CO. 24655

PLACE OF BIRTH Amended June 5, 1951

= 759-211-029-652

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Near Moscow
No. ..... St.
Hospital .....

Registration District No. 61 File No. 35856
Primary Registration District No. 2141 Registered No. 176

FULL NAME OF CHILD ELIZABETH PUNKIN GEISER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		YES	DEC. 11 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jake Geiser	FULL MAIDEN NAME	Elizabeth Wescott
RESIDENCE	Latah county	RESIDENCE	Latah county
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	N. Dak.
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray

MD
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Jan. 1 1916 D.F.Rae Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DIVISION OF VITAL STATISTICS

State of WASHINGTON
County of SNOHOMISH } ss.

Certificate No. 35856

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Dec 11, 1915 (Date of Event)
in Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name, First	Unnamed	Elizabeth Punkin
Last Name	Gairser	~~Gairser~~ GEISER

Subscribed and sworn to before me this 19 day of
December, 1934
Notary Public, residing at Edmonds, Wash.
My commission expires June 16, 1935
(Seal)

Signed Elizabeth Geiser MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

238-110-029-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. S Wash St.

Hospital

Form V. S. No. 11-C—60m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35857

Registration District No. 61 File No.

Primary Registration District No. 2141 Registered No. 177

FULL NAME OF CHILD Herman Schumacker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 10 S 191

FATHER		MOTHER	
FULL NAME	William H. Schumacher	FULL MAIDEN NAME	Rose June Gamble
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asprey M.D. (Physician or midwife)

Address Moscow

Given names added from a supplemental report

.....19.....

Filed Jan 1 19 16 D. F. Rae Registrar

.....Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTI

CERTIFICATE OF BIRTH

OCT 14 1952

DECEASED

765-121-029-519

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow P.O.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35858

Primary Registration District No. 2141 Registered No. 175

FULL NAME OF CHILD Harold Wm. Gonnsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 21 1915

FATHER		MOTHER	
FULL NAME	George C. Gonnsen	FULL MAIDEN NAME	Clara Narum
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Bogense Denmark	BIRTHPLACE	Climax Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 50 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1240 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Dec 30 1915 D. F. Rae

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 3 1942

465-222-029-418

Form V. S. No. 11-C—26m-1-1-18

PLACE OF BIRTH

County of Latah

City of Joel, Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35859

Primary Registration District No. 2141 Registered No. 156

FULL NAME OF CHILD Effie May Mandy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Mandy	FULL MAIDEN NAME	Jessie Daylong
RESIDENCE	Joel, Idaho	RESIDENCE	Joel, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Joel, Ida.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Dodd
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow

Filed Dec 30 1915

D F Rae
Registrar

Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-213-029-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of 3 miles out of town

Registration District No. 61

File No. 35860

No. ..... St.

Primary Registration District No. 2141

Registered No. 158

Hospital .....

FULL NAME OF CHILD Hazel Frances

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	Fifth	Yes	12 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Renner	FULL MAIDEN NAME	Francis Wilson
RESIDENCE	North of Moscow	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Idaho

Filed Dec 13 1915 D. F. Roe

Registrar

Registrar

8-Y CO. 24859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1942

299.121.029693

PLACE OF BIRTH

amended 10/29/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61

File No. 35861

Primary Registration District No. 2141

Registered No. 188

FULL NAME OF CHILD Morton Roy Brigham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		X	Yes	Oct 21, 1915

	FATHER	MOTHER
FULL NAME	John W. Brigham	Nellie Wilson
RESIDENCE	Genesee Idaho	Tennessee Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	58	40
BIRTHPLACE	Colo.	Neb.
OCCUPATION	Farmer	House Keeping

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. C. Adams M.D.
(Physician or midwife)

Address Moscow Idaho

Filed Dec 31 1915 D. F. Rae
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1942

NOV 21 1973

JUN 12 2006

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butah }

RECEIVED BUREAU OF VITAL STATISTICS

Certificate No. 35861

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Morton R Brigham (NAME ON ORIGINAL CERTIFICATE) who was born or died on Oct 5 1915 (DATE OF EVENT)

in Utah (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Morton R. Brigham
Date	Oct. 5, 1915	Oct. 21, 1915

Subscribed and sworn to before me this 19th day of March, 1943.

Notary Public, residing at Genesee Idaho

My commission expires Oct 15-1944

(SEAL)

Signed Nellie Brigham

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Genesee Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

School Transcript from University of Idaho gives name as Morton Roy Brigham born Oct 21, 1916 in Genesee, Idaho. graduated June 5, 1939. viwed by VS

Family Bible record that gives the name as Morton Roy Brigham born Oct 21, 1915. vieeewed by V. S.

NOV 3 19

365-120-029-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of R. D. Troy

No. ..... St.

Hospital .....

Registration District No. 61 File No. 35862

Primary Registration District No. 2141 Registered No. 169

FULL NAME OF CHILD Thomas Edwin Condel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 20 1915

FATHER		MOTHER	
FULL NAME	Richard Condel	FULL MAIDEN NAME	Tillie Goodwin
RESIDENCE	Troy, Idaho	RESIDENCE	Troy, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Spring Valley, Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 P.M. on the date above stated.

(Signature) John A. Wood, M.D.
C.
(Physician or midwife)

Address Moscow, Idaho.

Filed Dec 30 19 15 D. F. Rae
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 26 [redacted]

236-204-029-958

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35863

Primary Registration District No. 1011 Registered No. 157

FULL NAME OF CHILD ~~Dorothea~~ Sarah, Dorothy Stockwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Dec 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Omer Stockwell	FULL MAIDEN NAME	Elsie Sophie ~~Rhemke~~ Rehmke
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	Wt	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wash
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5-30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) none

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 10 1915 S F Rau

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1971

386-217-029-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35864

Primary Registration District No. 1011 Registered No. 171

FULL NAME OF CHILD Bettie May Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. F. Thompson	FULL MAIDEN NAME	Aroma Curry
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mo
OCCUPATION	Engineer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 [illegible] M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 18 1915 D F R[illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—(Jan.-2)

HO
FATISTICS

HRTH

845-211-229-866

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-6-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35866

Primary Registration District No. 1011 Registered No. 174

FULL NAME OF CHILD Infant Elizabeth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	191 (Year)
Female				yes	Dec.	11	15

FATHER		MOTHER	
FULL NAME	Geo F. Hunt	FULL MAIDEN NAME	Nellie Howell
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clark M.D.

(Physician or midwife)

Address Moscow

Filed Dec 15 19 15 D. F. Rue Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1969

785-120-029-547

Form V. S. No. 11-C—20m-3-15-13

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35867

Primary Registration District No. 1011 Registered No. 182

FULL NAME OF CHILD Floyd W. Phelps

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 20 1915

FATHER		MOTHER	
FULL NAME	James P. Phelps	FULL MAIDEN NAME	Alice Edgly
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 30 1915 D. F. Rae
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-220-029-293

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35868

Primary Registration District No. 1011 Registered No. 160

FULL NAME OF CHILD Mary Anne Hopkins

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12 (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Eli Hopkins	FULL MAIDEN NAME	Etta Billow
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
L.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow

Filed Dec 30 1915 D F Rae
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registered No.

Date of Birth

OTHER

FATHER

AGE

CERT

659.119.029.666

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Moscow, Ida.

No. ..... St.

Hospital Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35869

Primary Registration District No. 1011 Registered No. 161

FULL NAME OF CHILD Melvin Foster Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Melvin Ferguson	FULL MAIDEN NAME	Stella Wood
RESIDENCE	Woodland, Ida	RESIDENCE	Woodland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Moscow

Filed Dec 24 1915 D. F. Rea

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

21-4-215-029-813

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 35870

No. ..... St.

Primary Registration District No. 1011 Registered No. 162

Hospital .....

FULL NAME OF CHILD Mary Kathleen Samms

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Samms	FULL MAIDEN NAME	Lillian Hall
RESIDENCE	Moscow Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Clerking Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Cowie

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Dec 20 1915 D F Rae

Registrar Registrar

8-Y CO. 20174

JUN 6 1968

259-211-029-236

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 35871

No. ..... St. ..... Primary Registration District No. 1011 Registered No. 163

Hospital .....

FULL NAME OF CHILD Esther Jewel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		3	Yes	Oct 11 1915

FATHER		MOTHER	
FULL NAME	John R Beigh	FULL MAIDEN NAME	Blanch Stookey
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ill.
OCCUPATION	Machinist	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 15 D. F. Rae
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1947

236-120-029-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35872

Primary Registration District No. 1011 Registered No. 164

FULL NAME OF CHILD Chester LELAND SCOTT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2	Yes	Oct (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred. Scott	FULL MAIDEN NAME	Edna King
RESIDENCE	Moscow Idaho	RESIDENCE	~~Iona~~ Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans	BIRTHPLACE	Iona
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair (Physician or midwife)

Address Moscow Idaho

Filed Dec 30 1915 D F Rae Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 15 1942 Certificate No. 35872

County of Latah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for ____ (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on October 20, 1915 (DATE OF EVENT)

in Moscow, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Scott	Chester Leland Scott

Subscribed and sworn to before me this 13th day of January, 19 42

Notary Public, residing at Moscow, Idaho

My commission expires November 9, 1942 (SEAL)

Signed Fred Scott (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D.#5, Moscow, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Latah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 19 42

Notary Public, residing at Moscow, Idaho

My commission expires November 9, 1942 (SEAL)

Signed Mrs Fred Scott (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R.F.D.#5, Moscow, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By ____ (REGISTRAR'S SIGNATURE)

FEB 15 1973

366-66-829-445

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 35873

No. 321 N. Main St.

Primary Registration District No. 1011

Registered No. 1579

Hospital

FULL NAME OF CHILD Bertram C. Coffey (Jr.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 6 1913

FATHER

FULL NAME Bertram C. Coffey

RESIDENCE 321 N. Main St.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Missouri

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Bertha Agnes Duncan

RESIDENCE 321 N. Main St.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jewris M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 10 1913

D. F. Rae
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 3 1952

JUL 14 1952

855-118-029-389

Form V. S. No. 11-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 35874

Primary Registration District No. 1011 Registered No. 165

FULL NAME OF CHILD Ronald E. Hendrix

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Dec 18 1915

FATHER		MOTHER	
FULL NAME	Thomas Hendrix	FULL MAIDEN NAME	Bessie Tyrrell
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Ark.
		OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Eden (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 20 1915 D. F. Rae Registrar

8-Y CO. 20174

STATE
BUREAU OF
CENTRY

AUG 20 1942

793-227-029-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 35875

No. ..... St.

Primary Registration District No. 1011 Registered No. 166

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		4	Yes	Jan 27 1915

FATHER	MOTHER
FULL NAME Frank Pick	FULL MAIDEN NAME Cora L. Kenedy
RESIDENCE Moscow Idaho	RESIDENCE Moscow Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Germany	BIRTHPLACE Ill.
OCCUPATION Farmer	OCCUPATION Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 31 1915 D. F. Rae
Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-114-029-599

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 35876

Primary Registration District No. 1011 Registered No. 167

FULL NAME OF CHILD Edward Andrew

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Oct 14 1915

FATHER		MOTHER	
FULL NAME	Mandle Erickson	FULL MAIDEN NAME	Hazel M. Erickson
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mont	BIRTHPLACE	S. Dacota
OCCUPATION	Laborer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

W. A. Adair M.D.
(Physician or midwife)

Address Moscow Idaho

Filed Dec 31 1915 S F Rae
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 25, 1941. E.W.

818-125-029-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Idaho

No. ..... *St.*

Hospital Gritman

Registration District No. 61 **File No.** 35877

Primary Registration District No. 1011 **Registered No.** 170

FULL NAME OF CHILD Paul Gorman Hayes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Henry Hayes	FULL MAIDEN NAME	Bridget Teresa Sullivan
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Alberta
OCCUPATION	Road Master	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.43 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 30 1915 D. F. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1967

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

316-215-024-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted] OF IDAHO
B[redacted]VITAL STATISTICS
[redacted]ATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14

Primary Registration District No. 24

File No. 35878

Registered No. .....

FULL NAME OF CHILD Edna Irene Laws

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A C Laws	FULL MAIDEN NAME	Lola Williams
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M. D.

Gooding Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 23 - 1915 F. T. Cary M. D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 28 1964

PLACE OF BIRTH

[redacted] OF IDAHO

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

269-113-024419

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 14

File No. 35879

Primary Registration District No. 24

Registered No. .....

FULL NAME OF CHILD Baby Korause

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 - 13 - 191[illegible]

FATHER		MOTHER	
FULL NAME	Oscar Korause	FULL MAIDEN NAME	Florence Darling
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M.D.

(Physician or Midwife)

Address Gooding Idaho

Given name added from a supplemental report

....., 19.....

Filed Dec - 30 - 1915 F. T. Carey M.D.

Registrar

Registrar

9-Y CO., 16660

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-225-024-659

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35880

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Carol Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis B Taylor	FULL MAIDEN NAME	Lida Oviatt
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Colo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Crossman M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Jan 5 1916 F. T. Cary M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2[illegible] 1945

522.127.024-435

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35881

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Ebberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 27 1915

FATHER		MOTHER	
FULL NAME	Myron B Ebberts	FULL MAIDEN NAME	Janie McEvoy
RESIDENCE	Hagerman Ida	RESIDENCE	Hagerman Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Crommett M D

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan 5 1916 F. T. Cary M.D.
Registrar

..... Registrar

B-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-113-024-845

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14 File No. 35882

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Sherman Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	12/13/1915

FATHER	MOTHER
FULL NAME: Elmer Johnson	FULL MAIDEN NAME: Cora Young
RESIDENCE: Gooding	RESIDENCE: Gooding
COLOR: W	COLOR:
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Ore
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb M D

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 23 1915 F. T. Carey M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

962-215-024-319

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35883

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Eva M Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	12 15 1915

FATHER		MOTHER	
FULL NAME	Milton Roberts	FULL MAIDEN NAME	Sally Carter
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ark	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lamb

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 20 1915 F. J. Carey M. D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-109-024-515

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 14 File No. 35884

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Sidney Alvin Marcum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	12 - 9 - 1914

FATHER		MOTHER	
FULL NAME	T. F. Marcum	FULL MAIDEN NAME	Elsie Van Kuren
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	63	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho

Filed Dec-15- 1914 F. T. Cary M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

DEC 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Minnesota } ss.
County of Hennepin

Certificate No. 35884

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Marcum (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 9, 1915 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Birth (Bible Record, Insurance Policy, Etc.) prepared on Dec. 4, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sidney Alvin Marcum

Subscribed and sworn to before me this 13 day of March, 1977

Signed George F. Minke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 9909 Sandra Lane, Hopkins.
My commission expires Jan. 10, 1984
(Seal)

9909 Sandra Lane, Hopkins, Minn, 55343
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Minnesota } ss.
County of Hennepin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ SHE has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of March, 1977

Signed Evelyn Marcum
(Signature of Any Credible Person)

Notary Public, residing at 9909 Sandra Lane, Hopkins, Mn.
My commission expires Jan. 10, 1984
(Seal)

2301 E. old Shakopee Rd.
(Street Address, City, State)
Bloomington Mn. 55420

FORM DH 60-155

CL 12/3/75

Honorable Discharge from th4 Army of the United States gives name as Sidney A. Marcum. Discharged issued July 20, 1945. A. P. Clark Colonel, MC Date of birth is listed as December 9, 1915, in Gooding, Idaho. Date of Entry April 3, 1942
Viewed by V.S.

APR 21 1976

g
Certificate of marriage gives name of groom as Sidney Alvin Marcum and Bride as Evelyn G. Harrington. License and Certificate issued by the Hennepin County in the State of Minnesota.Paul S. Carroll, Judge.
Viewed by V.S.

386-221-024-895

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35885

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Ruth Thompson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Dec (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	A. E. Thompson	FULL MAIDEN NAME	Bertha C. Hinds
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children, of this mother, now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Dec 21 1915 F. T. Cary M.D. Registrar

Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup 01915-40984

766-119.024-165

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35886

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Powell, Emlyn David

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Nov (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	David T. Powell	FULL MAIDEN NAME	Mary J. Jones
RESIDENCE	Gooding	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Wales
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Douglas M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idaho

Filed Dec 1 1915 F. T. Cary M.D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-41

867-124-024-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 140 File No. 35887

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Baby Hopkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Hopkins	FULL MAIDEN NAME	Sadie Benner
RESIDENCE	Goodwin	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Utah
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Douglass M.D.

Goodwin Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec -1- 1915 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893.120-034-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35889

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Hicks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Oct 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orla R Hicks	Lillie E Heller
RESIDENCE	Gooding Ida	Gooding Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Ditch Rider	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 23 1913 H. T. Carey M.D. Registrar

S-Y CO. 24625

855 216 024 215

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35890

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Florence Evelyn Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A A Henderson	FULL MAIDEN NAME	Cora Sanders
RESIDENCE	Bliss Idaho	RESIDENCE	Bliss Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed Dec 23 1915 F. T. Cary M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 10 1966

459-219-024231

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35891

Primary Registration District No. 24 Registered No. _____

FULL NAME OF CHILD Ruth Unruh

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 19, 1915

FATHER		MOTHER	
FULL NAME	John C Unruh	FULL MAIDEN NAME	Agnes Klassen
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	South Dakota	COLOR	White
OCCUPATION	Farming	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a M on the date above stated.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Address _____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 23 1915 F. T. Cary M. D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1971

769-210-024-534

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14 File No. 35892

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Margaret Louise Gore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	11 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Forest Gore	FULL MAIDEN NAME	Lillie Elmore
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 20 1915 F. T. Cary M. D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1943

293-207-024-363

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Registration District No. 14 File No. 35893

No. St.

Primary Registration District No. 24 Registered No.

Hospital

FULL NAME OF CHILD Esther Mae Silva

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	yes	11 7 1915

FATHER		MOTHER	
FULL NAME	Joseph Silva	FULL MAIDEN NAME	Elsie Young
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lamb M. D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 20 1915 F. T. Carey M. D.

Registrar

CO. 20174

IN RESERVED FOR BINDING

T, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

868-212-024-367

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ....., ... St.

Hospital .....

Registration District No. 14 File No. 35894

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD ~~Baby~~ Hoyle, Marjorie Kathleen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Nov. (Month) 12 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. W. Hoyle	FULL MAIDEN NAME	Beulah Cox
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Gooding Idaho

Filed Dec 30 1915 F. T. Cary M.D. Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 19 1942

494-217-024-649

PLACE OF BIRTH

Amended 6-12-74

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

35895

County of Gooding

City of Gooding

No. ....., ... St.

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

Hospital Home

FULL NAME OF CHILD Marjorie Lucille Middlesworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10 17 1910

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd John Middlesworth	Ida Furcht
RESIDENCE	Gooding Ida.	Gooding Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Iowa	North Dakota
OCCUPATION	Farming	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho.

Given name added from a supplemental report

....., 19.....

Filed Nov - 15 - 1915 F. T. Cary M.D.

Registrar

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 1 8 1968 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 35895

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Middlesworth (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1915 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Lucille Middlesworth
Full Name of Father	F. L. Middlesworth	Floyd John Middlesworth
Full Maiden Name of Mother	Furcht	Ida Furcht

Subscribed and sworn to before me this 14th day of November, 1968

[signature]

Notary Public, residing at Monroe Washington

My commission expires Sept. 21-1972

(Seal)

Signed Floyd John Middlesworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #2, Box 343 Monroe Washington

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Snohomish }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of November, 1968

[signature]

Notary Public, residing at Monroe

My commission expires Sept. 21-1972

(Seal)

Signed Fred A. Middlesworth

(Signature of Any Credible Person)

Box #

Rt. 2, 342, Monroe Washington

(Street Address, City, State)

FORM DH 60-155 CL 12-11-61. nm

High School Diploma, Monroe Union High School, Monroe, Washington, June 1, 1933, gives name as Marjorie Lucille Middlesworth - viewed by VS JUN 12 1974

Register of Deaths lists father's name as F. T. Furcht (Fred Theodore Furcht) born at Columbus, Ohio, April 3, 1851 and died April 29, 1934. Taken from original notice in newspaper from Gooding, Idaho, on April 29, 1934.
Viewed BY VS Lists daughter (mother of Marjorie Middlesworth) as Ida Middlesworth of Monroe, Washington as suvivor.
Viewed by V.S.

Obituary of Floyd John Middlesworth age 96 of Monroe, Washington Died Aug. 31, Published April 2, 1971, lists daughter Marjorie lucille Johnson.
Viewed by V.S.

Certificate of Marriage gives name of child as Marjorie L. Middlesworth married July 1934 to Walter F. Johnson of Monroe, Washington.
Viewed by V.S.

A brother's certificate issued by the state of North Dakota gives name of father as Floyd John Middlesworth and mother as Ida Furcht
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419-211-024-269

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Horace

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35896

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Mable Harling

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1	Yes	10 11 1910

FATHER		MOTHER	
FULL NAME	W. E. Harling	FULL MAIDEN NAME	Elda Horace
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho.

Filed Nov 15 1910 F. T. Cary M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidance of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16669

OCT 2 1 1942

419-211-024-269

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

Registration District No. 14 File No. 35897

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Myrtle Harding

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	10 11 1910

FATHER		MOTHER	
FULL NAME	W. E. Harding	FULL MAIDEN NAME	Elda Krause
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 A. M. on the date above stated.

(Signature) F. T. Carey M. D.

(Physician or Midwife)

Address Gooding Idaho

Filed Nov. 15 — 1910 F. T. Carey M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 1 1942

363-214-024-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35898

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Lama May Colvin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fred Colvin	FULL MAIDEN NAME	Edith Bray
RESIDENCE	Blanche Ida	RESIDENCE	Blanche
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed Dec-23- 1915 F.T. Cary M.D.

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1967

993-2071024-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35899

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Mary Rice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elvin S Rice	FULL MAIDEN NAME	Hallie Romesha
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho.

Filed Dec 23 1916 F. T. Cary M.D.
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1964

415-223-024-846

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[illegible] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 14 File No. 35900

Primary Registration District No. 24 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charlotte Louise ~~xxxxxx~~ Manvars

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Manvars	FULL MAIDEN NAME	Anna Hoffmann
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 20 1915 F. T. Cary M.D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7

AUG 17 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[illegible] Welling

[illegible] 1-693

No. ..... St.

Registration District No. ..... File No. 35901

Primary Registration District No. 24 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ervin LeRoy Denney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
male			5th		10 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank G Denney	FULL MAIDEN NAME	Ursula Wilkins
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D.

(Physician or midwife)

Given names added from a supplemental report

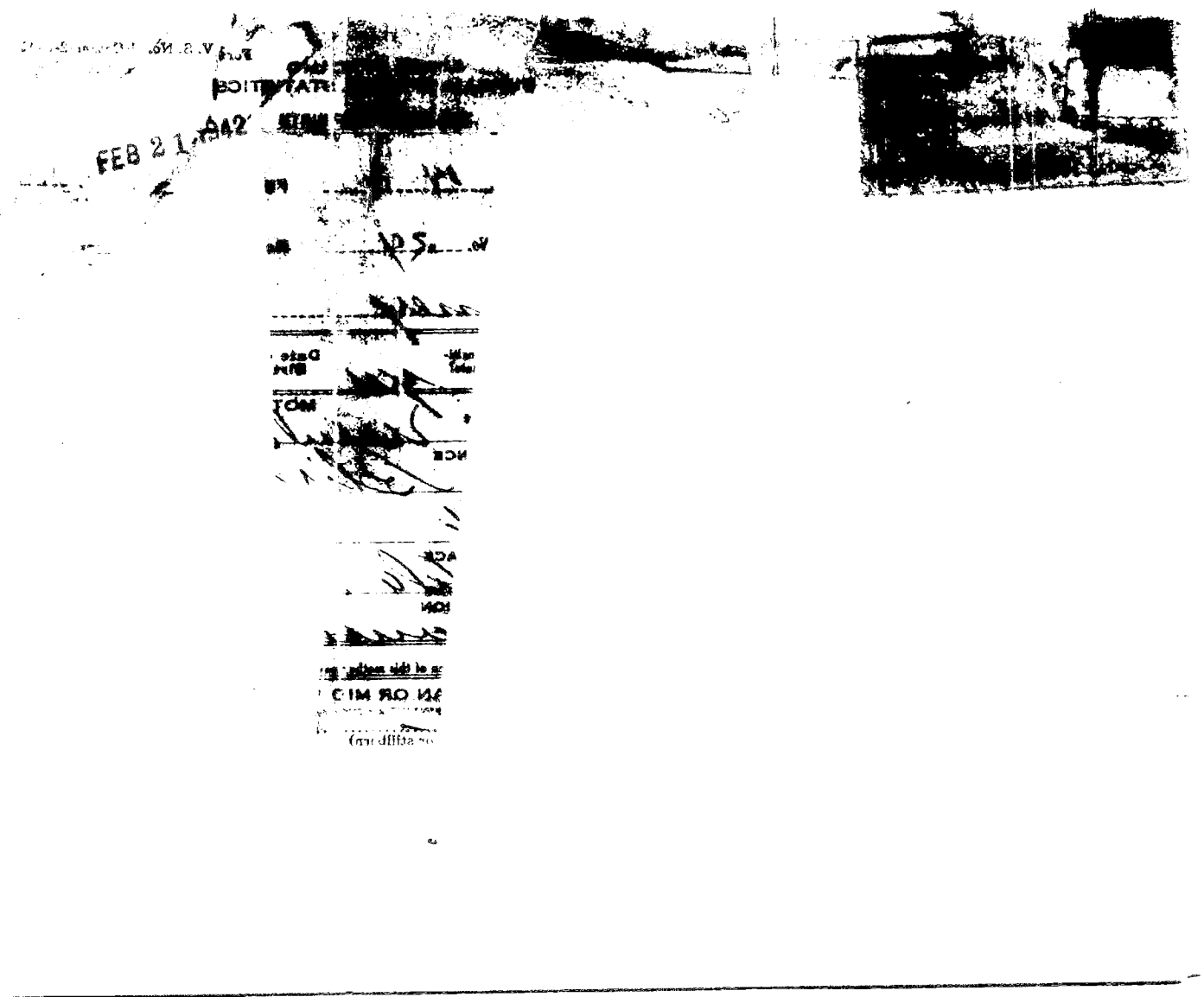
..... 19.....

Address Gooding Ida.

Filed Dec-20- 1915 F. T. Cary M.D.

Registrar

S-Y CO. 20174


FEB 21

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF

County of Gooding

City of Gooding

No. St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 14 File No. 35902

Primary Registration District No. 24 Registered No.

Hospital

FULL NAME OF CHILD Lester Harrison Roberts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct 27 1913

FATHER	MOTHER
FULL NAME: Lester Harrison Roberts	FULL MAIDEN NAME: Myrtle Beatrice Ragland
RESIDENCE:	RESIDENCE:
COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho

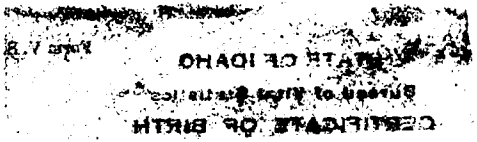
Given name added from a supplemental report

....., 19.....

Registrar

Filed Dec 31 1913 F. T. Cary M.D. Registrar

S-Y CO., 18669



AUG 16 1955

JUL 10 1974

141-109-024-533

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 14 File No. 35903

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Donald Franklin Adamson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	10 8 1915

FATHER		MOTHER	
FULL NAME	Frank Adamson	FULL MAIDEN NAME	LaVerne Ellis
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho

Given name added from a supplemental report

....., 19.....

Filed Dec 20 1916 F. T. Cary M.D.

Registrar

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

713-202-024-395

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35904

Registration District No. 14 File No. _____

Primary Registration District No. 24 Registered No. _____

FULL NAME OF CHILD Pattinson, Mildred Edith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 2 1915

FATHER		MOTHER	
FULL NAME	J. I. Pattinson	FULL MAIDEN NAME	Mary Linder
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19__

(Signature) J. H. Cromwell

(Physician or midwife)

Address Gooding, Ida.

F. T. Carey M. D. Registrar

Filed Dec 23 1915 F. T. Carey M. D. Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DECEASED

Own Child's Birth Certificate on file, #258122, gives name as Mildred Edith Patterson, viewed by V.S. Notarized photostat copy of Family Bible, statement of appears old and unaltered from Notary gives name as Mildred Edith Patterson born Aug. 2, 1915 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gooding }

Certificate No. 35904

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Patterson (Name on Original Certificate) who born (Was Born or Died) on Aug. 2, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on May 13, 1959 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mildred Edith Patterson

Subscribed and sworn to before me this 18th day of May, 19 59

E K Stilson

Notary Public, residing at Gooding, Idaho
My commission expires September 26, 1961
(Seal)

Signed John T Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 19 59

E K Stilson

Notary Public, residing at Gooding, Idaho
My commission expires September 26, 1961
(Seal)

Signed Mary E Patterson
(Signature of Any Credible Person)

Rt. 1, Gooding, Idaho
(Street Address, City, State)

FORM DPH 55.155 NNCL 4-28-59. one copy pd.

JUN 2 4 1959

437-215-024-493

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Hospital Eleaner Ruth

Registration District No. 14

Primary Registration District No. 24

File No. 35905

Registered No. .....

FULL NAME OF CHILD Eleanor McGrew

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Le Roy McGrew	FULL MAIDEN NAME	Myrtle Miller
RESIDENCE	Bliss Ida	RESIDENCE	Bliss Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed Dec-23- 19 15 F. F. Cary M.D.
Registrar

Registrar

9-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1955

219-218-024-843

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 14 File No. 35906

No. ..... St.

Primary Registration District No. 24 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Barker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lea Barker	FULL MAIDEN NAME	Evangeline Hatfield
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Ida.

Filed Dec - 20 - 1915 F. T. Cary M. D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IPTH

365-217-024-719

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Bliss

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35907

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD ~~Serrilla~~ SERILLA IDAHO Loveland

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 17 1915

FATHER		MOTHER	
FULL NAME	Wm Loveland	FULL MAIDEN NAME	Anna Gardner
RESIDENCE	Bliss	RESIDENCE	Bliss
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lovel

M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Gooding Idaho

Filed Dec-20 1915 F. T. Cary M.D.

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Box Elder } ss.

Certificate No. 85907

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Serrilla (Name on Original Certificate) who wasborn (Was Born or Died) on August 17, 1915 (Date of Event)
in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts ~~are shown by~~ are stated herein from memory (Bible Record, Insurance Policy, Etc.) proposed on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Serrilla	Serilla Idaho Loveland

Subscribed and sworn to before me this 16th
day of March, 19 43
J. Edwin Baird, County Clerk
Notary Public, residing at
My commission expires Hannah N. Brown, Deputy
(Seal)

Signed Hannah Lucinda Loveland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Deweyville, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Alphonzo D. Gardner
(Signature of Any Credible Person Other Than Previous Year)
Deweyville Utah
(Street Address, City, State)

MAR 2 2 1943

JUL 18 1944

396.124024-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14 File No. 35908

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD JAMES WESLEY Crow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse E Crow	FULL MAIDEN NAME	Hanna Foran
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Canada
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed Dec 23 1915 F. T. Cary M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

FEB 3 1942

NOV 3 1970

Amended 1-28-63 (Be sure the information is complete and accurate)

State File No. 35909
Local Reg. No.
Reg. Dist. No. 14

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Philip
b. (Middle): Halliday
c. (Last): Smith

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 8, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Carlyle
b. (Middle):
c. (Last): Smith

8. COLOR OR RACE: White

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Illinois

11a. USUAL OCCUPATION: Druggist

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eunice
b. (Middle):
c. (Last): Calderhead

13. COLOR OR RACE: White

14. AGE (At time of this birth): 30 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. H. Cromwell

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gooding, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 23, 1915

20. REGISTRAR'S SIGNATURE: F.T. Cary, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. #35909

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Philip Smith (Name on Original Certificate) who was born (Was Born or Died) on April 8, 1915 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Philip Smith	Philip Halliday Smith
Name of mother	Eunice Caulderhead	Eunice Calderhead

Subscribed and sworn to before me this 2 day of January, 1963

Hazel L. Hurlbert

Notary Public, residing at [illegible]

My commission expires Sept 28, 1964

(Seal)

Signed Carlyle Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1517 N. 21st St. Boise Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Selective Service Registration Card dated Oct 31, 1945 gives name as Philip Halliday Smith. viewed by V.S.

Family Record Book of marriage dated June 15, 1909 gives name as Eunice L. Calderhead. viewed by V.S.

Letter sent to Mr. Calderhead from The White House, Washington D.C., Wm. Taft - letter written Dec. 31, 1910 - full name is given as William A. Calderhead, House of Representatives - viewed by V.S.

Social Security Card, dated June 16, 1937 gives full name as Philip Halliday Smith - viewed by V.S.

355-130-024-513

PLACE OF BIRTH

Form V. S. No. 11-C Rev-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Goodrich

No. _____ St.

Hospital _____

Registration District No. 14 File No. 35910

Primary Registration District No. 24 Registered No. _____

FULL NAME OF CHILD Levy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 30 1915

FATHER		MOTHER	
FULL NAME	Louis Levy	FULL MAIDEN NAME	Rose Nathans
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 23 1915 F. J. Cary M.D. Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-222-024-136

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35911

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Elwood Atwell Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer M Jones	FULL MAIDEN NAME	Amelia Atwell
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec-23- 1915 F. T. Cary M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1942

JAN 31 1948

493-105-24-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-O—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35912

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 14 File No. .....

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD ..... Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 5 1915

FATHER	MOTHER
FULL NAME Edw. Gale Miller	FULL MAIDEN NAME Pearl Cramer
RESIDENCE Gooding	RESIDENCE Gooding Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kans.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report.

..... 19.....

Filed Dec. 23 19 15 F. T. Cary M.D.
Registrar

..... Registrar

S-Y CO. 24695

693-108-024-215

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35913

Primary Registration District No. 24 Registered No. _____

FULL NAME OF CHILD Clyde Sanders ~~Woodrow~~ Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. B. Wilson	FULL MAIDEN NAME	Nettie Sanders
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Gooding, Ida.

Filed Dec 23 1915 F. T. Cary M. D. Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1947

543-206-024-814

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 14 File No. 35914

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Baby Nutt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 6 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J Nutt	Jane Haddock
RESIDENCE	Gooding Idaho	Gooding Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Mo	Arkansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Carey M.D.

(Physician or Midwife)

Address Gooding Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 2 1915 F. T. Carey M.D. Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 8 1968

291.120.024.293

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Gooding

City of Gooding

No. Amended 4/26/77 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35915

Registration District No. 14 File No.

Primary Registration District No. 24 Registered No.

FULL NAME OF CHILD Elsie Mae Braga

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antone Braga	FULL MAIDEN NAME	Mary Silva
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Azores Islands	BIRTHPLACE	Azores Islands
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Gooding Ida

Filed Dec 23 1915 F. T. Cary M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5-31-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 26 2 07 PM '77

State of Idaho
County of Gooding } ss.

Certificate No. 35915

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Braga (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1915 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed Braga	Elsie Mae Braga
Sex	Male	Female

Subscribed and sworn to before me this 14 day of April, 1977

Notary Public, residing at Gooding, Idaho
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informa. if correcting a death record; or other credible person.)

337 Neb St Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of April, 1977

Notary Public, residing at Gooding, Idaho
My commission expires [illegible]
(Seal)

Signed [signature]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155 [illegible]

Own childs birth certificat on file lists mohhers name as Elsie Mae Braga
Child born April 7, 1949. Certificate # 49-4478.
Viewed by V. S.

APR 2 0 197

[illegible]

Social Card with Number 518-44-8202 dated July 1954 gives name as
Elsie M. Carnahan (Braga is maiden name)

235-112024-386

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

County of Gooding

City of Gooding

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35916

Primary Registration District No. 24 Registered No. _____

FULL NAME OF CHILD Vae Eros Steenslaud

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	July 12 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME A J Steenslaud	FULL MAIDEN NAME Anna Thompson
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE South Dakota
OCCUPATION Lumberman	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J H Cromwell

(Physician or midwife)

Address Gooding Ida

Filed Dec 27 1913 F. J. Cary M.D. Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V52.227.024-292

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 35917

Primary Registration District No. 24 Registered No. .....

FULL NAME OF CHILD Baby Desmaine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 27 19 15

FATHER		MOTHER	
FULL NAME	Nelson Desmaine	FULL MAIDEN NAME	Laura Bishop
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Oklahoma
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or Midwife)

Address Gooding

Given name added from a supplemental report

..... 19.....

Filed Dec. 28 — 19 15 F. T. Cary M.D.

Registrar

Registrar

S-Y CO., 16660

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

455-230-235-239

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35918

...ACE OF BIRTH Jeg Perce

City of Peck

No. ..... St.

Hospital .....

Registration District No. 93

Primary Registration District No. 2371

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	4	Yes	Sept 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Devlin	FULL MAIDEN NAME	Myrtle Strode
RESIDENCE	Peck, Ida	RESIDENCE	Peck, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Ida

Filed Oct. 9 1915 J. M. Lyle Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

30-029513

[redacted] OF BIRTH

County [redacted]tah

City of Geneva

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 35919

Primary Registration District No. 2142 Registered No. 35

FULL NAME OF CHILD Anna Heaton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 30 1915

FATHER		MOTHER	
FULL NAME	Fred G. Heaton	FULL MAIDEN NAME	Iona Nation
RESIDENCE	Johnson Wash	RESIDENCE	Johnson Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pee	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy
Geneva Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12-9 1915 W. H. Ehen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 18 1959

859-705-029-365

PLACE OF BIRTH

Form V. S. No. 11-O—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 35920

Primary Registration District No. 2124 Registered No. 36

FULL NAME OF CHILD Clifford Carroll Herman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	12 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. N. Herman	FULL MAIDEN NAME	Ena Sonning
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehlen

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Genesee Idaho

Filed 12-6 1915 W. N. Ehlen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form U.S.X.X. 10-20a 3-[illegible]

STATE OF [illegible] AND
[illegible] OF VITAL [illegible]

349-220-029.113

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fetch

City of Geneva

Registration District No. 62 File No. 35921

No. ..... St.

Primary Registration District No. 2142 Registered No. 37

Hospital

FULL NAME OF CHILD Melva Lorane Currin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	12 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sim Currin	FULL MAIDEN NAME	Louise Jacobs
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehlen

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Geneva Idaho

Filed 12-21 1915 W H Ehlen

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 25 1956

295.218.019-635

PLACE OF BIRTH

AMENDED - SEPTEMBER 24, 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackey

No. ..... St.

Registration District No. 76 File No. 35922

Hospital ..... Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Lula Alene King
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 18 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Edgar Bernie King	FULL MAIDEN NAME: Olive Flemming
RESIDENCE: Mackey	RESIDENCE: Mackey
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. H. Fanell
(Physician or midwife)

Address Mackey, Idaho

Filed 1/12/1916 R. Marie Diers
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Lane }

Certificate No. 35922

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	Earnest B. King	Edgar Bernie King

Subscribed and sworn to before me this 21st day of September, 1948

Roger Rowling

Notary Public, residing at Eugene Ore

My commission expires April 1-1949

(Seal)

Signed Edgar Bernie King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Junction City, Ore Rt #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

SEP 25 1948

JUL 2 1975

133.129.019.386

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Leslie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7-6 File No. 35923

Primary Registration District No. 21-53 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Male. | Twin, Triplet or other: One | and Number in order of birth: Three | Legitimate? Yes. | Date of Birth: Dec 29 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Otto Altermatt	FULL MAIDEN NAME: Dorothy Thomas.
RESIDENCE: Leslie	RESIDENCE: Leslie
COLOR: White	AGE AT LAST BIRTHDAY: 31 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Iowa.
OCCUPATION: Farmer.	OCCUPATION: Home wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was: Three alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Fanell

(Physician or ~~midwife~~)

Address Mackay Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 12 1916 J. R. Marie Deers Registrar

S-Y CO. 24656

315-131.
016-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35925

County of [redacted]

City of Burley

Registration District No. 17 File No.

No. St.

Primary Registration District No. 2196 Registered No. 444

Hospital

FULL NAME OF CHILD Langlois

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	Dec. 31st 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. R. Langlois	Edith Ellerby
RESIDENCE	Burley, Idaho.	Burley, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	41
BIRTHPLACE	Utah	England.
OCCUPATION	Merchant	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

M.D. Burley Ida

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 1-1-16 19..... Dr. J. C. Patterson

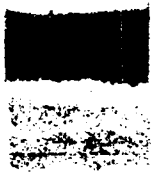
..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



385-113-016-385

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35926

Registration District No. 17 File No. _____

Primary Registration District No. 2196 Registered No. 445

FULL NAME OF CHILD Vail Leroy Cheney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	12-13-15 191...

FATHER		MOTHER	
FULL NAME	F. L. Cheney	FULL MAIDEN NAME	Vinnie Cheney
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.50 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 12-14-15 19..... Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 6 1970

660-127-016-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 35927

Primary Registration District No. 2196 Registered No. 442

FULL NAME OF CHILD

Sex of Child: Male | Twin, Triplet or other? Single | Number in order of birth: 7th | Legitimate? Yes | Date of Birth: Dec 27 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME: Daniel Woodland

RESIDENCE: Burley Idaho

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Willard Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Marguerite Sherbourne

RESIDENCE: Burley Idaho

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7th Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

Dec. 28 1915

Dr. J. C. Patterson Registrar

Filed Dec 28 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-109-016-391

PLACE OF BIRTH name added 12/19/79

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 35928

Primary Registration District No. 2196

Registered No. 441

FULL NAME OF CHILD William Clark Darrington

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	4th	Yes	Dec 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. Clark Darrington	FULL MAIDEN NAME	Emma Cramer
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah USA	BIRTHPLACE	Oakley Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Cramer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed Dec 15 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

STATE OF IL
BUREAU OF VITAL

CERTIFICATE O

OF BIRTH Name added 12/19/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 10 13 AM '79

State of _____ } ss.
County of _____ }

Certificate No. # 35928
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Darrington (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 9, 1915 (Date of Event)

in Declo, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	~~William Clark Darrington~~

Subscribed and sworn to before me this 7th day of December 1979.

Notary Public, Tobie L. Turner

Residing at Albion Idaho

My commission expires 5/23/86

(Seal)

William Clark Darrington
Signature of Applicant

RT 1 Box 99, Declo Idaho 83323
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December 1979.

Notary Public, Tobie L. Turner

Residing at Albion Idaho 83311

My commission expires 5/23/80

(Seal)

Verna C. Darrington Type Birdo
Supporting Signature

Route #2, Box 195 Burley, Idaho 83318
Street Address, City, State

Correction corresp. 4-16-79 1 copy pd fc

Certif of Blessing from the LDS Church gives nameas William Clark Darrington ~~sin~~ son of Clark Darrington and Emma Craner. born Dec 9, 1915 at Marshall,Idaho. Blessed Feb 12, 1916. viewed by V. S.

DEC 20 1979

Certifo f Batism and confirmation fromt he LDS Church give name as William Clark Darrington and Emma Craner. born Dec 9, 1915 at Declo, Idaho. Baptized May 3, 1924. viewed by V. S.

389-119-016-957 amended 1/23/80

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 35929

Primary Registration District No. 2196

Registered No. 440

FULL NAME OF CHILD Elmo Donald Christopherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			11 - 19 - 1916

FATHER		MOTHER	
FULL NAME	Heber Olof Christopherson	FULL MAIDEN NAME	Florence Leora Ingram
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R C Story MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Dec. 12 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1979

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 35929
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elmer Donald Christopherson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 19, 1915 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Elmer	Elmo

Subscribed and sworn to before me this 23rd day of January, 1980.

Notary Public, Frances Cartright

Residing at Burley

My commission expires Life time

(Seal)

Elmo Donald Christopherson
Signature of Applicant

Burley Idaho Box 157
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 11/21/79 1bc. pd. rec. #2480

Certif of Blessing from the LDS Church gives name as Elmo Donald Christopherson son of Heber Christophesona dn Florence Ingram. born Nov 19, 1915 at Burley, Idaho. Blessed March 12, 1916. viewed by V. S.

Certif of Baptism from the LDS Church gives name as Elmo Donald Christpherson son of Heber Christopherson and Florence Ingram. born Nov 19, 1915 at Burley, Idaho. Baptized Aug 1, 1925. viewed by V. S.

195-224-016-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 35930

Primary Registration District No. 2196 Registered No. 439

FULL NAME OF CHILD Andra Josephine Ainsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fm		Yes	11 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul R. Ainsworth	FULL MAIDEN NAME	Minnie V Johnson
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 45 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Burley Idaho

Filed Dec. 14 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9

766.12 9.016-353

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 35931

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117

Primary Registration District No. 2196

Registered No. 438

FULL NAME OF CHILD Clyde William Goodman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 — 28 — 1915

FATHER

FULL NAME: Loan Goodman

RESIDENCE: Burley Ida

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Santa Rosa Cal

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Elizabeth Tolfer

RESIDENCE: Burley Ida

COLOR: W

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Malta Ida

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Dr. [illegible] J. Story

(Physician or midwife)

Address Burley Idaho

Filed Dec. 14 1915. Wm. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1941

719-206-016-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 35932

Primary Registration District No. 2196

Registered No. 437

FULL NAME OF CHILD Della Parke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	11 6 1915

FATHER		MOTHER	
FULL NAME	Anson Parke	FULL MAIDEN NAME	Julia Harris
RESIDENCE	Burley R1	RESIDENCE	Burley, R1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story

& M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida.

Filed Dec 14 1915 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 8 1965

168-22-1-016-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital Home

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 35933

Primary Registration District No. 2196 Registered No. 436

FULL NAME OF CHILD MARGARET ELLEN JOHNSON

Sex of Child FEMALE

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 9 (Month) 21 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME N. C. Johnson	FULL MAIDEN NAME Ellen Ferguson
RESIDENCE Burley Ida R 2	RESIDENCE Burley Ida R 2
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Perry M.D.
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report. ____ 19____

Filed Dec. 14 1915 Dr. J. C. Patterson
Registrar

____
Registrar

S-Y CO. 24695

MAY 3 1 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 3J933

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for none given (Name on Original Certificate) who B orned (Was Born or Died) on Sept. 21, 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
Idaho.
true facts are shown by Birth Records, Boise/ (Bible Record, Insurance Policy, Etc.) prepared on time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex	Male	Female
name	Margaret Ellen Johnston	Margaret Ellen Johnson
Surname	Johnston	Johnson

Subscribed and sworn to before me this 29th. day of May, 19 44.

Paul A. French
Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1947.
(Seal)

Signed Mary L Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

224 First St. Rupert, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of May, 19 44.

Paul A. French
Notary Public, residing at Rupert, Idaho.

My commission expires July 20, 1944.
(Seal)

Signed William R Johnson
(Signature of Any Credible Person Other Than Previous Year)

224 First St. Rupert, Idaho.
(Street Address, City, State)

JUN 2 4 1969

JUN 3 1944

331-104-016-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 35934

Primary Registration District No. 2196 Registered No. 486

FULL NAME OF CHILD Not yet Named GEORGE VERYL CLARK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 – 4 – 1915

FATHER

FULL NAME Parley Clark

RESIDENCE Burley Ida

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Nellie Gross

RESIDENCE Burley Ida

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Story M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 14 1915 Wm. J. C. Patterson Registrar

S-Y CO. 24655

MAY 2 6 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. 244 No. CONANT
(d) Name of Hospital or Maternity Home: FAMILY RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. 244 No. CONANT
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) BURLEY, IDAHO

4. FULL NAME OF CHILD GEORGE VERYL CLARK

5. Date of Birth of Child (Month, day, year) SEPT. 4th 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE PARLEY CLARK
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace GRANTSVILLE (City or town), UTAH (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business MERCHANTILE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY PERMELIA BRIM
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace SALT LAKE CITY (City or town), UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child FOUR (b) Born alive and now living FOUR

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that R.T. (First name) STORY (Last name) M.D, who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie Clark ..... Signature

Oakley Idaho ..... P. O. Address

Subscribed and sworn to before me this 19 day of May, 19.....

(SEAL) C. E. Larson ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459.107.016.319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 35935

Primary Registration District No. 2196 Registered No. 434

FULL NAME OF CHILD Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Dec 7th 1915

FATHER		MOTHER	
FULL NAME	A. L. Merrill	FULL MAIDEN NAME	Clara Larsen
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec. 9 1915 Dr. J. C. Patterson Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-213-016-29

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 35936

Primary Registration District No. 196 Registered No. 493

FULL NAME OF CHILD Thelma Erma Norton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	12-13-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	D. R. Norton	FULL MAIDEN NAME	Mabel Burgess
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report.

....., 19....

Filed Dec. 15 1915 Dr. J. C. Patterson
Registrar

.....
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

399-205-016445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35937

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 432

FULL NAME OF CHILD Mary Alice Threlkeld

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
F.				yes	Dec. 5th 1915 (Month) (Day) (Year)

FATHER

FULL NAME A. F. Threlkeld

RESIDENCE Burley, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Neb.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Olive Dunn

RESIDENCE Burley, Ida

COLOR White AGE AT LAST BIRTHDAY 22. (Years)

BIRTHPLACE Indiana

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 10 1915 Dr. J. C. Patterson Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1943

239-103-016-619

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 35938

Primary Registration District No. 2196 Registered No. 491

FULL NAME OF CHILD Curtis Darwin Strawn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single		yes	Dec. 3 1915

FATHER		MOTHER	
FULL NAME	Marion Curtis Strawn	FULL MAIDEN NAME	Julia anna Waite
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Jefferson Co. Kansas	BIRTHPLACE	Jefferson Co Kansas
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Schultz
Physician
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Dec. 5th 19 15 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1 1972

SEP 2 3 1942

619-227 = 916-586

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117 File No. 35939

Primary Registration District No. 2196 Registered No. 448

FULL NAME OF CHILD ADA VIRGINIA Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	12-27 1915

FATHER		MOTHER	
FULL NAME	T. C. Warren	FULL MAIDEN NAME	Ada Thompson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ark.	COLOR	White
OCCUPATION	Barber	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Ark.
		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.50 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Jan. 1 1916 Dr. J. C. Patterson Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 35939

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ada Virginia Warren (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 27 1915 (DATE OF EVENT)
in Burley Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by his knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 24 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Margaret Warren	Ada Virginia Warren

Subscribed and sworn to before me this 26th
day of March, 19 42.
Fred J. Thompson
Notary Public, residing at Burley, Ida
My commission expires May 5, 1942
(SEAL)

Signed E. C. Warren
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of March, 19 42.
Fred J. Thompson
Notary Public, residing at Burley, Ida.
My commission expires May 5, 1942
(SEAL)

Signed O. M. Oberholtzer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

130 N. Oakley Ave Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 2 6 1969

415-224-040

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122

Primary Registration District No. 2200

File No. 35940

Registered No. 111

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 24 1915

FATHER		MOTHER	
FULL NAME	John Mlanko	FULL MAIDEN NAME	Alma Pera
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Brannon

(Physician or midwife)

Address Mullan Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 30 1915

H C Mowery Registrar

S-Y CO. 24655

PLAINLY WITH UNFADING INK—THIS IS A PERM...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

154-116-040 125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35941

Registration District No. 122 File No. _____

Primary Registration District No. 2700 Registered No. 110

FULL NAME OF CHILD John Anderson Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	2nd	yes	Dec 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Anderson	Donny Akers
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 00 A.M. on the date above stated.

(Signature) Dr Mowry

Physician (Physician or midwife)

Address Wallace Ida.

Filed 12/17 1915 H Mowry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

1942

5-99-115-040-2[redacted]

[redacted]rm V, S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. — St.

Hospital —

Registration District No. 122

File No. 35942

Primary Registration District No. 2200

Registered No. 109

FULL NAME OF CHILD FLOYD HAROLD RAYMOND ERICKSON

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	One	2nd	yes	Dec 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Erickson	FULL MAIDEN NAME	Augusta Swanson
RESIDENCE	Wallace, Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

Address Wallace, Ida.

19

Filed 12/16 1915 H C Mowery

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1978

JAN 19 1978

1/27/41 L. B.

386-214-040-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35943

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. 108

FULL NAME OF CHILD Phyllis Bernice Thompson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
7	One		Y	Dec 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Thompson	FULL MAIDEN NAME	Mabel Lee
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (~~Born~~ alive or stillborn) at 10 15 P M. on the date above stated.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Address Burke Idaho

Filed 12/15 1915 H C Mowery

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1956

696-230-040-849

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35944

County of Shoshone

City of Burke

No. _____ St.

Hospital _____

Registration District No. 122 File No. [redacted]

Primary Registration District No. 2200 Registered No. 107

FULL NAME OF CHILD Sarah O Rourke

Sex of Child 7	Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Y	Date of Birth Nov (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George O Rourke	FULL MAIDEN NAME	Frances Dink
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Newfoundland	BIRTHPLACE	Newfoundland
OCCUPATION	Watchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Dettman

(Physician or midwife)

Given names added from a supplemental report.

Address Burke Ida

_____ 19__

Filed 12/10 1915 H R Mowery

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-204-040-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-4-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35945

County of Shoshone

City of Wallace

Registration District No. 122 File No.

No. —— St.

Primary Registration District No. 220 Registered No. 106

Hospital ——

FULL NAME OF CHILD Delia W. Richie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	one	1st	yes	Dec 2 1915

	FATHER	MOTHER
FULL NAME	Chester Richie	Ida Williams
RESIDENCE	Wallace Ida	Wallace, Ida
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	19 (Years)
BIRTHPLACE	Montana	Iowa
OCCUPATION	Stock Broker	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ... M
(Born alive or stillborn)
on the date above stated.

(Signature) Dr. Mowry

Dr. Thompson
(Physician or midwife)

Address Wallace, Ida.

Filed Dec 9 1915 H. E. Mowry
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1965

JAN 29 1965

25.4.20.005-465

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 35946

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Margaret Louise Bednar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	1	yes	12 10 1915

FATHER		MOTHER	
FULL NAME	Frank Bednar	FULL MAIDEN NAME	Olga Donner
RESIDENCE	St Maries Ida	RESIDENCE	Minn
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Cashier C M & St P	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 lb M on the date above stated. (Born alive or stillborn) at

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Owen D Platt

(Physician or midwife)

Address St Maries

Filed Jan 12 1916 H. L. Mulcahy Registrar

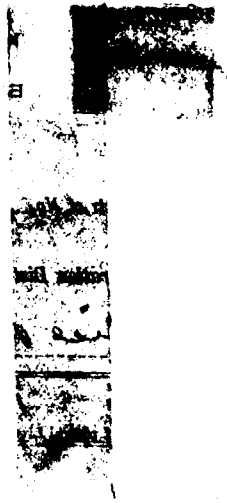
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942



386-212-04D

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

County of Ashton

City of Marble Creek

Registration District No. 32

File No. 35947

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Boy~~ HELEN CAROL Thomas

Sex of Child F	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 12 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William H Thomas	FULL MAIDEN NAME	Martha Felsted
RESIDENCE	Marble Creek Ida	RESIDENCE	Marble Creek
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	~~[illegible]~~ California	BIRTHPLACE	Utah
OCCUPATION	Ranches	OCCUPATION	House wife —

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

O D Platt

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St. Maries

Filed Jan 12 1916 H L Mulcahy

Registrar

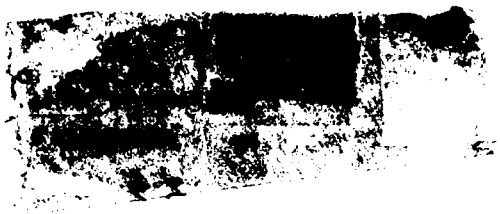
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 12 1943

JUN 29 1953

DEC 26 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35-941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of n one child at birth a Separate Return must be made for each, and the number of each, in order of bir

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Carol Thomas

3. Sex F | If plural births {4. Twin, triplet, or other ..... 5. Number, in order of birth .....} | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth Dec. 12, 1915 (Month, Day, Year)

FATHER

9. Full name William Henry Thomas

10. Residence (usual place of abode) (If non-resident, give place and State) St Maries, Ida.

11. Color or race White | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Scott Bar, Calif

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumbering

16. Date (month and year) last engaged in this work December, 1915

17. Total time (years) spent in this work 13

MOTHER

18. Full maiden name Martha Caroline Felsted

19. Residence (usual place of abode) (If non-resident, give place and State) St Maries, Ida.

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Logan, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Still Continuing 1943 at present time

26. Total time (years) spent in this work 42 years (up till present time)

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... {months or weeks}

30. Cause of stillbirth ..... {Before labor ..... During labor .....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, should make this return.

Give name added from a supplemental report .....

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed ....., 193...

Registrar.

Registrar.

Dr. Pratt of St. Maries, Idaho was attending physician

266-212-005-762

PLACE OF BIRTH

County of Benewah

City of Sander

No. ..... St.

Hospital .....

[redacted] DAHO
[redacted] STATISTICS
[redacted] ATE [redacted] BIRTH

Form V. [redacted]

Regi[redacted] No. [redacted]

File No. 35948

Prim[redacted] Distr[redacted] 49

Registered No. .....

FULL NAME OF CHILD Boby Koontz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
2	—		3	yes	12 (Month) 12 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert L Koontz	FULL MAIDEN NAME	Doris Goss
RESIDENCE	Sanders Ida	RESIDENCE	Sanders Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Mexico	BIRTHPLACE	Arkansas
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Owen D Plall

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St. Maries

Filed Jan 12 1916 H L Mulcahy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

76 [redacted]

No. 11-C—25m-1-1-13

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Bienewaly

City of St. Maries

Registration District No. 32

File No. 35949

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Helen Gordon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		1	yes	12 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jackob Gordon	FULL MAIDEN NAME	Anna Gordon
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Maries

Filed Jan 12 1916 H L Mulcahy

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

OCT 13 1949

DECEASED

Amended 11-12-58

PLACE OF BIRTH

81-9-106-405-314

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 35950

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Alexander Hartman, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	12-6-1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alexander Hartman	FULL MAIDEN NAME	Mary Lautenschlaeger
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Millman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Owen D. Platt

Physician (Physician or midwife)

Address St. Maries

Filed Jan. 12, 1916 H.L. Mulcahy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #397-03-9463 gives name as Alexander Hartman, Jr. and Military Record Nov. 9, 1939 to Dec. 4, 1945 gives name as Alexander Hartman, Jr. - viewed by V.S. Church record of Alexander gives the father's name as Alexander Hartman - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Certificate of Social Insurance Award - Aug. 20, 1953 - Claim Number 392-18-2792-A - gives name as Alexander Hartman - (Father) - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of KOOTENAI } ss.

Certificate No. 35950

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alic S. Hartman (Name on Original Certificate) who born (Was Born or Died) on 12-6-1915 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by CHURCH BIRTH CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on BAPTISMAL 2 JAN 1916 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Alic S. Hartman	Alexander Hartman, Jr.
Full Name of Father	Alic S. Hartman	Alexander Hartman

Subscribed and sworn to before me this 25TH day of OCTOBER, 1958

Notary Public, residing at COEUR d'ALENE
My commission expires 9-1-62
(Seal)

Signed Geo. J. Hartman, UNCLE X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

720 "C" STREET COEUR d'ALENE
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of KOOTENAI } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25TH day of OCTOBER, 1958

Notary Public, residing at COEUR d'ALENE
My commission expires 9-1-62
(Seal)

Signed George Holstein X
(Signature of Any Credible Person)

617 RIVER AVE COEUR d'ALENE
(Street Address, City, State)

FORM DPH 58.155 CL 10-2-58. nm

267-107-005-268

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 35951

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Ralph Peter Boley Bogle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	11	yes	11 7 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patrick Bogle	Rose Bohen
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	49	39
BIRTHPLACE	New Brunswick	New Brunswick
OCCUPATION	Teamster	Home wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Scott

(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan 12 1916 H. L. Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1954

362-220-005-815

Form V. S. No. 11-C—25m-[illegible]

PLACE OF BIRTH

County of Benewah

City of Fernwood

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 35952

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Baby Cobbett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	1st	Yes	11 (Month) 20 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold E Cobbett	FULL MAIDEN NAME	Viva Hauger
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Pa	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 P M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Address St. Maries

Filed Jan 12 1916 H. L. Mulcahy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-22-005-389

PLACE OF BIRTH

County of Bonneville

City of St Anthony

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 35953

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Roby - Lenoch, Mary Anna

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
		yes	11 22 1915

FATHER		MOTHER	
FULL NAME	Oscar Lenoch	FULL MAIDEN NAME	Ateld Chrzanowsky
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Milwaukee Wis
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7 lbs a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 12 19 16 H. L. Mulcahy Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1950

417-12 [redacted] 319

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ben[redacted]

City of St. Maries

Registration District No. 32 File No. 35954

No. ..... St.

~~Hospital~~ Bobby Glenn Hjalmar Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD ~~Bobby~~ Magnuson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	3	yes	10 (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Magnuson	FULL MAIDEN NAME	Selma Carlson
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lbr Goder	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address St. Maries

Filed Jan 12 1916 H. L. Mulcahy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-21 [redacted]

PLACE [redacted]

1-C—35m-1-1-18

County of Latah

City of Troy

No. ..... St.

Hospital .....

CE[redacted] BIRTH

Registration District No. 64 File No. 35955

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD ALMA CORNELIA ~~[illegible]~~ Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	Dec 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl S. Anderson	FULL MAIDEN NAME	Ida Carlson
RESIDENCE	Troy Latah Co	RESIDENCE	Troy Latah Co.
COLOR	White AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Field

phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Troy Ida

Filed Dec 20 1915 J. Muncloff
Registrar

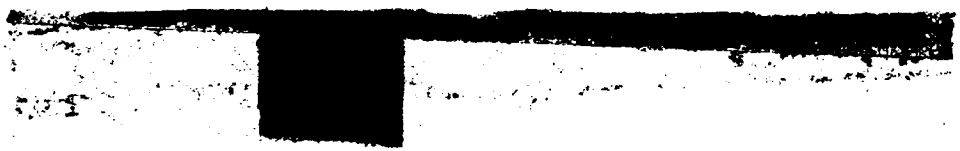
S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. ~~20075~~
Date Filed 35955

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Estella Catherene Anderson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 16, 1915 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 16, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Estella Catherene Anderson	Alma Cornelia Anderson
This birt date is 1915 instead of 1916.		

Subscribed and sworn to before me this 7 day of Feb., 1945
A. Burke
Notary Public, residing at Troy Idaho
My commission expires 8-1-1945
(Seal)

Signed Earl S. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
611 So. Wash. St., Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 188, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 7 day of Feb., 1945
A. Burke
Notary Public, residing at Troy Idaho
My commission expires 8-1-45
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
Troy Idaho
(Street Address, City, State)

FEB 17 1945

275·216·029-365

[redacted] 11-C—20m-2-15-12.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 35956

Registered No. .....

FULL NAME OF CHILD Doris Mary Spencer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	yes	Nov. (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	W J Spencer	Ethel Q Coney
RESIDENCE	Country Near Troy	Country Near Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Troy - Latah Co Idaho	Morrow Co. Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11/16/15 at 4:30 [redacted] M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M McCall

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Nov 16 1915 J M McCall

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 21 1969

261-206-029-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kalah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 35957

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Ruby Margaret Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	6	Yes	Nov 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Axel Edward Swanson	FULL MAIDEN NAME	Nellie Dahlin
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field M.D.

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Nov 16 1915 J. Minnicoll
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1970

449.211-029.265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 35958

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Audrey May Durbin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	F	Yes	Nov 11 1915

FATHER		MOTHER	
FULL NAME	Thomas Oscar Durbin	FULL MAIDEN NAME	Anna Loecker
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Vernon Co, Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 11-15 at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field, M.D.

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Nov 20 1915 J. Muncroll
Registrar

Registrar

S-Y CO. 24655

MAY 4 1972

PLACE OF BIRTH
553-104-029-699

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 35959

Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Albin Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct 4, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Gustof Nelson	FULL MAIDEN NAME: Maggie Frisk
RESIDENCE: Troy, Idaho	RESIDENCE: Troy, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Troy, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

(Signature) J. M. McCall M. D.

(Physician or midwife)

Address Troy, Idaho

Filed Oct. 10 1915 J. M. McCall
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 35959

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Adain Nelson (Name on Original Certificate) who was born (Was Born or Died) on October 4, 1915 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Adain	Albin

Subscribed and sworn to before me this 19th day of June 1956

Notary Public, residing at Troy Idaho
My commission expires 8-1-1957
(Seal)

Signed Gustaf A. Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kendrick Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1956

Notary Public, residing at Troy, Idaho
My commission expires 8-1-1957
(Seal)

Signed Lester Nelson
(Signature of Any Credible Person)

R No 1 Kendrick, Idaho
(Street Address, City, State)

FORM DPH 55.155

JUL 30

135-127-029-813

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Troy

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 35960

Primary Registration District No. 2144 Registered No.

FULL NAME OF CHILD Charles Michael Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor B. Alexander	FULL MAIDEN NAME	Mabel Olive Holiday
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lewiston Idaho	BIRTHPLACE	Troy, Idaho
OCCUPATION	Telegrapher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy, Idaho

Filed Sept 30 1915 J. McCall
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/ 17, 1941 L. B.

243-217-029-853

PLACE OF BIRTH

Amended 11/29/13

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO.
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 64

Primary Registration District No. 2144

File No. 35961

Registered No. .....

FULL NAME OF CHILD Vivian S. Kullberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Nov. 17 1914

FATHER	MOTHER
FULL NAME Erik O Kullberg	FULL MAIDEN NAME Hannah K. Helgren
RESIDENCE Troy	RESIDENCE Troy
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Jemtland Sweden	BIRTHPLACE Jemtland Sweden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Fairchild M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Troy Idaho

Filed Nov 25 19 15

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 14 9 21 AM '73

State of Washington } ss.
County of Spokane

Certificate No. 35961

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alex Kullberg (Name on Original Certificate) who was born (Was Born or Died) on November 16, 1915 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Alex Kullberg	Vivian S. Kullberg
Birth Date	November 16, 1915	November 17, 1915
Mother's First Name	Hannah	Hanna

Subscribed and sworn to before me this 1st day of November, 19 73.

Notary Public, residing at Spokane
My commission expires March 5, 1975
(Seal)

Signed Hanna Kullberg Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Victor, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of November, 1973.

Notary Public, residing at Snohomish
My commission expires 5-2-74
(Seal)

Signed Velma Johnston Cousin
(Signature of Any Credible Person)
421 Emerson Snohomish Wn.
(Street Address, City, State)

DPH 52.155

Certificate of Confirmation gives name as Vivian S. Kullberg born Nov. 17, 1915 was confirmed June 7, 1931 in the Swedish Tabernacle at Spokane, Wash. Viewed by V. S. NOV 29 1973

Insurance Application from The Prudential Ins. Co. of American gives name as Vivian S. Bergin born Nov. 17, 1915. dated 6/4/59 Viewed by V. S.

Own child's hospital birth certificate from Sacred Heart Hosp. in Spokane, Wash gives name as Roger Lewis Bergin born Aug. 23, 1937. gives father's name as Bernard Francis Bergin and the mother's nameas Vivian Selma Kullberg. Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 396-115-029-996

County of Kalah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64

File No. 35962

Primary Registration District No. 2144

Registered No. .....

FULL NAME OF CHILD Clinton Lyle Trout (boy)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Oct 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora A Trout	FULL MAIDEN NAME	Ethel Brock
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Frankfort Ind	BIRTHPLACE	Albany Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Field M.D.

Phys. Troy, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Troy Idaho

Filed Oct. 20 1915 J M McColl
Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 35962

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clinton Lyle Trout (Name on Original Certificate) who Was born (Was Born or Died) on Oct. 15, 1915 (Date of Event)
in Troy Idaho (Place of Event) ~~are erroneous or were omitted; and that~~, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John Trout	Clinton Lyle Trout

Subscribed and sworn to before me this 8th day of May 1945

Lawrence E. Childs
Notary Public, residing at Moscow, Ida.
My commission expires 4-14-49
(Seal)

Signed X Ora A. Trout.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route #2 Moscow, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAY 1 3 1945

SEP 4 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of m[illegible] one child at birth a Separate Return must be made for each, and the number of each, in order of birt[illegible]

[illegible] Nez Perce
City of Lapwai

[illegible] WELFARE [illegible]

CERTI[illegible] 25963

No. [illegible] Registration District No. 27 [illegible]

(If born in hospital or institution give na[illegible] Prim. Registration District No. 21 [illegible] Regist[illegible]

2. FULL NAME OF CHILD Paul Wilson Wright

3. Sex Male | If plural births: 4. Twin, triplet, [illegible] 5. Number, in order of birth | 6. Premature Full term | 7. [illegible] | 8. Date of birth Sept. 17 [illegible]5 (Month, [illegible])

FATHER	MOTHER
9. Full name Herbert Wright	18. Full maiden name Rosa Enlert
10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai, [illegible]
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Minnesota
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landlord	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John H. Alley, M. D.

or ....., Midwife

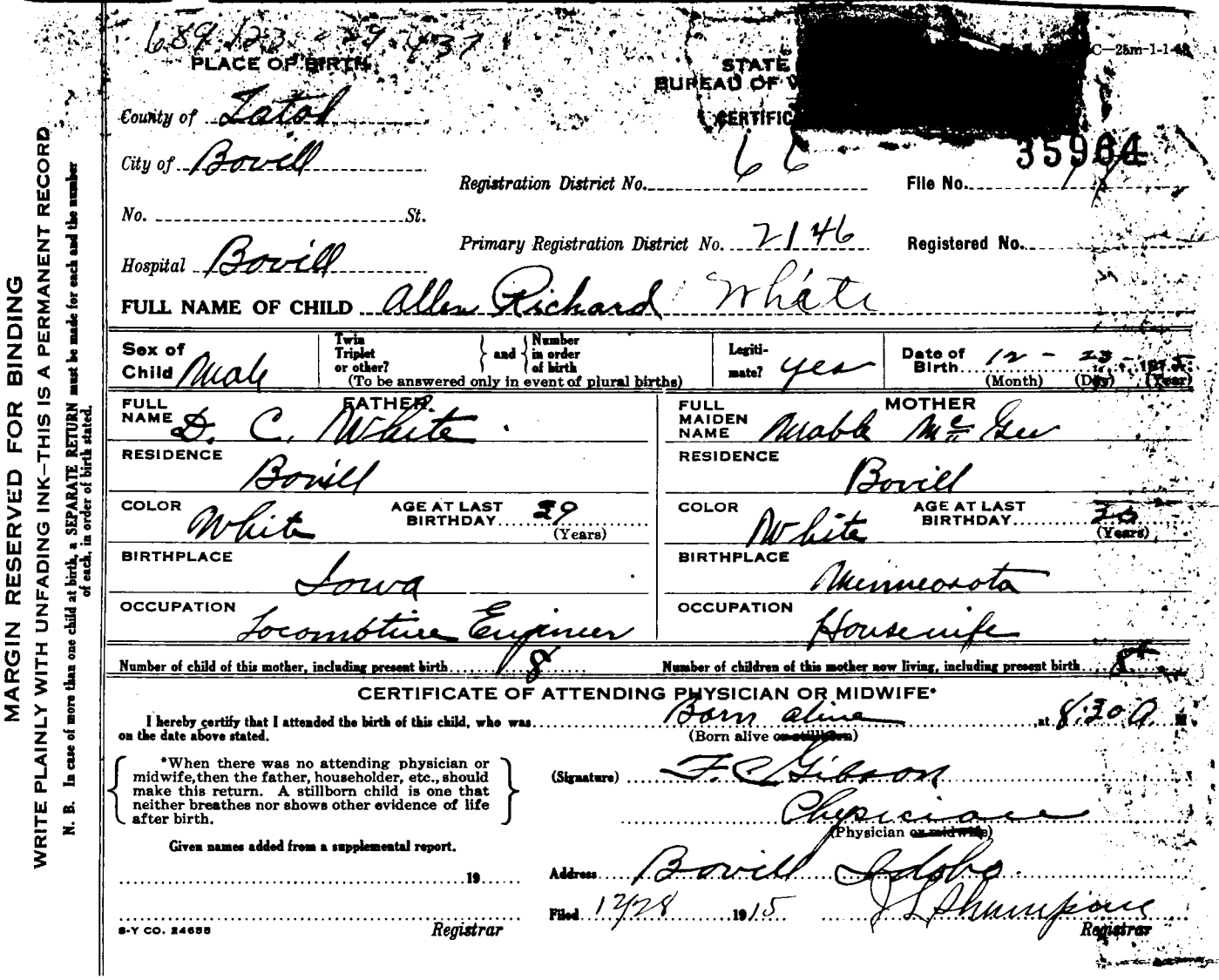
Address Lapwai, Idaho

Give name added from a supplemental report ..... (Date of)

Filed Sept. 2[illegible]-1915, 193.. John N. Alley Registrar.

Registrar.

3/4/41 L. B.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689.123 - 29.437

PLACE OF BIRTH

STATE [redacted] C—25m-1-1-48

BUREAU OF V[redacted]

CERTIFIC[redacted]

County of Latah

City of Bovill

No. _____ St.

Hospital Bovill

Registration District No. 66

File No. 35964

Primary Registration District No. 2146

Registered No. _____

FULL NAME OF CHILD Allen Richard White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 - 23 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. C. White	FULL MAIDEN NAME	Mable McGee
RESIDENCE	Bovill	RESIDENCE	Bovill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Bovill Idaho

Filed 12/28 1915

J. L. Shumpane

Registrar

Registrar

S-Y CO. 24655

268-228-030-551

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. 1 15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 35965

Primary Registration District No. 2116 Registered No. 170

FULL NAME OF CHILD Doris Lillian Kohl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 25, 1915

FATHER		MOTHER	
FULL NAME	Fred E Kohl	FULL MAIDEN NAME	Marcus Neal
RESIDENCE	Carmen Idaho	RESIDENCE	Carmen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Home Keeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

_____ 19__

Edith D Herndon
Registrar

Filed Jan. 3 1916 Edith D Herndon
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 16 1945

DECEASED

275-130-030-231

PLACE OF BIRTH

Amended 2/20/79

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35966

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

Registration District No. 41

File No. _____

Primary Registration District No. 2116

Registered No. 171

FULL NAME OF CHILD Whitney Halla Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James T. Spencer	FULL MAIDEN NAME	Christena Slavik
RESIDENCE	Tendoy Idaho	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	England	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Whitwell

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Edith D. Herndon
Registrar

Address Salmon Idaho

Filed Jan. 3, 1916 Edith D. Herndon
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35966

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Spencer (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 30, 1915 (Date of Event)

in Salmon Idaho (Lemhi) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Whitney Halla Spencer

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Prov ~~State~~ of British Columbia } ss.
County of Yale }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of December, 19[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

402 VICTORIA STREET
KAMLOOPS, B.C.
NOTARY PUBLIC

Signed [signature]
(Signature of Any Credible Person)

WESTWOLD, B.C.
(Street Address, City, State)

FORM DH 60-155

CL 4/12/77

Insurance application to The Equitalbr Life Ins. Co. of Canada gives name as Whitney Halla Spencer. born Nov. 30, 1915. dated in 1953. viewed by V. S.

FEB 2 0 1979

Letter from Canadian Immigration Record shows that Whitney Hall Spencer was granted Landed Immigrant status on Feb 15, 1947. at Osoyoos, B. S. Citizen of U.S.A.. born Nov 30, 1915.. File No. 5310-4-5133 (S) viewed by V. S.

466.124 530-369

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 35967

Primary Registration District No. 2116 Registered No. 172

FULL NAME OF CHILD John Robert Moore

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Dec (Month) 24th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert A Moore	FULL MAIDEN NAME	Elsie Cornforth
RESIDENCE	dead	RESIDENCE	Salmon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Canada	BIRTHPLACE	Mont
OCCUPATION	Miner	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Edith D. Herndon
Registrar

Address Salmon Idaho

Filed Jan 3, 1915 Edith D. Herndon
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-231-070-156

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Gibbonsville

Registration District No. 241 File No. 35969

No. ____ St.

Primary Registration District No. 2116 Registered No. 174

Hospital ____

FULL NAME OF CHILD Harriett Josephine Casterlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12-31-1915

FATHER		MOTHER	
FULL NAME	Don Mayo Casterlin	FULL MAIDEN NAME	Anna Ellen Jeffers
RESIDENCE	Gibbonsville, Ida	RESIDENCE	Gibbonsville, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Tennessee
OCCUPATION	School Teacher	OCCUPATION	School Teacher

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 10.30 A. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Stratton M.D.

(Physician or midwife)

Address Salmon, Ida

Given names added from a supplemental report.

....., 19....

Registrar

Filed Jan. 3, 1916 Edith D. Hunden

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

FEB 24 1953

461-207-030-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 35970

Primary Registration District No. 2116 Registered No. 175

FULL NAME OF CHILD Sarah Eileen Doak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Nov. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin M. Doak	FULL MAIDEN NAME	Arpha Kenney
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Idaho

Filed Jan. 8 1916 Edith O. Herndon
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942

Amended 9-9-64

(Be sure the information is complete and accurate)

State File No. 35971
Local Reg. No. 176
Reg. Dist. No. 41

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): John
b. (Middle): Woodrow
c. (Last): Wooldridge

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 10, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Geo.
b. (Middle): Silas
c. (Last): Wooldridge

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Oregon

11a. USUAL OCCUPATION: Miner

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edith
b. (Middle): May
c. (Last): Elliott

13. COLOR OR RACE: White

14. AGE (At time of this birth): 38 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 1
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Chas. F. Hanmer

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Salmon, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Jan. 7, 1916

20. REGISTRAR'S SIGNATURE: Edith D. Herndon

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

...ISTRAR in the district where the birth occurred ... DIVISION OF VITAL STATISTICS, BOISE, IDAHO
...ondence to

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 8 1964 Bureau of Vital Statistics

State of Washington } ss.
County of Thurston

Certificate No. 35971

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Woodrow Woolridge (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1915 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Woolridge	Wooldridge
Father's Last Name	Woolridge	Wooldridge
Mother's Maiden Name	Edith May Elliot	Edith May Elliott

Subscribed and sworn to before me this 1st day of June, 19 64

Notary Public, residing at Olympia
My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~Box 307, Bay Center, Wash.~~
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 64

Notary Public, residing at Olympia Wash
My commission expires 3/25/67
(Seal)

Signed
(Signature of Any Credible Person)

3708 Gull Harbor Road. Oly
(Street Address, City, State)

FORM DH 60-155 CL 5-14-64. one copy pd. rec. #03591.

Selective Service Registration Certificate, dated Oct. 16, 1940 gives full name as John Woodrow Wooldridge - viewed by V.S.

Certificate of Discharge from Civilian Conservation Corps, dated Aug. 17, 1933-Camp Sisters, Oregon - gives full name as John W. Wooldridge, age 18, born Salmon City, Idaho - date of enrollment June 6, 1933 at Eugene, Oregon - viewed by V.S.

Certificate of Marriage, State of Washington, county of Clark, married June 8, 1938 gives full name of groom as John Wooldridge and full name of bride as Ethel O. Amick - viewed by V.S.

Lemhi County, State of Idaho, Marriage License and Certificate, married June 24, 1910 at Salmon, Idaho gives full name of groom as George S. Wooldridge and full name of bride as Edith May Elliot - viewed by V.S.

Affidavit of Annual Representation, State of Idaho, County of Lemhi, dated Jan. 8, 1917, Last Chance Mine, gives full names as George S. Wooldridge and Edith Wooldridge - viewed by V.S.

Family Record, post card, appears old and unaltered - written to Miss Edith M. Elliott - viewed by V.S.

897-217-030-141

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Jeertsen Creek

Registration District No. 41

File No. 35972

No. ..... St.

Primary Registration District No. 216

Registered No. 177

Hospital .....

FULL NAME OF CHILD Myrtle Arlene Hixson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Nov 17 1915

FATHER	MOTHER
FULL NAME: Floyd Wesley Hixon	FULL MAIDEN NAME: Ruby Adams
RESIDENCE: Jeertsen Creek	RESIDENCE: Jeertsen Creek
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Idaho.
OCCUPATION: Ranch hand	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19.....

Filed Jan. 7 1916 Edith D. Henderson

Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-209-030-666

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

Registration District No. 41

File No. 35973

Primary Registration District No. 2116

Registered No. 178

FULL NAME OF CHILD Clara Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Dec 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James H. Jewell	FULL MAIDEN NAME	Bessie Woods
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho

Filed Jan. 7, 1916 Edith D. Herndon
Registrar

S-Y CO. 24655

JUL 12 1972

897-112-030-141

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Geertson Creek

No. ..... St.

Hospital .....

Registration District No. 41

File No. 35974

Primary Registration District No. 2116

Registered No. 178 179

FULL NAME OF CHILD Wesley Raymond HIXSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	Dec 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph H Hixon	FULL MAIDEN NAME	Bessie Adams
RESIDENCE	Geertson Creek	RESIDENCE	Geertson Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Montana
OCCUPATION	Ranch hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Salmon, Idaho

Filed Jan. 7 1916 Edith D. Hundon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1951

546-27-042-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 12-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35976

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD MURIEL Rachel Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes.	12-27 1915

FATHER	MOTHER
FULL NAME Marion Edwards	FULL MAIDEN NAME Garland Bernice Barton
RESIDENCE T. F. Ida	RESIDENCE T. F. Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Columbia Co. Wash.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 12-27-15 at M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Woods M.D.

(Physician or midwife)

Address I Falls

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 1-5 19 16 [illegible] Registrar

S-Y CO. 24695

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark }

Certificate No. 35976

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Rachel Edwards (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 27, 1915 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory of mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Rachel Edwards	Rachel Muriel Edwards
mother's name (maiden)	Bernice Barton	Bernice Garland Barton

Subscribed and sworn to before me this 22nd
day of April, 19 42

Jas. O. Blair

Notary Public, residing at Vancouver, Wash.
My commission expires Oct. 28, 1943
(SEAL)

Signed Bernice Garland Dubach
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 1, Vancouver, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Clark }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of April, 19 42

Jas. O. Blair

Notary Public, residing at Vancouver, Wash.
My commission expires Oct. 28, 1943
(SEAL)

Signed R E Dubach
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt.1 Vancouver, Washington.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 24 1942 By
(REGISTRAR'S SIGNATURE)

APR 1968

JUL 19 1968

Amended 5/5/69

PLACE OF BIRTH

314-225-042-796

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 35977

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Carol Gene Laughlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
J		Yes	Dec 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Laughlin	FULL MAIDEN NAME	Anna Prothro
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Louisiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Idaho

Filed 12 [illegible] 5 J T Laughlin

Registrar

Registrar

S-Y COP-24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FATHER

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 3 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 35977

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lauthlin (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on December 25, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record, Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 29, 1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Carol Gene Laughlin
Father's Last Name	Lauthlin	Laughlin

Subscribed and sworn to before me this 29th day of April, 1969

Notary Public, residing at Kimberly, Idaho
My commission expires 1/20/63
(Seal)

X Signed Joseph Laughlin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. # 2 - Kimberly, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1969

Notary Public, residing at Kimberly, Idaho
My commission expires 1/20/63
(Seal)

X Signed Irene A. Laughlin
(Signature of Any Credible Person)

Rt. # 2 - Kimberly, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 12-23-68. one copy pd. rec. # 4121

Cradle Roll Certificate gives name as Carol Gene Laughlin born December 25, 1915. From the Baptist Church. Dated Sept. 2, 1917. Signed by Orvis T. Anderson. Viewed by V. S.

MAY 5 1969

Life Insurance Policy with New York Life Insurance Company gives child'sname as Carol G. Laughlin. Dated April 29, 1929. Signed by Frederick M. Johnson. Veiwed by V. S.

Life Insurance Policy with New York Life Insurance Campnay gives father's name as Joe E. Laughlin, Father of the Insured. Dated April 29, 1929. Signed by Frederick M. Johnson. Veiwed by V. S.

Insurance Poilcy with The Northwestern Mutual Life Insurance Company of Milwaukee, Wisconsin. Mo. Gives name as Joseph A. Laughlin. Dated March 10, 1934, Signed by J. Sodemes. Viewed by V. S.

268-124-042-695

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 37 File No. 35978

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Melvin Anthony Kohles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	12-24-1915

FATHER		MOTHER	
FULL NAME	Michael A Kohles	FULL MAIDEN NAME	Marie Ehrens
RESIDENCE	Twin Falls	RESIDENCE	T Falls
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Luxemburg Germany
OCCUPATION	Coffee Dealer	OCCUPATION	Hsmf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin

(Physician or ~~midwife~~)

Address T Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-24-1915 John F Coughlin Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318 119-042 251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. 35979

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Frank G. Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. H. Taylor	FULL MAIDEN NAME	Laura Kearns
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-19-15 at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Woods

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address T Falls

Filed 1-5 1916 J. M. Coughlin Registrar

Registrar

S-Y CO. 24655

613-118-042-418

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 318 - 3rd W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37

File No. 35980

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD ~~Walters~~ IRVING RAY WALTERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes.	12 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles R. Walters.	FULL MAIDEN NAME	Georgia Mahoney
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	white AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Nev.	BIRTHPLACE	Ida.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 69 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Louchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address T Falls.

Registrar

Filed 12 30 1915 J H Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 35980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Falters (Name on Original Certificate) who Born (Was Born or Died) on December 18, 1915 (Date of Event)
in Twin Falls, Twin Falls Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	no name to	Irving Ray Walters

Subscribed and sworn to before me this 20th day of March, 1942.

Bessie M. Lamie

Notary Public, residing at Boise, Idaho

My commission expires 6/7/42 (Seal)

Signed Mrs. Jennie O. Basil
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

201 Flume Street Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1942.

Bessie M Lamie

Notary Public, residing at Boise, Idaho

My commission expires 6/7/42 (Seal)

Signed W. A. Basil
(Signature of Any Credible Person Other Than Previous Year)

201 Flume Street, Boise, Idaho
(Street Address, City, State)

MAR 24 1942

MAY 15 19[illegible]

553-118-0422653

PLACE OF BIRTH

BURE[redacted]

V. S. No. 11-C—25m-1-1-13

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 35981

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD THELMA ANNA NELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes.	Dec. 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor Nelson	FULL MAIDEN NAME	Tena Boehm Nelson
RESIDENCE	T. F. Idaho	RESIDENCE	T. F. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-18-15 at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. O. Woods

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 1-5 1916 J. M. Coughlin Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 35981
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Thelma Anna Nelson who was born on December 18, 1915 in Twin Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by prepared on, are:

(Birth or death) (Name on original certificate) (Was born or died) (Date of event) (Place of event) (Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Thelma Anna Nelson
Maiden name of mother	Tena Nelson	Tena Boehm
Sex of child	male	female

Subscribed and sworn to before me this 28th day of October 1941.

Geo. M. Paulson

Notary Public, residing at Twin Falls, Idaho

My commission expires June 9, 1942

[SEAL]

Signed Tena Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#2, Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1941.

Geo. M. Paulson

Notary Public, residing at Twin Falls, Idaho

My commission expires June 9, 1941

[SEAL]

Signed Lucy Nelson
(Signature of any credible person other than the previous affiant.)

R#2, Twin Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

Own child's birth certificate on file with Idaho Bureau of Vital Statistics gives name of mother (female) as Thelma Anna Nelson. Child born August 28, 1938, Father (husband) is listed as Willard Harold Rambo, Certificate # 271017.
Viewed by V.S.

864-267-042-445

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Registration District No. 37

File No. 35982

Primary Registration District No. 1085

Registered No. _____

FULL NAME OF CHILD Leonella Irene Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James A Young	FULL MAIDEN NAME	Emma Mueller
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Twin Falls Idaho

Filed 12-20 1915 [signature] Registrar

Registrar

S-V CO. 2465

MARGIN RESERVED FOR [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

6-14-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35982

MAR 24 2 30 PM '72

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Young (Name on Original Certificate) who was born (Was Born or Died) on Dec. 17. 1915 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by school record & baptismal record (Bible Record, Insurance Policy, Etc.) prepared on March 16, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Leonella Irene Young

Subscribed and sworn to before me this 15th day of March 1972

Notary Public, residing at Twin Falls

My commission expires Feb 15-1973

(Seal)

Signed A. W. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1852 Addison Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March 1972

Notary Public, residing at Twin Falls Idaho

My commission expires Feb 15 1973

(Seal)

Signed Chas E Young
(Signature of Any Credible Person)

Box 48 Filer Idaho
(Street Address, City, State)

FORM DH-60-155 1 copy pd Rec. # 16984 C.C.

MAR 24 1972

School Record Twin Falls Public Schools Dist. # 411 Bickel Elementary School by Clarence Parker, Principal dated March 14, 1972 Bickel School Register of 1922 - 23 gives name as Leonella Young. Viewed by VS

Certificate of Baptism Roman Catholic Church - Rev. Thomas J. Lafey, Pastor, baptized February 27, 1919 Twin Falls, Idaho, gives name as Leonilla Irene Young.

Viewed by VS

239-216-042-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 450, 8th Ave E. St.

Hospital

Registration District No. 37 File No. 35983

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD MARGE ALICE KLITZ

Sex of Child: Girl | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth: Dec. (Month) 16 (Day) 1914 (Year)

FATHER	MOTHER
FULL NAME: Wm. F. Klitz	FULL MAIDEN NAME: Stella May Klitz
RESIDENCE: T. F. Idaho	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Colorado
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-16-16 at M
(Born alive or stillborn)
on the date above stated.

(Signature) E. D. Woods

(Physician or midwife)

Address T Falls

Filed 1-5 19 16 J. T. Coughlan
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 20 1941

JUL 12 1960

dup. CC 4-4-41 PBA

238-113-042-263

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35984

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Schick

Sex of Child: female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Schick	FULL MAIDEN NAME	Nellie Rock
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Portland, Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 64 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 2 Falls

Filed 12.30 1915 J F Coughlin Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-211-042-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35985

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Anna Mae Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 11 1915

FATHER		MOTHER	
FULL NAME	Lenard G. Tucker	FULL MAIDEN NAME	Edna Mc Kinzie
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 29 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tucker

Physician

(Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2-31 19 15 J. J. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-204-042-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Registration District No. 37 File No. 35986

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Virginia Katherine Beatty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec (Month) 4 (Day) 1915

FATHER		MOTHER	
FULL NAME	Clarence M Beatty	FULL MAIDEN NAME	Gertrude Cook
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bayard Kansas	BIRTHPLACE	Lawrence Kansas
OCCUPATION	Bank Clerk	OCCUPATION	Hansa Wife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. O. Boyd
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls, Idaho

Filed 12-8 1915 J. M. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 22 1952

863-102-042-864

PLACE OF BIRTH

County of I Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35987

Registration District No. 37 File No. .....

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Holmes	FULL MAIDEN NAME	Katie May Young.
RESIDENCE	[illegible]	RESIDENCE	[illegible]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Colo.
OCCUPATION	Teamster	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address I Falls

Filed 12-31 1915 J H Coughlin Registrar

5-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-225-042-235

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35988

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Edna Maries Jensen

Sex of Child: Female | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 11 (Month) 21 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Alma P. Jensen	FULL MAIDEN NAME: Emma I Kleck
RESIDENCE: Murtaugh, Ida.	RESIDENCE: Murtaugh Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Idaho (Malad)	BIRTHPLACE: Ohio
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician (Physician or midwife)

Address T Falls

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2-31 19 15 J H Creighton Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-41

AUG 22 1966

368119042-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 35990

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Earl Craig Lohr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. B. Lohr.	FULL MAIDEN NAME	Sophronia Martz.
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Rockingham Co. Va.	BIRTHPLACE	Rockingham Co. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~to~~ alive 11-19-15 at ..... M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. O. Woods

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address I Falls

Filed 1-5 1916 J. F. Coughlin Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285288

RECEIVED
MAR 31 1958
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35990
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lohr - Male (Name on Original Certificate) who born (Was Born or Died) on Nov. 19, 1915 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Selective Service Card (Bible Record, Insurance Policy, Etc.) prepared on Aug. 4, 1942 (Give Date), are:

Also, #285288
Viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Earl Craig Lohr

Subscribed and sworn to before me this 13th day of March, 1958

Signed Wilhelmina Lee Lohr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1958

Signed S. H. Graves
(Signature of Any Credible Person)

Notary Public, residing at James S. Kinney
My commission expires .....
(Seal)

JAMES S. KINNEY, NOTARY PUBLIC
RESIDING AT TWIN FALLS, IDAHO
MY COMMISSION EXPIRES SEPT. 5, 1960

217 Lincoln St. Twin Falls, Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-23-58 1 copy paid

APR 3 1958

355-109-042-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

35991

County of J. F.

City of J. F.

Registration District No. 37

File No.

No. 126 Main St. St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Glenn Alfred Lee

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 9 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Doris A. Lee	Alta ~~Alta~~ Tolman
RESIDENCE	Idaho	Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	20
BIRTHPLACE	Salt Lake City, Utah	Marion, Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 11-9-15 at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. C. Woods

(Physician ~~or midwife~~)

Address J. F. Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 1-5 19 16 D. Douglas
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 22 1958

395·108·042-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 35992

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Farris Carlyle Lind

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 5 1915

FATHER	MOTHER
FULL NAME: Herman G. Lind.	FULL MAIDEN NAME: Hazel Farrell
RESIDENCE: J. F. Idaho	RESIDENCE: J. F. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Grantsville, Utah	BIRTHPLACE: Paradise, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 11-5-15 at M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Woods

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address J Falls

Filed 1-5 19 16

..... Registrar

..... Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16 1942

AUG 2 - 1943

2 copies

MAY 27 1946

13-44-41

442-104-042-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

Registration District No. 37

File No. 35993

Primary Registration District No. 1085

Registered No. _____

FULL NAME OF CHILD VEN DEAN LESTER Musser

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 11 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester Musser	FULL MAIDEN NAME	Miriam Walter
RESIDENCE	Filer Ida	RESIDENCE	Filer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed 12-31 1915 J. H. Loughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 35995

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Musser (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4th, 1915 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record on page 163 (Bible Record, Insurance Policy, Etc.) prepared on 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	VenDean Lester Musser

Subscribed and sworn to before me this 7th
day of July, 1942

Notary Public, residing at Los Angeles, Calif.

My commission expires January 5, 1944
(Seal)

Signed J. R. Musser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

597 Kadota St., Pomona, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of July, 1942

Notary Public, residing at Filer, Idaho

My commission expires April 16, 1945
(Seal)

Signed Earl O Watts
(Signature of Any Credible Person Other Than Previous Year)

Filer - Ida.
(Street Address, City, State)

JUL 10 1942

JUL 1 1 1942

155-230-042-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 501 - 5 Ave N

Hospital Home

Registration District No. 37

File No. 35994

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Thelma Jenkins

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Girl	One	Vnd	Yes	10 - 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen Geo Jenkins	FULL MAIDEN NAME	Hattie May Buchanan
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth Vnd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10 - 30 - 15 at 3 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address T Falls

Filed 1-5 1916 J V Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 30 1964

862-224-042-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of I Falls

City of " "

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35995

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD LILLIAN LAURA HOSEA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	10 24 1915

FATHER		MOTHER	
FULL NAME	Jess T. Hosea	FULL MAIDEN NAME	Laura Ellen McConville
RESIDENCE	I.F.	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colo.	BIRTHPLACE	Kan.
OCCUPATION	Telegraph Operator.	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address I Falls

Filed 12-31 1915 J. H. Coughlin
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 29 1955
Bureau of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 35995

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on 10-24-1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy Aug. 17, 1945 (Bible Record, Insurance Policy, Etc.) prepared on June 8, 1945 (Give Date), are:
Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	"Unnamed"	Lillian Laura Hosea

Subscribed and sworn to before me this JUL 16 1955 day of
BERT F. GREGORY, Notary Pub. INSURANCE, 19
220 So. Broadway St.
Notary Public, residing at
My Commission expires 11-5-1955
(Seal)

Signed ✓ Mrs Laura Ella Hosea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wyoming Motel Apt 12 Cheyenne Wyo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 193[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this JUL 16 1955 day of
BERT F. GREGORY, Notary Pub. INSURANCE, 19
220 So. Broadway St.
Notary Public, residing at
My commission expires
(Seal) My Commission expires 11-5-1955

Signed ✓ Jesse J. Hosea
(Signature of Any Credible Person)
Apt 12 Wyoming Motel
(Street Address, City, State)

AUG 1 1956

863-123-042-392

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35996

Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD James Leroy Holmes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Holmes	FULL MAIDEN NAME	Lydia Lisonbee
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Twin Falls Ida.

Filed 12-31 1915 J. H. Laughlin Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 29, 1940. E.W.

JUN 30 1969

652-169-042-654

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 243, 7th Ave N. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35997

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. C. Webb	FULL MAIDEN NAME	Ethel Wedd.
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Kansas
OCCUPATION	Produce Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 10-19-15 at M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. O. Woods

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address T Falls

Filed 1-5 1916 J. H. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D

691-204-042-413

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 35998

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD FAY LOUISE FRANKLIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes.	Oct. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Perry Franklin	FULL MAIDEN NAME	Mattie Ida Matt.
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	California	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 10-4-15 at 1:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr E O Woods

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 1-5 1916 J H Coughlin
Registrar

S-Y CO. 24655

DOES SHE HAVE A DUP?

Days of 1915.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Calaveras } ss.

Certificate No. 35998

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fay Louise Franklin

Subscribed and sworn to before me this 1st day of June 1942

Irene Wears

Notary Public, residing at Notary Public in and for the County of Calaveras, State of California.

My commission expires My commission expires Oct. 13 1945 (Seal)

Signed F. L. Clyde (Uncle)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sheepranch, California.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, residing at _____

My commission expires _____ (Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

_____ (Street Address, City, State)

JUN 5 1942

FEB 1 1975

JUN 5 1942

863-123-042-289

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. 35999

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD Jack Ross Holland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. R. Holland	FULL MAIDEN NAME	Vera Shirley
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Georgia
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9-23-15 at 12 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan M. D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address 2 Falls

Filed 1-5 1916 J. H. Laughlin
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 7 1945

JUN 26 1945

DECEASED

352-121-042-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 36000

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Philip Wilber Leslie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Sept. 21 1915

FATHER		MOTHER	
FULL NAME	W. T. Leslie	FULL MAIDEN NAME	Alice G. Wilbur
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Verona, Wis.	BIRTHPLACE	Water Town Wis.
OCCUPATION	Wholesale & Retail Seeds	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9-21-15 at 5 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan

(Physician or midwife)

Address J Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-5 1916 J. Coughlin Registrar

8-Y CO. 24655

6/13/41 L. B.

462-47-[illegible]-466

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of T. Falls

City of Twin Falls

No. 2 Ave East 604 St.

Hospital

Registration District No. 37 File No. 36001

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Dorothy Margaret Doss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. L. Doss	FULL MAIDEN NAME	Lora Moon
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Roanoke, Va.	BIRTHPLACE	Ozark, Mo.
OCCUPATION	Tailor.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 9-17-15 at 8:10 A. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address T Falls

Filed 1-5 1916 H Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 36001

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Margaret Doss (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Margaret Doss

Subscribed and sworn to before me this
day of 26 Nov. 1943
Tom L. Ainsworth
Notary Public, residing at Twin Falls
My commission expires Aug 9, 1944
(Seal)

Signed X Lora Doss (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shoshone St. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 6 1965
JAN 22 1973

MAY 18 1944

432-215-042-895

Form V. S. No. 11 C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of 2 Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 36002

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ GENEVIEVE McShane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	3	yes	9 15 1915

FATHER		MOTHER	
FULL NAME	Robert McShane	FULL MAIDEN NAME	Adria Hice
RESIDENCE	Contact Nev	RESIDENCE	Contact Nev
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	NYC	BIRTHPLACE	Hottiss Colo.
OCCUPATION	Mining	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 9-15-16 at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. O. Woods

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed ~~[illegible]~~-1-5 19 16 J. H. Laughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

36002

State of Ariz. } ss. Certificate No.
County of Yuma } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth McShane (Name on Original Certificate) who Born (Was Born or Died) on Sept. 15, 1915 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Recording (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ruth	Genevieve McShane

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Yuma }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1
day of July, 1942
G. Reynolds
Notary Public, residing at Parker
My commission expires 4. 22, 1942
(Seal)

Signed Frank Ewing
(Signature of Any Credible Person Other Than Previous Year)

Parker - Ariz
(Street Address, City, State)

JUL 6 1942

JUL

893-119-042-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital P. & S. Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 36003

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James R. Hitt	FULL MAIDEN NAME	Jennie Hutchison
RESIDENCE	Idaho	RESIDENCE	Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malta, Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9-19-15 at 6:00 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address T Falls

Filed 1-5 1915 J F Laughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

82

433-221-042-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... *St.*

Hospital .....

Registration District No. 37 **File No.** 36004

Primary Registration District No. 2085 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl				Yes	Dec. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert McLane	FULL MAIDEN NAME	Nellie Hogge
RESIDENCE	Hansen Ida.	RESIDENCE	Hansen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Housewife	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-21-15 at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Woods M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address 2 Falls

Filed 1-5 1916 J. F. Coughlin *Registrar*

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup Ob 1915-34752

d 38-205-042-949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 36006

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Helen Patricia Schuler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl		1st	yes	NOV 5 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis Schuler	FULL MAIDEN NAME	Hannah Murphy
RESIDENCE	Berger Idaho	RESIDENCE	Berger
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Swiss	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 a M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E White MD.
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Filed 1-5 19 16 J F Coughlin
Registrar

..... Registrar

S-Y CO. 24658

Marriage record #908 of State of Idaho, County of Twin Falls, gives marriage license issued August 11, 1913 to Louis Schuler and Hannah Murphy. Signed and Sealed by Recorder.

Marriage Certificate states marriage performed August 12, 1913 by Rector of St. Edwards Church, Twin Falls, Idaho.

Returned to Helen P. Schuler July 14, 1942

MAY 14 1962

JUL 14 1942

395-229-042-239

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Filer~~

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 36007

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes.	12-29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan G. Lincoln	FULL MAIDEN NAME	Zylpha Stratton
RESIDENCE	T Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Kanarra Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-29-15 at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 12-29 1915 J. H. Laughlin Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-215-042-995

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Ta Hansen

No. ..... St.

Hospital .....

Registration District No. 37

File No. 36008

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD ELLEN GLADYS BREWER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
[illegible]		Yes.	Dec. 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. F. Brewer.	FULL MAIDEN NAME	Erma Irene
RESIDENCE	Hansen Ida.	RESIDENCE	Hansen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Chatham Ill.	BIRTHPLACE	Chatham Ill.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 12-15-15 at 2:05 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Morgan
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address T Falls

Filed 1-5 1916 J. W. Coughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois }ss.
County of Sangamon }

Certificate No. 36008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elen Gladys Brewer (Name on Original Certificate) who Born (Was Born or Died) on December 15, 1915 (Date of Event)
in Hanson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elen Gladys Brewer	Ellen Gladys Brewer

Subscribed and sworn to before me this 24th day of September, 1943

Notary Public, residing at Springfield, Illinois

My commission expires April 22, 1947
(Seal)

Signed U. E. Brewer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Loami, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois }ss.
County of Sangamon }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1943

Notary Public, residing at Spfld., Illinois

My commission expires April 22, 1947
(Seal)

Signed Emma Brewer
(Signature of Any Credible Person Other Than Previous Year)

Loami, Illinois
(Street Address, City, State)

SEP 27 1943

OCT 4 1943

493-214-042-493

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 36009

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Ella Ruth Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes.	12 14 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ora F. Miller.	Mabel Miller.
RESIDENCE	Kimberly, Ida.	Kimberly, Ida.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Ia	Ia
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 39 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Goucher

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls

Filed 12-30-19 15 J. P. Douglas Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

231-114-042-556

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~

No. ..... St.

Hospital .....

Registration District No. 37 File No. 36010

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD S EARL NEWMAN SLACK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1st	yes	Dec 14 1915

FATHER		MOTHER	
FULL NAME	Charles O. ~~[illegible]~~ SLACK	FULL MAIDEN NAME	Florence Ethel ~~[illegible]~~ Newman
RESIDENCE	7 miles in County	RESIDENCE	County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	S	BIRTHPLACE	S
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E White MD

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address 2 Falls

Filed 1-5 1916 J. H. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 36010

Date Filed Feb. 4, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who as born (Was Born or Died) on December 1, 1915 (Date of Event)
in Twin Falls County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L. Mutual Life Insurance Policy No. 183752, (Bible Record, Insurance Policy, Etc.) prepared on June 13, 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Earl Newman Slack
name of father	Charles Schlacks	Charles O. Slack
name of mother	Mary Schlacks	Florence Ethel Newman

Subscribed and sworn to before me this 4th
day of February, 1942.

F W Black
Notary Public, residing at Twin Falls
My commission expires January 16-1944
(Seal)

Signed Chas O Slack
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 6th Ave. E., Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of February, 1942.

F W Black
Notary Public, residing at Twin Falls
My commission expires January 16- 1944
(Seal)

Signed Mrs Addie Slack
(Signature of Any Credible Person Other Than Previous Year)

110 9th Ave. E., Twin Falls, Idaho
(Street Address, City, State)

419-222-04.2-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Buhl~~

No. ..... St.

Hospital .....

Registration District No. 37

File No. 36011

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD June Elizabeth Darrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard Darrow	FULL MAIDEN NAME	Grace Harris
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida.

Filed 1-5 1916 J. F. Laughlin Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

MAY 10 7 55 AM '74

State of CALIFORNIA
City & County of SAN FRANCISCO } ss.

Certificate No. 36011

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Darrow (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1915 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Darrow	June Elizabeth Darrow

Subscribed and sworn to before me this 3rd day of May, 1974

Notary Public, residing at San Francisco, Cal.

My commission expires 2-28-76 (Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

625 Market St., SanFrancisco, California 94105 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires (Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 4/8/74 RUSH!! lcc pd. rec. # 5023

MAY 1 0 1974

Business Men's Assurance Co. of America - Insurance Policy # L74L270
dated May 20, 1957 gives name as June Elizabeth Woodmansee.
Viewed by VS Beneficiaries-Children, Lawrence Howard & Miriam Ann Jones and mother of insured, Grace Miriam Darrow.

Marriage License No. 10231 State of California , County of Sonoma
Frank W. Woodmansee and June Elizabeth Jones married December 17, 1947
at Santa Rosa, California.
Viewed by VS

239-117-042-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of ~~Buhl~~

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36012

Registration District No. 37 File No. .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. O. Stratton	FULL MAIDEN NAME	Iris Lincoln
RESIDENCE	Buhl, Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kanarra, Utah.	BIRTHPLACE	Grays Lake, Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 11-17-15 at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. O. Woods

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address T Falls

Filed 1-5 1916 J. V. Laughlin
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-172-042-259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of T Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36014

Registration District No. 37 File No.

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Henry Arthur Caddy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12/12/1915

FATHER		MOTHER	
FULL NAME	Wm Henry Caddy	FULL MAIDEN NAME	Leona Seiber.
RESIDENCE	Castleford Ida	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 630 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report.

19

Address T Falls

Filed 12-31 1915 J H Coughlin

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Richfield — Registration District No. 17 — File No. 36015

No. ____, ____ St.

Primary Registration District No. 1100 — Registered No. 1

Hospital ____

FULL NAME OF CHILD Dorothy Bergle Dickson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	1st	Yes	Dec. 9, 1915

FATHER	MOTHER
FULL NAME: Jay Dickson	FULL MAIDEN NAME: Minnie Leek
RESIDENCE: Richfield	RESIDENCE: Richfield Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Deacon

Physician

(Physician or Midwife)

Address Richfield Idaho

Given names added from a supplemental report

Dec 31* 1915

James Leitch Registrar

Filed Jan. 1st 1916 James Leitch Registrar

CITY CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] for each and the number of each, in order of birth [illegible]

[illegible] 651

PL[illegible]

County [illegible]

City [illegible] field

[illegible] St.

[illegible]

[illegible]E OF CHILD Wallace Albert Davidson

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 36016

Primary Registration District No. 1100 Registered No. 2

[illegible]	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
male	3	Yes	Dec. 20, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
[illegible]E	Albert O Davidson	FULL MAIDEN NAME	Jessie E Weatherwax
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	St Joe Mich.	BIRTHPLACE	Oscoda Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Scallon

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Richfield Idaho

, 19

Filed Jan. 1st 1916 James Leitch Registrar

Registrar

S-Y CO., 16670

NOV 17 1941

557-121-032-692

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 17 File No. 36017

No. ....., ... St.

Primary Registration District No. 1100 Registered No. 3

Hospital

FULL NAME OF CHILD Frederick Fay Engle

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	5th	Yes	Dec 21 1915

FATHER		MOTHER	
FULL NAME	Fred A. Engle	FULL MAIDEN NAME	Donna M. Wise
RESIDENCE	Richfield Id.	RESIDENCE	Richfield Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Scallon

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Richfield Idaho

Filed Jan. 1st 1916 James Leitch Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF

12-12-41

291 [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Carlin Bay

No. ..... St.

Hospital .....

Registration District No. 126 File No. 36018

Primary Registration District No. 2204 Registered No. 84

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	3	Yes	Dec 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas F. Branson	FULL MAIDEN NAME	Lena Smith
RESIDENCE	Carlin Bay Ida	RESIDENCE	Carlin Bay Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Corn Sabor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 21-15 at 12 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Jan 6 1916 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

687-210 [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 36019

No. ..... St.

Primary Registration District No. 2204 Registered No. 88

Hospital .....

FULL NAME OF CHILD Inez E. Wygant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		3	Yes	Dec 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney E. Wygant	FULL MAIDEN NAME	Jane Jessinger
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 10-15 at 3 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed Jan 6 1916 R. S. Jensen

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1948

792-225-028-692

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 124 File No. 36020

Primary Registration District No. 2204 Registered No. 85

FULL NAME OF CHILD Stillborn

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	1	Yes	Dec 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm E. Giberson	FULL MAIDEN NAME	Ida Hiseman
RESIDENCE	Harrison Ida.	RESIDENCE	Harrison Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Mich
OCCUPATION	Com Labor.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Still Dec 25 1915 at 11 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fanning M D
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida.

Filed Jan 6 1916 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7

239-125-228-364

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 36021

Primary Registration District No. 2204 Registered No. 86

FULL NAME OF CHILD Jack Paul Sciuchetti

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	4	Yes	Dec 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jack Sciuchetti	FULL MAIDEN NAME	Tarresa Tom
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 25 1915 at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Jan 6 1916 R S Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 4/22/41. wh

918-226-028-261

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Blackbake

No. ..... St.

Hospital .....

Registration District No. 126 File No. 36022

Primary Registration District No. 2204 Registered No. 87

FULL NAME OF CHILD Alice Belle Ray

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	2	Yes	Dec 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt A Ray	FULL MAIDEN NAME	Grace Belle Swain
RESIDENCE	Blackbake Ida	RESIDENCE	Blackbake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Iowa
OCCUPATION	Engineer & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 26 - 1915 at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Pinney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Jan 6 1916 R S Jensen
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1943

652-119-028-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. (2 1/2 Mi. N. E.) St.

Hospital Residence

Registration District No. 126 File No. 36023

Primary Registration District No. 2204 Registered No. 88

FULL NAME OF CHILD ~~Not Named~~ VERNON FRANCIS WEBER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	First	Yes	Dec 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry G. Weber	FULL MAIDEN NAME	Catherine Hand
RESIDENCE	2 1/2 Mi N.E. Rose Lake Idaho	RESIDENCE	2 1/2 Mi N.E. Rose Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nauvoo Ill.	BIRTHPLACE	Helena Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Winthington

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Idaho

Filed Jan 6 1916 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1976

AUG 28 194

Y32-124-028-557

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Mediumont

No. ..... St.

Hospital Residence

Registration District No. 126 File No. 36024

Primary Registration District No. 2204 Registered No. 89

FULL NAME OF CHILD THEODORE JOSEPH McKELVEY ~~Not Named~~

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	First	Yes	Dec 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman A McKelvey	FULL MAIDEN NAME	Viola Eva
RESIDENCE	Near Mediumont Ida	RESIDENCE	Near Mediumont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive about 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rose Lake Ida

Filed Jan 6 1916 R. S. Jensen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1942

315-22*-028-451

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison Ida Registration District No. 126 File No. 36025

No. ____ St. Primary Registration District No. 2204 Registered No. 90

Hospital Harrison Hospital

FULL NAME OF CHILD Coral Virginia Lansdowne died

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		first	yes	Dec 4 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Aubra Lansdowne	FULL MAIDEN NAME	Josephine Catharine Deaith
RESIDENCE	Spokane Wn	RESIDENCE	Spokane Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mound City Mo	BIRTHPLACE	Parsons Kansas
OCCUPATION	Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Dec 4. 1915, at 3 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Didier MD

Harrison Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan 6 1916 R L Jensen Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF
DEPARTMENT

239-201 [redacted] 859

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 18 File No. 36026

Primary Registration District No. 2102 Registered No. 23

FULL NAME OF CHILD Fern Gale Stimpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12-1-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. R. Stimpson	FULL MAIDEN NAME	Mary Hemer
RESIDENCE	Heyburn, Ida	RESIDENCE	Heyburn, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5.25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed Jan 10 1916 V. R. Kellum
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 10 9 31 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36026

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Stimpson (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 1, 1915 (Date of Event)

in Heyburn Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Fern Gale Stimpson

Subscribed and sworn to before me this 5th day of August, 1977

James E. Holcomb

Notary Public, residing at Ashton, Idaho

My commission expires 5/8/79

Signed Fern Gale Stimpson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 7/27/77

Own childs birth certificate on file # 217725, gives name of mother as Fern Gale Stimpson. Child born November 13, 1933 in Burley, Idaho. Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Fern Gale Stimpson daughter of Francis Ray Stimson and Mary Lucinda Heiner born Dec 1, 1915 at Heyburn, Idaho Baptized Feb. 3, 1924, in L. D. S. Church.
Viewed by V.S.

269-201-034-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Umidoka

City of Heyburn

No. _____ St.

Hospital _____

Registration District No. 18

File No. 36027

Primary Registration District No. 2102

Registered No. 24

FULL NAME OF CHILD Dora Genevieve Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	12-1-15 191

FATHER		MOTHER	
FULL NAME	S. C. Sorensen	FULL MAIDEN NAME	Lafriel Billings
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9.15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Burley, Ida.

Filed Jan. 10 1916 V. P. Killen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 1 32 PM '76
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Malheur } ss

Certificate No. 36027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sorensen (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 1, 1915 (Date of Event)
in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record Book Church Cert of Membership (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dora Genevieve Sorensen

Subscribed and sworn to before me this 4th day of February, 1976.
Marion C Conklin
Notary Public, residing at Vale, OR 97918
My commission expires 12/22/76
(Seal)

Signed Elizabeth Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
589 SE 4th - Ontario, OR 97914
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1976.
Marion C Conklin
Notary Public, residing at Vale, OR 97918
My commission expires 12/22/76
(Seal)

Signed Frances L Minnick
(Signature of Any Credible Person)
690 SE 4th - Ontario, OR 97914
(Street Address, City, State)

CL 2/2/76 nm

FORM DH 60-155

Certif of Membership from the LDS Church gives name as Dora Genevieve Sorenson Nelson born Dec 1, 1915 at Heyburn, Idaho. Baptized Nov 14,1926. father's nameas Soren C.x& Sorenson and mother's name as LaPriel Billings. viewed by V. S.

FEB 24 1976

Family record gives name as Dora Genevieve Sorenson born Dec 1, 1915 at Heyburn, Ida. Blessed Mar. 5, 1916. Baptized Nov 14, 1926. viewed by V. S.

242.112 025

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

78 36028

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Victor Joseph Wilfrid Lustig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Victor G Lustig	FULL MAIDEN NAME	Mary Elizabeth Jansen
RESIDENCE	Cottonwood Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth fifth Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 o'clock A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Victor G. Lustig
Father of child
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Dec 1. 1915 H B Blake
Registrar

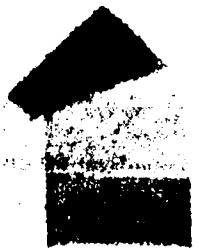
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 19 1944

366-101-025-699

PLACE OF BIRTH

County of Idaho

City of Kentonville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 105 19 File No. 36029

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Virgil Elmer Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Decr 1 1915

FATHER

FULL NAME Peter Richard Cooper

RESIDENCE Kentonville Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE California

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Edith Annie Wright

RESIDENCE Kentonville, Ida.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4^15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician
(Physician or midwife)

Address Kentonville Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Decr 1st 19 15 H B Blake Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1962

515·129·025-243

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. 105

File No. 80 36030

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital Home

FULL NAME OF CHILD Plitus Edward Nan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert G. Nan	FULL MAIDEN NAME	Frances Kuther
RESIDENCE	Ferdinand Ida.	RESIDENCE	Ferdinand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Perham Minnesota	BIRTHPLACE	Kauterville Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood Ida.

Filed Dec 6 1915

H B Blair
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED . . . DING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

512-201-025-399

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

Registration District No. 105 File No. 81 36031

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Lois Marie Eastman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femail		Yes	Dec (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Clement W. Eastman	FULL MAIDEN NAME	Ida Triffet
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Scott. Neb.	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. May Eastman

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Westlake Ida

Filed Dec 8 1915

H B Blake Registrar

S-Y CO. 24655

MARGIN RE... ...G

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

638-109-025-234

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Westlake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82 **36032**

Registration District No. 105 File No. .....

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Raymond Woodrow Flynn

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec. 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl T. Flynn	FULL MAIDEN NAME	Dollie P. Stuley
RESIDENCE	Westlake	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner, Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cottonwood, Idaho

Filed Dec 17 1915 H B Blake
Registrar

6-Y CO. 24656

MARGIN RES... ...NG

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-6-77

SEP 22 1976

Amended 3/21/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36033
Local Reg. No.
Reg. Dist. No. 105

1. PLACE OF BIRTH
a. COUNTY: Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cottonwood
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gottfried
b. (Middle): Leo
c. (Last): Halter

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Dec. (Day) 12, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Godfrey
b. (Middle):
c. (Last): Halter

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Schwitzerland

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Rad

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Keutervile, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. Wesley F. Orr

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cottonwood, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 20, 1915

22. REGISTRAR'S SIGNATURE: H. B. Blare

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 6:30 PM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON } ss. Certificate No. 36033

County of MARION JAN 16 11 07 AM '73 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Gutherie Leo Halter (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1915 (Date of Event)

in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of CHild	Gutherie Leo Halter	Gottfried Leo Halter
Father's Name	Godfrey Halter	Gottfried Halter

Subscribed and sworn to before me this 30th day of August, 1968

H. F. Woodsworth

Notary Public, residing at Woodburn, Oregon

My commission expires 8-22-69

(Seal)

Signed Mrs. Mary Halter

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of January, 1973

Daniel L. Uhling

Notary Public, residing at Cottonwood, Idaho

My commission expires 7-1-74

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

Cottonwood Idaho

(Street Address, City, State)

FORM DH 60-155 CL 8-13-68. nm

Honorable Discharge from U.S. Marine Corps gives name as Gottfried Leo Halter . Dated June 11, 1942. Signed by. Geo. T. Hall, LT. COL., US,MC. Viewed by V.S

Statement from Equitable Life Insurance CO gives name as Gottfried L. Halter, Jr. Dated Nov. 29, 1960. Viewed by V. S.

Record showing received Holy Communion gives name as Gottfried Halter. Dated Oct. 3, 1926. Veiwed by V. S.

995201·025-885

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

Registration District No. 185

Primary Registration District No. 2183

File No. 84 36034

Registered No. .....

FULL NAME OF CHILD Alice Regina Riemann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Oct 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dietrich Riemann	FULL MAIDEN NAME	Anna Thyering
RESIDENCE	Kenterville Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dietrich Riemann

(Physician or midwife)

Address Kenterville, Ida.

Given names added from a supplemental report.

..... 19....

Filed Dec 26 1915

H B Blake
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-127-025-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36035

County of Idaho

~~City of~~ Green Creek Precinct

Registration District No. 105

85

File No.

No. St.

Primary Registration District No. 2183

Registered No.

Hospital

FULL NAME OF CHILD Clarence Wassmuth (died)

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clem Wassmuth	FULL MAIDEN NAME	Elizabeth Schmidt
RESIDENCE	Green Creek Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clem Wassmuth

(Physician or midwife)

Given names added from a supplemental report.

19

Address Green Creek Ida.

Filed Dec 27 1915 H B Blake

Registrar

Registrar

S-Y CO. 24655

754-227-025-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Keuteroille

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 86 36036

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Claire Marie Pedersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Pedersen	FULL MAIDEN NAME	Hilga Wilhelmina Carlson
RESIDENCE	Keuteroille Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Keuteroille Ida

Filed Dec 28 1915 H B Blake

Registrar

S-Y CO. 24655

Registrar

APR 5 1973

APR 1 1953

Dup CD 1915-2347 68

319.129.025-219

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek Registration District No. 185 File No. 36037

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Marion Cearley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Dec. 29 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Luther M. Cearley	FULL MAIDEN NAME	Juanita Barrett
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Turner

Physician
(Physician or midwife)

Address Cottonwood, Idaho

Filed Dec 30 19 15 H B Blake
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

7-10-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259-210-031-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 36038

Primary Registration District No. 2124 Registered No. 54

FULL NAME OF CHILD Keith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			First	Yes	12-10-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Keith	FULL MAIDEN NAME	Ila Berry
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned a Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Idaho

Filed 1-10 1916 J P Jones

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

dupe of 1915 359731

993.215.031-465

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 36039

Primary Registration District No. 2124 Registered No. 53

FULL NAME OF CHILD Laura Merle Richardson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	12 15 1915

FATHER		MOTHER	
FULL NAME	Richardson Alford N	FULL MAIDEN NAME	Hill Mary
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	AGE AT LAST BIRTHDAY (Years)	41
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 41 a M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Jaffray M.D.

(Physician or ~~midwife~~)

Address Nezperce Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 1-9 1916

J. P. Jones Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1953

291-106-031-249

PLACE OF BIRTH

County of Lemhi

City of Mohler

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 36040

Primary Registration District No. 2124 Registered No. 55

FULL NAME OF CHILD ~~Robert Harley~~ Donald Max Brannan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	December 6 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Robert Harley ~~Brannan~~	FULL MAIDEN NAME	Luella Smith
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M D

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-10 1916

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lewis } ss.

Certificate No. 36040

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donald Max Brannan (Name on Original Certificate) who was born (Was Born or Died) on December 6,1915 (Date of Event)
in Mohler, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Max
Surname	Brennen	Brannan

Subscribed and sworn to before me this 11th
day of October, 1943

Notary Public, residing at Caigmont, Idaho

My commission expires November 25,1944
(Seal)

Signed Luella H. Brannan, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mohler, Lewis Co., Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 1943

OCT 28 1943

122-109-034-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 36041

Primary Registration District No. 2015 Registered No. 106

FULL NAME OF CHILD Robert Asa Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	12 9 1915

FATHER

FULL NAME W. C. Abbott

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Helen Bowlby

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ore

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy M.D.
Physician
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-27 1915 Est E Emmons
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 24 1955

942.202.034-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

Registration District No. 19 File No. 36042

Primary Registration District No. 2015 Registered No. 107

FULL NAME OF CHILD Elsie Myrth Rush

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G M Rush	FULL MAIDEN NAME	Hallie West
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Phys
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rupert

Filed 12-27 1915 E H Elmore
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1960

Own Child's Birth Cert. on file, #284398 gives full maiden name of mother as Elsie Myrth Rush - viewed by V.S. and Statement from Camden B. Meyer, Sup't. of Schools, Minidoka County Schools, Rupert, Idaho states "This is to verify that according to School Records on file at Minidoka County High School, Rupert, Idaho, Elsie Myrth Rush was born Dec. 2, 1915 at Rupert, Idaho, a daughter of Grover Monroe Rush and Hallie Bell

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka

West Rush. This information is taken from school census records on file in this office taken annually from 1918 to 1935, inclusive." viewed by V.S.

Certificate No. 36042

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Rush (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1915 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elsie Myrth Rush

Subscribed and sworn to before me this 23d day of August 1960

Helen Clark

Notary Public, residing at Rupert, Idaho

My commission expires Oct. 1, 1962

(Seal)

Signed Hallie Bell Rush Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mother

C-3 Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka
ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d day of August 1960

Helen Clark

Notary Public, residing at Rupert, Idaho

My commission expires Oct. 1, 1962

(Seal)

Signed Margaret C. Bishop
Hallie Bell Rush Hall
(Signature of Any Credible Person)

Box 56, Rupert, Idaho
(Street Address, City, State)

FORM DPH 55. 155

CL 5-31-60. nm

SEP 14 1960

755-111-034-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 36043

Primary Registration District No. 2015 Registered No. 108

FULL NAME OF CHILD William Kenneth Pennington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. H. Pennington	FULL MAIDEN NAME	Elma Campbell
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed 12-27 1915 E H Elmore
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1943

249-225-034-847

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36044

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. St.

Primary Registration District No. 2015

Registered No. 109

Hospital

FULL NAME OF CHILD Jessie Hughes Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	12 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Smith	FULL MAIDEN NAME	Alta Hughes
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Hinagy

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rupert

Registrar

Filed 12-27 1915 E H Elmore Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1955

363-201-034-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

Registration District No. 19 File No. 36045

No. ..... St.

Primary Registration District No. 2201 Registered No. 110

Hospital .....

FULL NAME OF CHILD Ethel Collins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	VII	Yes	Dec 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno a Collins	FULL MAIDEN NAME	Susan Collins
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Ky.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 M. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Jan. 3 1916 E. H. Edmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1942

OCT 25 1950

JUN 6 1955

281-108-034-358

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

File No. 36046

Primary Registration District No. 2015

Registered No. 111

FULL NAME OF CHILD ~~Peter~~ ~~Shaffart~~ SHAPPART Chester Charles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			VI	Yes	Dec (Month) 8 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Shaffart	FULL MAIDEN NAME	Minnie Schubas
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VI

Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Jan 4 1916 E H Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

NOV 12 1943

Certificate No. 36046

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Peter Shappart (Name on Original Certificate) who Was Born (Was Born or Died) on Dec 8-1915 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by none (Bible Record, Insurance Policy, Etc.) prepared on none (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Peter Shappart	Chester Charles Shappart

Subscribed and sworn to before me this 10th day of November, 1943
E L Stowell
Notary Public, residing at Pocatello, Idaho
My commission expires 3-21-47
(Seal)

Signed Mrs Lyman J. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1736 N. main - Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October, 1943
E L Stowell
Notary Public, residing at Pocatello, Idaho
My commission expires 3-21-47
(Seal)

Signed Mrs Eugene Grant
(Signature of Any Credible Person Other Than Previous Year)
737 W. Whitman
(Street Address, City, State)
Pocatello Ida

NOV 16 1966

MAY 5 1975

NOV 3 0 1975

964.114.034-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Oregina

No. ..... St.

Hospital .....

Registration District No. 19 File No. 36047

Primary Registration District No. 2201 Registered No. 112

FULL NAME OF CHILD William Ponig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	III	Yes	Dec 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert B. Ponig	FULL MAIDEN NAME	Bertha Williams
RESIDENCE	Oregina	RESIDENCE	Oregina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth III Number of children of this mother now living, including present birth III

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Loom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Jan. 4 1916 E. H. Elmore
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

692-116-034-846

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36048

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 113

Hospital .....

FULL NAME OF CHILD HOWARD RUPERT Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		II	Yes	Dec 16 1915

FATHER		MOTHER	
FULL NAME	Albert L. Fisher	FULL MAIDEN NAME	Johnora Huffman
RESIDENCE	Malta	RESIDENCE	Malta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Moore, M.D.

(Physician or midwife)

Address Rupert, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Jan. 4 1916 E. L. Moore Registrar

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Union }

Certificate No. 36048

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Warren Fisher (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 15, 1914 (DATE OF EVENT)
in Rupert, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Warren Fisher	Howard Rupert Fisher

Subscribed and sworn to before me this 22nd
day of January, 1942

Notary Public, residing at La Grande, Oregon
My commission expires July 6, 1942
(SEAL)

Signed Johnora Fisher
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Summerville, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Union }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of January, 1942

Notary Public, residing at La Grande, Oregon
My commission expires July 6, 1942
(SEAL)

Signed Walter Fisher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Summerville, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

763-221-034-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

Registration District No. 14 File No. 36049

No. ..... St.

Primary Registration District No. 2201 Registered No. 114

Hospital .....

FULL NAME OF CHILD ~~Leona May~~ Fern Laretta Potter

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	II (To be answered only in event of plural births)	Yes	Dec 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl O. Potter	FULL MAIDEN NAME	Florence Duncan
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Puyat

Filed Jan. 4 1916 E. H. Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/8/41 L. F.

299-129.034-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36050

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 115

FULL NAME OF CHILD Elmer Kirkpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	VII (To be answered only in event of plural births)	Yes	Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Kirkpatrick	FULL MAIDEN NAME	Effie Smith
RESIDENCE	Paul Ida	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth VII Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Jan. 4 1916 E. H. Elmore Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-220-023-968

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-15

CERTIFICATE OF BIRTH

36051

County of Elm

City of Ola

No. ..... St.

Hospital .....

Registration District No. .....

File No. 11

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD Blanch Sevey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			April 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William A. Sevey	FULL MAIDEN NAME	Jossie May Robinson
RESIDENCE	Ola	RESIDENCE	Ola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malheur Oregon	BIRTHPLACE	Malheur Oregon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs F E Whitlock

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ola

Filed 11-4 1915 E Vadney

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1966

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]OF VITAL STATISTICS

CERTIFICATE OF BIRTH

482.229.023-133

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTIC[redacted]

CERTIFICATE OF BIRTH

[redacted]C—25m-1-1-13

[redacted]052

County of Jerm

City of Ola

No. _____ St.

Hospital _____

Registration District No. _____ File No. 17

Primary Registration District No. _____ Registered No. 13

FULL NAME OF CHILD Edith Dyke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			May (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Charles Dyke	FULL MAIDEN NAME	Zadie B. Allen
RESIDENCE	High Valley	RESIDENCE	High Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs F E Whitlock

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Ola

Filed 12-18 1915 E Lawrence Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1945

993-107-023-766

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form No. 11-C—25m-1-1-13

36053

County of Jena

City of Ola

No. _____ St.

Hospital _____

Registration District No. _____ File No. 10

Primary Registration District No. _____ Registered No. 15

FULL NAME OF CHILD Beny Laffyette Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Mar (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Beny Milten Richardson	FULL MAIDEN NAME	Eva Violet Goodrich
RESIDENCE	Ola	RESIDENCE	Ola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Malhure Oregon	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. E. Whittock

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Ola Idaho

Filed 11-4 1915 E. [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

OCT 1 1976

238-172-008-238

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

[redacted] OF IDAHO
B[redacted]AL STATISTICS
[redacted] OF BIRTH

36054

County of Boise

City of Sweet

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Carrol Ray Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 12th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilfred A. Schneider	FULL MAIDEN NAME	Carrie Harrington Schneider
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Rock Port Missouri	BIRTHPLACE	Rock Port Missouri
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth Five

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Schneider

Father (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Sweet Idaho

Filed Jan 6 1916 E. Vadney Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 03 1915-327559

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-127-008-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[redacted]TE OF BIRTH

36055

County of Boise

City of High Valley

No. ..... St.

Hospital .....

Registration District No. .....

File No. 12

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD Richard L. Beal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			April 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Edwin Beal	FULL MAIDEN NAME	Lydia May Booden
RESIDENCE	High Valley	RESIDENCE	High Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinoise	BIRTHPLACE	Nelsonville, Missouri
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs F E Whitlock

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ACA Idaho

Filed 12-14 1915 E Vadney Registrar

Registrar

S-Y CO. 24655

JAN 26 1967
FEB 20 1967

864-222-508-993

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Boise

City of Sweet

No. ..... St.

Hospital

Registration District No. .....

File No. 36056 14

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD Ada Frances Joutsler

Sex of Child Female

Twin, Triplet, or other? other and Number in order of birth 4th (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Nov. 22, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bismark Joutsler	FULL MAIDEN NAME	Crystal Rickets
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	~~Illinois~~ Kansas	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Skippen

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Sweet

Filed 12-18 1915 E. Vadney Registrar

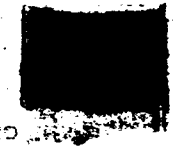
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



JUL 2 9 1942

183-226-014 - 168

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36057

Registration District No. 61 File No. 2

Primary Registration District No. 2180 Registered No. 24

FULL NAME OF CHILD Mary Louise Ahlstrand

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes	Dec. 26 1915

FATHER		MOTHER	
FULL NAME	Fred C. Ahlstrand	FULL MAIDEN NAME	Viola Linnea Johnson
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Osage, Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan. 10 1916 Crispin Wright Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 19 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

315-027-0 [redacted] X1

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 36058

County of Cas[redacted]

City of Fruitland Registration District No. 5-1 File No. 1

No. ....., ... St.

Primary Registration District No. 2180 Registered No. 17

Hospital .....

FULL NAME OF CHILD Helen Laufear

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~	~	yes.	Dec 27, 1915

FATHER		MOTHER	
FULL NAME	William F Laufear	FULL MAIDEN NAME	Lois Ophie Shamberger
RESIDENCE	Near Fruitland	RESIDENCE	Near Fruitland.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	Nebraska Kansas.	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan. 10 1916 Crispin Wright

Registrar

S-Y CO., 16670

Registrar

9-9-4

CC

JUN 9 1954

919-118-[illegible] 1613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 36059

County of Canyon

City of Fruitland Registration District No. 5-1 File No. 1

No. —, St. Primary Registration District No. 2130 Registered No. 26

Hospital —

FULL NAME OF CHILD Cole Rains

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Dec 18, 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert P. Rains	FULL MAIDEN NAME	Maud E. Walthall
RESIDENCE	Near Fruitland	RESIDENCE	Near Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) William J. Wise M.D.

(Physician or Midwife)

Address Ontario, Oregon

Filed Jan. 10 19 16 Crosfin Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

298-228-014-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36060

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 51 File No. 2

Primary Registration District No. 2130 Registered No. 25

FULL NAME OF CHILD Dorothy Lorraine Bryant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Victor Bryant	FULL MAIDEN NAME	Mother Elisabeth McCurtain
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Pike Co. Arkansas	BIRTHPLACE	Indian Territory
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 10 1916 Crispin Wright
Registrar

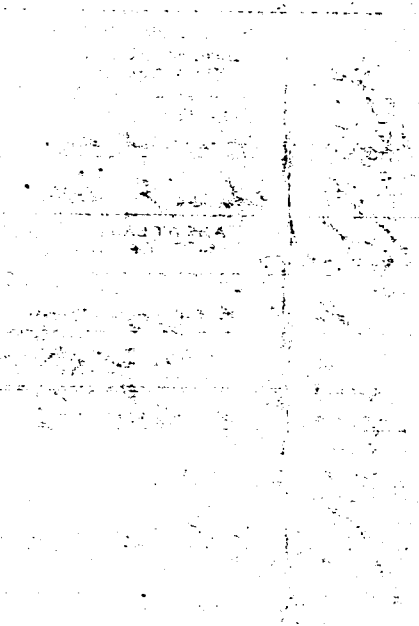
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/18/41



413 111-016-398

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

36061

County of Cassia

City of Oakley

Registration District No. 120 File No. 111

No. ..... St.

Primary Registration District No. 2194 Registered No. 111

Hospital .....

FULL NAME OF CHILD Jesse Earl Matthews

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	3rd	Yes	Dec 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse W Matthews	FULL MAIDEN NAME	Melvina Tinsley
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Oakley
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Crane

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 12/22 1915 E P Oldham

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-218-016-613

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 062

County of Cassia

City of Marion

No. ..... St.

Hospital

Registration District No. 120 File No.

Primary Registration District No. 7149 Registered No. 117

FULL NAME OF CHILD Laverda V. Mabey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	Yes	Oct. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J Mabey	FULL MAIDEN NAME	Alice Walker
RESIDENCE	Marion	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Mabey
Parent
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Marion

Filed 12/22 1915 E. Oldham
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

NOV 17 1965

213-211-46-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 20

File No. ~~111~~ 36063

Primary Registration District No. 8799

Registered No. 113

FULL NAME OF CHILD ANNA Bates

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	X	X	yes	12 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen T. Bates	FULL MAIDEN NAME	Viva Anderson
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-25 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Coleman MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 17 Nov 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 36063

County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Anna Bates (Name on Original Certificate) who born (Was Born or Died) on Dec. 1st 1915 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by our knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Anna Bates

Subscribed and sworn to before me this 13 day of July, 1943

F. C. Graves

Notary Public, residing at Twin Falls, Idaho

My commission expires April 30 - 1946

(Seal)

Signed Glen T Bates Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Twin Falls }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of July, 1943

F. C. Graves

Notary Public, residing at Twin Falls Idaho

My commission expires April 30 - 1946

(Seal)

Signed Viva Bates Mother

(Signature of Any Credible Person Other Than Previous Year)

~~F. C. Graves~~ 236 Person

(Street Address, City, State) Twin Falls

AUG 4 1943

625-214-016-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36064

Registration District No. 170 File No. 111

Primary Registration District No. 2199 Registered No. 114

FULL NAME OF CHILD Rada Okleberry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	Dec. 14, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James P. Okleberry	FULL MAIDEN NAME	Emily May Smith
RESIDENCE	Island	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 12/22 1915

E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1962

736-215-016-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36065

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 190 File No. 111

Primary Registration District No. 19a Registered No. 115

FULL NAME OF CHILD WILMA ARLENE Glodowski

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	Yes	12-15-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank V. Glodowski	FULL MAIDEN NAME	Fannie Hangel
RESIDENCE	Marion	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 12/22 1915 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 36065

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who unnamed (WAS BORN OR DIED) on Dec. 15, 1915 (DATE OF EVENT)
in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wilma Arlene Glodowski

Subscribed and sworn to before me this 7th day of February, 1942

Notary Public, residing at Jerome, Idaho

My commission expires July 19-1944
(SEAL)

Signed Fannie E. Glodowski mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 20 1943

434-117-016-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital

Registration District No. 120

File No. ~~14~~ 36066

Primary Registration District No. 2199

Registered No. 116

FULL NAME OF CHILD Gordon Clifford McMillan

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	12 (Month) 17 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee P. McMillan	FULL MAIDEN NAME	Maggie Wright
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	South Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 00 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 12/22 1915

E P Oldham

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO
TAL STATISTICS

632-118-016-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36067

Registration District No. 120 File No. 117

Primary Registration District No. 799 Registered No. 117

FULL NAME OF CHILD Mark W. ~~Olsen~~ Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legit.	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	12-18-15

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rudolph J. Olsen	Nora Whitby
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Denmark	Idaho
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:08 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) C. J. Oldham M.D.

(Physician or midwife)

Address Oakley

Filed 12/xx/15

C. J. Oldham Registrar

S-Y CO. 24695

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 2 2 1942

512-225-016-945

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36070

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 111

Primary Registration District No. 2199 Registered No. 120

FULL NAME OF CHILD Ferris Nakagowa

Sex of Child female | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-25-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	~~T. Nakagawa~~ Tomitaro Nakagawa	FULL MAIDEN NAME	~~M. Toya~~ Mitoyo Idemoto
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley

Filed 12/25 1975 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-227-016-418

[redacted] -1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 36071

Primary Registration District No. 799 Registered No. 121

FULL NAME OF CHILD Tanner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12-27-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Tanner	FULL MAIDEN NAME	Gay Dayley
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:50 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

none
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/27 1915 E P Oldham
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-231-016-419

PLACE OF BIRTH

Amended 4-23-56

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 36072

Primary Registration District No. ..... Registered No. 122

FULL NAME OF CHILD INA KARLSON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	12 31 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray Karlson	FULL MAIDEN NAME	Nellie Martindale
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) E. P. Oloham

M.D.
(Physician or midwife)

Address Oakley

Filed 12 31 1915 E. P. Oloham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 36072

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for "Unnamed" Carlson (Name on Original Certificate) who was born (Was Born or Died) on 12-31-1915 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School record Genealogical Record (Bible Record, Insurance Policy, Etc.) prepared on 1923 Baptized-Sept 1924 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	"Unnamed" Carlson	Ina Karlson
Surname	Carlson	Karlson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Pay Karlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of October, 1955

Robert K. Archibald
Notary Public, residing at Parker
My commission expires Nov 18, 1958
(Seal)

Signed Horace S. Miller
(Signature of Any Credible Person)

Parker Idaho
(Street Address, City, State)

DPH 52.155

355·119·[redacted]

PLACE O[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS
[redacted]FICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

36074

County of Cass[redacted]

City of Ballard

No. ..... St.

Hospital .....

Registration District No. [redacted] 0 File No. 111

Primary Registration District No. 2199 Registered No. 124

FULL NAME OF CHILD James Henry Teefler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes.	Dec. 19th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Teefler.	FULL MAIDEN NAME	Lillian Larson
RESIDENCE	Island, Ida.	RESIDENCE	Island, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	✓

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

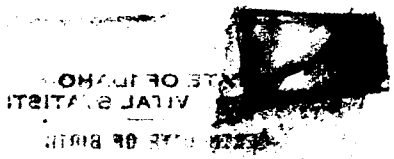
Filed 1-10 1916 E P Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



10-6-71

855-225-035-239

Form V. S. No. 15-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

Registration District No. 75 File No. 42

Primary Registration District No. 2152 Registered No.

FULL NAME OF CHILD Ardene Henry

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjaman Henry	FULL MAIDEN NAME	Lalie Maud Strohm
RESIDENCE	About 3 miles North of Culdesac	RESIDENCE	Same as Husband
COLOR	Indian	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Asotin Wash	BIRTHPLACE	Wilkimina Ore
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 420 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M D

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Culdesac Ida

Filed ~~Dec~~ 8th 1915 L. F. Smith

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 8 1973

762.113.035 -351

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 36079

County of Nez Perce

City of 1¼ Miles South of Myrtle Ida — Registration District No. 75 — File No.

No. ____ St. — Primary Registration District No. 215 — Registered No.

Hospital

FULL NAME OF CHILD Don Edwin Goble

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 13 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Don. E. Goble	FULL MAIDEN NAME: Bertha M. Peachman
RESIDENCE: 1¼ mile South of Myrtle Ida	RESIDENCE: 1¼ Mile South Of Myrtle Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Walla Walla Wn	BIRTHPLACE: Ursay Adams Co Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 350 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 8 1915 L F Smith

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1943

265·223·035-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36080

County of Nezperce

City of Culdesac

Registration District No. 75 File No. 44

No. — St.

Primary Registration District No. 2152 Registered No.

Hospital —

FULL NAME OF CHILD Violet Alma Bovey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	July 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Adams Bovey	FULL MAIDEN NAME	Laura Alma Camp
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lloyd F. Smith MD

(Physician ~~or midwife~~)

Address Culdesac Idaho.

Filed Dec 8 1915 L. F. Smith Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1972

815·104·035-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36081

County of Nezperce

City of 3 Miles West of Culdesac

No. ..... St.

Hospital —

Registration District No. 15 File No. 45

Primary Registration District No. 215 ✓ Registered No. .....

FULL NAME OF CHILD Hanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hans Jacob Hanson	FULL MAIDEN NAME	Kathrika Hanson
RESIDENCE	3 miles West of Culdesac	RESIDENCE	3 miles West of Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 405 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician ~~or midwife~~)

Address Culdesac Idaho

Filed Dec 8 1915 L F Smith Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1975

855·22/035·296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36082

County of Nez Perce

City of _____

Registration District No. 15 File No. 48

No. _____ St.

Primary Registration District No. V152 Registered No. _____

Hospital _____

FULL NAME OF CHILD Frank Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Sept 21 1915

FATHER	MOTHER
FULL NAME Joe Henry	FULL MAIDEN NAME Sophia Bronaheam
RESIDENCE 4 mi N. W of Culdesac	RESIDENCE 4 M. N W Of Culdesac
COLOR ½ Indian	AGE AT LAST BIRTHDAY 33 (Years)
COLOR Indian	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Washington	BIRTHPLACE Lapwai
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at about 9 Pm M. on the date above stated. I got there just a few minutes after the birth

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Smith M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Culdesac Idaho

Filed Dec 8 1915 L F Smith

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-11-0375-343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 36083

County of Nez Perce

City of Culdesac

No. ..... St.

Registration District No. 75 File No. 55

Primary Registration District No. 2152 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Lloyd Fisher

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Dec 11 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Gustave Lester Fisher	FULL MAIDEN NAME Beulah Culnan
RESIDENCE Culdesac Idaho	RESIDENCE Culdesac
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wolcott, Vermont.	BIRTHPLACE Lewiston Mont
OCCUPATION Rancher.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1005 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lloyd F. Smith M D

(Physician or ~~midwife~~)

Address Culdesac

Given names added from a supplemental report

..... 19.....

Filed Dec 17 1915 Lloyd F Smith

Registrar

..... Registrar

8-Y CO.-20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1961

JUN 26 1976

c.c. 5/6/41. w.h.

238-220-031-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36084

County of Lewis

City of 4 miles South west of Culdesac Ida. Registration District No. 75 File No. 56

No. ____ St.

Primary Registration District No. 2152 Registered No. ____

Hospital —

FULL NAME OF CHILD Mary Alice Schumaker

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 20 (Month) (Day) 1915 (Year)

	FATHER	MOTHER
FULL NAME	Joseph George Schumaker	FULL MAIDEN NAME Sarah Katherine Scully
RESIDENCE	4 miles S. W. Of Culdesac	RESIDENCE 4 miles S W Of Culdesac
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Canada
OCCUPATION	Rancher	OCCUPATION House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1040 P M. on the date above stated.

(Signature) C. F. Smith M.D.

(Physician or midwife)

Address Culdesac Idaho

Filed Dec 21 1915 Chas F Smith M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1942

795·222·035-000

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36085

County of Nez Perce

City of Indian Mission Registration District No. 75 File No. 57

No. ____ St. Primary Registration District No. 2152 Registered No. ____

Hospital ____

FULL NAME OF CHILD Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Dec 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Green	Agnes
RESIDENCE	Slickpoo	Slickpoo
COLOR	Indian	Indian
AGE AT LAST BIRTHDAY (Years)	60	39
BIRTHPLACE	~~Don't know Slickpoo~~ Indian Mission	Indian Mission Slickpoo Idaho
OCCUPATION	None	None

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 a. m. on the date above stated.

(Signature) Lloyd F Smith MD

(Physician or midwife)

Address Culdesac

Filed Dec 22 1915 Lloyd F Smith
Registrar

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-129:035-958

PLACE OF BIRTH
Amended 12-1-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Culdesac
No. ____ St.
Hospital ____

Registration District No. 75
Primary Registration District No. 2152

File No. 36086
Registered No. ____

FULL NAME OF CHILD Ivan Charles Barnes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec. 29, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: D. R. Barnes	FULL MAIDEN NAME: Reta Reynolds
RESIDENCE: Culdesac	RESIDENCE: Culdesac
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Teaming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a.m. on the date above stated. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith
M.D.
(Physician or midwife)

Address Culdesac, Idaho

Give names added from a supplemental report.

...., 192....
Registrar.

Filed Jan 3, 1915 — Lloyd F. Smith
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 36086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Charles Ivan Barnes (Name on Original Certificate) who was born (Was Born or Died) on December 29, 1915 (Date of Event) in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Occidental Life Ins. Policy #827 dated Aug 1, 1947 gives name as (Bible Record, Insurance Policy, Etc.) prepared on (Date) Ivan Charles Barnes viewed by V.S., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Charles Ivan Barnes	Ivan Charles Barnes

Subscribed and sworn to before me this 28th day of November, 1959

Notary Public, residing at Boise, Idaho
My commission expires July 17th, 1962
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2008 N. 19th. Street, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November, 1959

Notary Public, residing at Boise, Idaho
My commission expires July 17th, 1962
(Seal)

Signed [signature]
(Signature of Any Credible Person)

2413 Lemhi, Boise, Idaho
(Street Address, City, State)

FORM VPH 55.153

Church record of marriage dated Aug 3, 1941 by Lester Jones,
Minister at Nampa, Idaho

gives name as Ivan Charles Barnes, viewed by V.S.

249-229-035 -389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36087

County of Nez Perce

City of Culdesac — Registration District No. 75 — File No. 59

No. ____ St. — Primary Registration District No. 7152 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ellen Mildred Burnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 29 1915

FATHER	MOTHER
FULL NAME: Olin Pochal Burnham	FULL MAIDEN NAME: Hallie Christopher
RESIDENCE: Culdesac	RESIDENCE: Culdesac
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Missouri
OCCUPATION: Rural Mail Carrier	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 a M. on the date above stated.

(Signature) L. E. Smith M.D.

(Physician or midwife)

Address Culdesac

Filed Jan 3 1916 Lloyd F. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
AUG 30 8 56 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New Mexico } ss.
County of Bernalillo }

Certificate No. 36087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Burnham (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1915 (Date of Event)
in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License & Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 9, 1934 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ellen Mildred Burnham

Subscribed and sworn to before me this 26 day of August, 19 74

Charlotte E. Jordan

Notary Public, residing at Albuquerque, N.M.

My commission expires March 9, 1977

(Seal)

Signed × Hazel H. Nordstrum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1204 Princeton Dr., N.E.
(Street Address, City, State) Albuq., N. Mex. 87106

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Mexico } ss.
County of Bernalillo }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of August, 19 74

Charlotte E. Jordan

Notary Public, residing at Albuquerque, N.M.

My commission expires March 9, 1977

(Seal)

Signed × Janet G. Faucett
(Signature of Any Credible Person)

639 Orig SE Albq. N.M. 87108
(Street Address, City, State)

FORM DH 60-155 CL 7/22/74

Family Group record for Olin Pochel Burnham and Hattie Hope Christopher gives child's name as Ellen Mildred born Dec. 29, 1915. at Culdesac, Idaho. Married to William Harding Pruitt May 24, 1941. viewed by V. S.

SEP 19 1974

Notification of birth from New Mexico gives child'sname as Sheila Maxine DeWitt born Dec 9, 1943 at Albuquerque, NM. father's name given as Charles Matthew DeWitt and maiden name of mother as Ellen Mildred Burnham. viewed by V. S.

Form V. S. No. 11-C—25m-1-1-13

[redacted] Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Buhl

916-101-042-292 Registration District No. 39 File No. 36088

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ GEORGE ~~[illegible]~~ EDWARD Rawlinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G W Rawlinson	FULL MAIDEN NAME	Philomene Bissonnette
RESIDENCE	4½ W - 4½ N. Buhl	RESIDENCE	4½ W - 4½ N. Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Stockport Eng.	BIRTHPLACE	Charles City Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Filed 12-10 1915 J H Murphy
Registrar

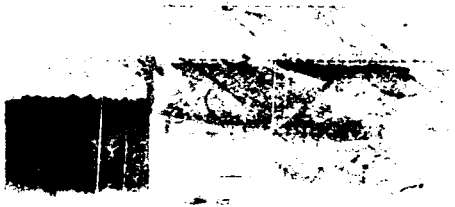
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 36088

State of Washington } ss.
County of Yakima

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for George Edward Rawlinson who born on December 1st 1915
(Birth or death) (Name on original certificate) (Was born or died) (Date of event)

in Buhl, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)

true facts as shown by See below prepared on , are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Thomas Henry Rawlinson	George Edward Rawlinson

Subscribed and sworn to before me this 26th
day of January, 1942

Notary Public, residing at Yakima, Washington

My commission expires April 7th 1942
[SEAL]

Signed Mrs Blanche Rawlinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

Box 361, Yakima, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on FEB 3 1942 By
(Registrar's signature)

699-105-042-449

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 36089

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Baby Firebaugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. E. Firebaugh	FULL MAIDEN NAME	Emily E. Purfee
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	N. Mex	BIRTHPLACE	Ida.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welthuber

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Buhl Ida

Filed 12-10 1915 J. H. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-112-042-294

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 34 File No. 36090

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Don Payton Hough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Elmer Hough	FULL MAIDEN NAME	Oca Simpson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wethubee

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-20 1915 J. K. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1956

251-214-042-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36091

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Alice Adeline Gear

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Gear	FULL MAIDEN NAME	Daisy L. Mooney
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welhuber
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 12-21 1915 J. H. Murphy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1944

DECEASED

279-115-042-569

PLACE OF BIRTH

Form V. S. No. 11-C—Mar-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 36092

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD George Otha SPROUSE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred O. Sprouse	FULL MAIDEN NAME	Olive E. Voice
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellhuber
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 12-20 1915 J. T. Newfield
Registrar

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1970

DEC 1 3 1960

296-26.042-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2087

File No. 36093

Registered No. .....

FULL NAME OF CHILD Winona Eula Browne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Dec 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eddie Browne	FULL MAIDEN NAME	Pearl Conner
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kans.
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-20 1915 J. H. Murphy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1942

243122.042694

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36094

County of Twin Falls

City of Buhl

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Roy Orum Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	L M Butler	FULL MAIDEN NAME	Lilly Orum
RESIDENCE	68-1½ W	RESIDENCE	68-1½ W Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hickory Co Mo	BIRTHPLACE	Chicago Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 12-26 1915 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C.L.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

355-225-042-962

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 36095

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rita Winifred Leeney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur E Leeney	FULL MAIDEN NAME	Gladys Maud Robertson
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Brighton Sussex Eng	BIRTHPLACE	Brighton Sussex Eng
OCCUPATION	Merchandise	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 12-26 1915 J. T. Murphy
Registrar

Registrar

S-Y CO. 24655

N. B. In case of more than one ... RATE RETURN must be made for each and the number ... in order of birth stated.

749-129-042-844

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 36096

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Loren Herbert Gurnea

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male				yes	Dec 24th 1915

FATHER		MOTHER	
FULL NAME	Arthur Gurnea	FULL MAIDEN NAME	Christina Gurnea
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Plano Ills	BIRTHPLACE	Dysort Ia
OCCUPATION	carpenter	OCCUPATION	

Number of child of this mother, including present birth three Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. N. Murphy

M. D.
(Physician or midwife)

Address Buhl Ida

Filed 12-30 1915 J. N. Murphy
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 2 8 1942

NOV 5 1942

433-22-0040-295

[redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36097

County of Shoshone

City of Wallace

Registration District No. 70 File No.

No. ....., ... St.

Hospital Hospital

Primary Registration District No. 1011 Registered No. 76

FULL NAME OF CHILD [redacted] McLaughlin, Frances Merle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11 7 1915

	FATHER	MOTHER
FULL NAME	Samuel Allen McLaughlin	Laura Bess Haughey
RESIDENCE	Avery, Idaho	Avery, Idaho
COLOR	W.	Wh
AGE AT LAST BIRTHDAY (Years)	50	16
BIRTHPLACE	Texas	Idaho
OCCUPATION	Hotel	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Jones M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed DEC 6 1915 19.....

F. Leo Sunday

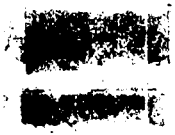
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



SEP 22 1969

713-123-040-789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 36098

Primary Registration District No. 1011 Registered No. 77

FULL NAME OF CHILD George Newell Patterson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	11 23 1915

FATHER		MOTHER	
FULL NAME	James Martin Patterson	FULL MAIDEN NAME	Merlie Lee Phillips
RESIDENCE	Mace, Idaho	RESIDENCE	Mace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	59	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Hotel Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address

Filed DEC 6 1915 19.... F. Leo Tumley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF WASHINGTON :
: SS
County of Spokane :

George S. Patterson, being first duly sworn on oath deposes and says: that he is a resident of Rt 1, Spokane, Spokane County Washington. That he and his wife Merte L. Patterson, (now deceased) were former residents of Wallace, Shoshone County, State of Idaho. That both the affiant and his wife native born citizens of the United States.

That George Newell Patterson, now resident of Spokane, Spokane County, Washington, is a son of the affiant and the said George Newell Patterson was born at Wallace, Shoshone County State of Idaho on the 23rd day of November, 1915.

George S Patterson

Subscribed and sworn to before me this 10th day of Jan. 1942.

Notary Public in and for the State of Washington, residing at Cheney

JAN 23 1942

JAN 25 1963

JUN 13 1973

993-230-240-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone.

City of Wallace.

Registration District No. 70

File No. 36099

No. ..... St.

Primary Registration District No. 1011

Registered No. 78

Hospital Wallace.

FULL NAME OF CHILD Rita Vivian ~~Varian~~ Richards.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Nov. 30th 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Henry Richards.	FULL MAIDEN NAME	Elizabeth A. Jenkens.
RESIDENCE	Mullen.	RESIDENCE	Mullen.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Helston, Cornwall, Eng.	BIRTHPLACE	Helston, Cornwall, Eng.
OCCUPATION	Miner.	OCCUPATION	Housewife.

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed DEC 9 1915 19

F. Leo Tingley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

919-202-040-264

PLACE OF BIRTH

Form V. S. No. 11-C-25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 36100

No. _____ St.

Primary Registration District No. 1017 Registered No. 79

Hospital Providence

FULL NAME OF CHILD Bernice Bertha Rainey

Sex of Child 7	Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Y	Date of Birth Nov (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Rainey	FULL MAIDEN NAME	Bertha Bode
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Michigan ~~Deputy Sheriff~~	BIRTHPLACE	Germany
OCCUPATION	Deputy Sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 15 P. M. on the date above stated.

(Signature) Dr. Chas. A. Dettman

(Physician or midwife)

Address Burke Ida.

Filed 11/6 1915 J Leo Tuckey Registrar

DEC 9 1915

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-452209·040 449 [redacted]

Form V. S. No. 11-C—10m-3-7-22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Hope

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 36101

Primary Registration District No. 1011 Registered No. 80

FULL NAME OF CHILD ~~Mary Messinger~~ MARY VIRGINIA MESSINGER

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	DEC 9 1915

FATHER		MOTHER	
FULL NAME	Ray Messinger	FULL MAIDEN NAME	Alma Catherine [redacted]
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed DEC 10 1915 19

F Leo Tunley Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

CERTIFICATE OF BIRTH

MAIL ORIGINAL TO BE RESERVED FOR FUTURE USE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }ss.
County of Columbia }

Certificate No. 36101

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Messinger (Name on Original Certificate) who born (Was Born or Died) on Dec. 9, 1915 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by sons birth certif. (Bible Record, Insurance Policy, Etc.) prepared on June 30, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Mary Virginia Messinger

Subscribed and sworn to before me this 12th. day of April, 1943.
H. C. Morton
Notary Public, residing at St. Helens, Ore
My commission expires Jan. 21, 1944
(Seal)

Signed Ray Messinger Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gable Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }ss.
County of Columbia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of April, 1943.
H. C. Morton
Notary Public, residing at St. Helens, Oregon
My commission expires Jan. 21, 1944
(Seal)

Signed Emmett Messinger
(Signature of Any Credible Person Other Than Previous Year)
31 N.E. 16th, Portland, Oregon.
(Street Address, City, State)

APR 1 0 1943

437-108'040-434

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 36102

Primary Registration District No. 1011 Registered No. 87

FULL NAME OF CHILD LLOYD CLIFFORD McPHAIL

Sex of Child M.	Twin Triplet or other? one and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec 8 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Archie McPhail	FULL MAIDEN NAME	Christine McDonald
RESIDENCE	Wardner Ida	RESIDENCE	Wardner Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Mill foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed DEC 16 1915 F Leo Tundey Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 36102

County of Shoshone } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Lloyd Clifford McPhail (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 8, 1915 (DATE OF EVENT)

in Wallace, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Hospital Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 8, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Lloyd Clifford McPhail

Subscribed and sworn to before me this 25

day of April 1942

Anna Battick

Notary Public, residing at Wallace, Idaho

My commission expires Sept 4 1945

(SEAL)

Signed Archie J McPhail

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wallace, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25

day of April, 1942

Notary Public, residing at Wallace, Idaho

My commission expires Sept 4 1945

(SEAL)

Signed Sister Mary Trinity

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Providence Hospital

(STREET ADDRESS, CITY, STATE)

Wallace, Idaho.

Received for filing on APR 30 1942 By

(REGISTRAR'S SIGNATURE)

284-118040-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ....., ... St.

Hospital Providence

Registration District No. 70

File No. 36103

Primary Registration District No. 1011

Registered No. 82

FULL NAME OF CHILD Eugene Cooper Shuts

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Dec 18th 1915

FATHER		MOTHER	
FULL NAME	J. Melvin Shuts	FULL MAIDEN NAME	Harriet Jane Bailey
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Bk. Keeper	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 18th at 11:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone M
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Jan 2 1916 F Leo Tundey
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

395-105-1006-713

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36104
3

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 133

FULL NAME OF CHILD Charles William Livingstone

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	Dec 5 1915

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: James Kennedy Livingstone	FULL MAIDEN NAME: Nancy Ellen Palmer
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Fifth

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Mackintosh, M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 6 1915 W. C. Mackintosh
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-211-006-758

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36105

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 134

Hospital .....

FULL NAME OF CHILD Sylvia Marie Phillips

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Phillips	FULL MAIDEN NAME	Annie Marie Matilda Pehrson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 11 1915 McMac[illegible]

Registrar

Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
BUREAU OF
CENSUS

AUG 1 6 1976

MAR 6 1942

415 115 006 235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36106

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 135

FULL NAME OF CHILD George Evan Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Dec 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Watson Davis	FULL MAIDEN NAME	Lillian Rosebud Bleimes
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 15 1915 M C MacKinnon
Registrar

S-Y CO. 24655

Registrar

SEP 30 1976

132-217006-292

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36107
3

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 136

FULL NAME OF CHILD Thelma Ethel Atkinson

Sex of Child Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Frank Atkinson	FULL MAIDEN NAME	Laura May Sisam
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMarkinson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 17 1915 McMarkinson
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 13 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 36107

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Atkinson (Female) who was born on Dec 17, 1915
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Aberdeen, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Entries prepared on Oct 19, 1971, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Thelma Ethel Atkinson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
October, 19 71.

Notary Public, residing at Salt Lake City, Utah
My commission expires 5 June 1975
(Seal)

Signed Laura May Susan Atkinson mother
(Signature of Any Credible Person)

1137 E 7200 So. Midvale, Utah 84047
(Street Address, City, State)

FORM DH 60-155

CL 9/27/71 nm

Certificate of Blessing from Thelma Ethel Atkinson, daughter of Frank S. Atkinson and Lara May Sisam. Born Dec. 17, 1915. Was blessed April 2, 1916. Viewed by VS.

NOV 22 1971

Temple Recommend dated Dec. 31, 1941. Gives name aas Thelma Ethel Atkinson Smith. Born Dec 17, 1915. Baptized March 1, 1925. Viewed by V. S.

Child's name added 3-10-89 MCM

719-130-006253

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36108

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 137

FULL NAME OF CHILD DALE MERYLE PARTNER

Sex of Child: Male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Dec 30 (Month) (Day) 191 5 (Year)

FATHER

FULL NAME: Lawrence Glenn Partney

RESIDENCE: Aberdeen Ida

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hilda Parish Kelso

RESIDENCE: Aberdeen Ida

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housemaid

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. C. Martin M.D.
(Physician or midwife)

Address Aberdeen Ida

Filed Dec 30 19 15 Wm. C. Martin
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE

03-30-89

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
MAR 9 8 33 AM '89

State of Arizona
County of Maricopa } ss.

Certificate No. 36108
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Partner (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 30, 1915 (Date of Event)

in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Add child's name	Unnamed Partner	Dale Meryle Partner

Subscribed and sworn to before me this 7th day of March, 19 89.

Notary Public, Diane L Richardson

Residing at Scottsdale Arizona

My commission expires Nov 30 1990

(Seal)

X Dale Meryle Partner
Signature of Applicant

X 300 Valley View Dr. Pocatello, Idaho 83201
Street Address, City, State

Winter Address (1149 N 92nd St #329 Scottsdale Az 85256)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate for Harvey Dean Partner born July 2, 1941 in Pocatello state File #317729 shows Dale Myrle Partner age 25 born in Aberdeen, ID as the father. Viewed by VS.

ID marriage certificate shows Dale Meryle Partner & Ella June Daniel married July 6, 1968 in Boise, St Fi #68-5076. Viewed by VS.

ID birth certificate for Doris Elaine Partner born Dec 3, 1944 in Pocatello st fi #399868 shows Dale Meryle Partner age 29 born in Aberdeen as the father. Viewed by VS.

415230.006-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36109

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 3

No. ..... St.

Primary Registration District No. 2195 Registered No. 138

Hospital .....

FULL NAME OF CHILD Hazel Gwen Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward L Davis	FULL MAIDEN NAME	Hazel Ann Van Ommen
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMartinnon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Dec 30 1915 McMartinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1965

[redacted] OF BIRTH 613-129-009-741

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

36110

County of Bonner

City of

No. St.

Hospital

Registration District No. 81

Primary Registration District No. 2138

File No. 2

Registered No. 53

FULL NAME OF CHILD Charley Falsetta CHARLES FALSETTA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Dec 29 1915

FATHER	MOTHER
FULL NAME: Ben Falsetta (FALSETTA)	FULL MAIDEN NAME: Louise Gualandi
RESIDENCE: Priest River	RESIDENCE: Priest River
COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7 2d

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) E D McCarty

Physician
(Physician or midwife)

Address Priest River

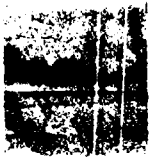
Filed Jan 4 1916 E D McCarty
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Las Animas }

Certificate No. 36110

Date Filed MAY 29 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Charley Falsetto (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29-1915 (Date of Event)
in Briest Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Apr. 8 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Charley Falsetto	Charles Falsetta
father's name	Ben Falsetto	Ben Falsetta

Subscribed and sworn to before me this 14th day of March, 1942.

Henry R. Pilath
Notary Public, residing at Aguilar Colorado.
My commission expires March 20- 1943.
(Seal)

Signed X Ben Falsetta / X Charles Falsetta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aguilar, Colorado.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March, 1942

Elsie Hershberger
Notary Public, residing at Tacoma
My commission expires 2/14/43
(Seal)

Signed Tony Falsetta
(Signature of Any Credible Person Other Than Previous Year)

1942 So. M St
(Street Address, City, State)

JUN 2 1945

795·21-009-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

36111

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. _____ St.

Hospital _____

Registration District No. 81 File No. 2

Primary Registration District No. 2158 Registered No. 52

FULL NAME OF CHILD Jane Olive Gregory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Dec 11 1915

FATHER		MOTHER	
FULL NAME	Floyd A Gregory	FULL MAIDEN NAME	Florence M Barlow
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D McCarty

Physician
(Physician or midwife)

Address Priest River

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 15 1915 E D McCarty Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625 [redacted] 025-693

PLA[redacted]

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville — Registration District No. 103 — File No. 36112

No. ____, ____ St. — Primary Registration District No. 1001 — Registered No. 78

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-	-	Yes	Dec. 27, 1915

FATHER		MOTHER	
FULL NAME	Timothy S. O'Keefe	FULL MAIDEN NAME	Cornelia Williams
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:35 P. M. on the date above stated.

(Signature) Jesse L. Raines

(Physician or Midwife)

Address Grangeville Idaho

Filed June 3 1916 by S Blackburn Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH
Form V.S. No. 11-0

235·104·025-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 36113

Primary Registration District No. 1001 Registered No. 80

FULL NAME OF CHILD RAYMOND KEITH STEINEBACH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 4 1915

FATHER	MOTHER
FULL NAME Henry B Steinebauch	FULL MAIDEN NAME Iva Elizabeth Caspar
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mo	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-58 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 3 1916 G S Stricklin Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-12-41

JAN 24 2011

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. AUG 12 1941
County of Canyon }

Certificate No. 41-
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~death~~)
for Raymond Keith Steinbach (Name on original certificate) who was born (Was born or ~~died~~) on Dec. 4 1915 (Date of event)
in Caldwell Ida (Place of event) are erroneous or ~~were omitted~~; and that, to the best of his knowledge, the true
facts as shown by Henry Bernard Steinbach (Bible ~~record~~, insurance policy, etc.) prepared on Aug. 1st 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Raymond Keith Steinbach →	Raymond Keith Steinbach

Subscribed and sworn to before me this 1st day of Aug., 1941

W. H. Robinson
Notary Public, residing at Caldwell
My commission expires Feb 5 - 1943.
[SEAL]

Signed Henry Bernard Steinbach
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)
Route 1 Wilder Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

719-118-125-619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 36114

No. ..... St.

Primary Registration District No. 2181 Registered No. 79

Hospital .....

FULL NAME OF CHILD Charles Maynard Parks

Sex of Child	Twin, Triplet- or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo A Parks	Pearl B Warden
RESIDENCE	Grangeville	Grangeville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	40
BIRTHPLACE	Ill	Iowa
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stricklin

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 3 1916 G S Stricklin

..... Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962.102.025-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 36115

Primary Registration District No. 1001 Registered No. 77

FULL NAME OF CHILD Mark A. Robinson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1st	yes	Dec. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mark A. Robinson	FULL MAIDEN NAME	Ella Louise Martin
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White — AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Painter & Paper hanger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Jan 3 1916 G S Stickling

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1964

MAR 13 1943

415202-025-683

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Registration District No. 103 File No. 36116

Primary Registration District No. 1001 Registered No. 76

FULL NAME OF CHILD Verna Manning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12-2-15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Manning	FULL MAIDEN NAME	Ethel Oyler
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive (Born alive or stillborn), at 4:35A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren S Moore M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grangeville - Idaho

Filed Jan 3 1916 G S Stricklin

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 2 8 1970

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195-203-025-547

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 103 File No. 36117

No. ..... St.

Primary Registration District No. 2181 Registered No. 75

Hospital .....

FULL NAME OF CHILD Friedarica Mary Catharina Arnzen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Oct 3, sunday 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Henry Arnzen	FULL MAIDEN NAME	Mary Anna Nupolly
RESIDENCE	Green Creek Idaho.	RESIDENCE	Green Creek, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Green Creek Illinois.	BIRTHPLACE	Cottonwood, Idaho
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) + Catharina Trautmann

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Green Creek Ida

Filed Jan 3 1916 G S Stockton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1966

259-110 749

PLACE O[redacted]

County of Nez Perce

City of Lewiston

No. 1212 - 15th Ave. St.

Hospital

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 36118

Primary Registration District No. 1009 Registered No. 75

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 10 - 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert C. Berger	FULL MAIDEN NAME	Mary Jane Purvis
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pittsburg, Pa.	BIRTHPLACE	Pittsburg, Pa.
OCCUPATION	Railroader	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed Jan. 10 - 1916 L. J. Perkins Registrar

20174 Registrar

...GIN RESERVED FOR BINDING
... WITH UNFADING INK—THIS IS A PERMANENT RECORD
... case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STAT
CERTIFICATE OF BIRT

315-112-035-469

PLACE OF BIRTH

AMENDED AUGUST 18, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 36119

Hospital no Primary Registration District No. 1009 Registered No. 76

FULL NAME OF CHILD Daniel Raymond Cavana
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy					Dec. 12, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: George A. Cavana	FULL MAIDEN NAME: Mary R. Morgan
RESIDENCE: Lewiston	RESIDENCE: Lewiston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Oregon
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carson
(Physician or midwife)

Address Lewiston, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan. 10, 1916 L. J. Perkin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36119

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on viewed on 8/18/53 by B. V. S. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	David Raymond Cavanaugh	Daniel Raymond Cavana
Surname of father.	Cavanaugh	Cavana

Subscribed and sworn to before me this 18th day of August, 1953

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary Y. Hall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 018. Haines Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1953

Notary Public, residing at Boise, Idaho
My commission expires Sept. 7, 1956
(Seal)

Signed .....
(Signature of Any Credible Person)

1406 Ada St. Boise Idaho
(Street Address, City, State)

DPH 52-155

597-11-2-075-553

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 9E

File No. 36120

Primary Registration District No. 1009

Registered No. 77

FULL NAME OF CHILD Bernard Vincent Nigg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 12 1917

FATHER

FULL NAME: Ben Nigg

RESIDENCE: Lewiston Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Minn

OCCUPATION: Window Decorator

MOTHER

FULL MAIDEN NAME: Ruby Nelson

RESIDENCE: Lewiston Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 10 19 18 L. J. Perkins Registrar

S-Y CO. 24689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1958

11/25/40 L.B.

595-215-035-434

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital no

Registration District No. 96 File No. 36121

Primary Registration District No. 1009 Registered No. 78

FULL NAME OF CHILD Jacqueline Alee Vincent

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl			Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. H. Vincent	FULL MAIDEN NAME	Berle B McDonald
RESIDENCE	Lewiston Orchards	RESIDENCE	Orchards
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	
OCCUPATION	Orchardist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carlson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Jan. 10 1916 L. J. Perkins Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 30 1970

456-116-035-464

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0120 18th St.

~~Hospital~~ Home

Registration District No. 96

File No. 36122

Primary Registration District No. 1009

Registered No. 79

FULL NAME OF CHILD Hartley Deford

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	5 (To be answered only in event of plural births)	yes	Nov (Month) 16th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Silas Deford	FULL MAIDEN NAME	Ora Mouri
RESIDENCE	0120 18th Street	RESIDENCE	0120 18th St
COLOR	AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Frank

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Jan 10 1916 L. J. Perkins Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-216-075-579

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston — Registration District No. 96 — File No. 36123

No. 1616 1st Ave. St. — Primary Registration District No. 1009 — Registered No. 80

Hospital

FULL NAME OF CHILD Grace Jennings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	3	Yes	12 / 16 1905

FATHER		MOTHER	
FULL NAME	Clyde Jennings	FULL MAIDEN NAME	Lora Eads
RESIDENCE	Not known	RESIDENCE	Lewiston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Not known	BIRTHPLACE	Steptoe Butte, Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Harris M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan. 10 19 16 L. J. Perkins
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

259-118035251

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 506 New. 16th St.

Hospital

Registration District No. 96

File No. 36124

Primary Registration District No. 1009

Registered No. 81

FULL NAME OF CHILD Donald Ray Berger

Sex of Child	*Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	first (To be answered only in event of plural births)	Yes	Da (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Raymond J Berger	FULL MAIDEN NAME	Lilly LaRue Keagle
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	W. Virginia
OCCUPATION	Optician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11-18a M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

M. D. By Dr Bruce.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Jan. 10 1916 L J Perkins
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1 2 1942

259.118.035.251

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. New 16th St.

Hospital

FULL NAME OF CHILD Ronald Berger.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 9c File No. 36125

Primary Registration District No. 1009 Registered No. 82

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	yes	Dec 18 191[illegible]

FATHER		MOTHER	
FULL NAME	Raymond J. Berger.	FULL MAIDEN NAME	Libbie La Rue Keagle
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pittsburg Pa	BIRTHPLACE	Harmon West Va.
OCCUPATION	Freight Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:18 A.M. on the date above stated.

(Signature) E. L. White M.D

(Physician or midwife)

Address Lewiston Ida

Filed Jan. 10 1916 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

17

866-120-035-497

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 36126

Primary Registration District No. 1009 Registered No. 83

FULL NAME OF CHILD Francis Howe (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl L. Howe	FULL MAIDEN NAME	Anna Mitchell
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ... one ... Number of children of this mother now living, including present birth ... none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born (Born alive or stillborn) at 10 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Jan. 10 1916 L. J. Perkins Registrar

..... Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

74922.035 546

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Idu

No. University Add St.

Hospital —

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 36127

Primary Registration District No. 1009 Registered No. 84

FULL NAME OF CHILD Purviance Margaret Anna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. M. Purviance	Anna E Edwards
RESIDENCE	Clarkston Wn.	Clarkston Wn.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Optician	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Edgar L. White M. D.

Lewiston Ida (Physician or midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 10 19 16 L. J. Perkins Registrar

S-Y-CO 38071

AUG 22 1951

619-22310 95-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

Registration District No. 96 File No. 36128

Primary Registration District No. 1009 Registered No. 85

FULL NAME OF CHILD Grace Farrish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth.	Legitimate	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 29 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bruce Farrish	Maud Trench
RESIDENCE	Asotin Wash	Asotin, Wash
COLOR	white	white
AGE AT LAST BIRTHDAY	32 (Years)	22 (Years)
BIRTHPLACE	Washington	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ... two ... Number of children of this mother now living, including present birth ... two ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G Braddock

Physicians (Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Jan 10 1916 R J Perkins Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1942

296-125-035-297

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 227 Snake River St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 36129

Primary Registration District No. 1002 Registered No. 86

FULL NAME OF CHILD LeRoy Franklin Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy M Brown	FULL MAIDEN NAME	Clara Sigmund
RESIDENCE	227 Snake River Ave	RESIDENCE	227 Snake River Ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Nebraska
OCCUPATION	Messenger	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 50 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Frank

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 10 - 1916 L. J. Perkins Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1942

485·227·035-957

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital No.

Registration District No. 96 File No. 36130

Primary Registration District No. 1000 Registered No. 87

FULL NAME OF CHILD Baby Dye Orpha Louise

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
girl	single	1st	yes	Dec 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pearly H. Dye	FULL MAIDEN NAME	May A. Ingram
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	House fe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Jan. 10 1916 L. J. Perkins
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-113-005

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bennock

City of St Joe

Registration District No. _____ File No. 36131

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Leslie Irwin Olson

Sex of Child Male | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12-13 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Adolph Olson	FULL MAIDEN NAME Maude Delaney
RESIDENCE St Joe	RESIDENCE St Joe
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minn.
OCCUPATION Laborer	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Lacie M D

St Joe Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Dec 30 1915 A L Mulcahy Registrar

8-Y CO. 24655

MAR 12 1976

169-227-005 557

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of ~~Treffry~~ St. Maries

Registration District No. 32 File No. 36132

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Marion Jordan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Leonard Jordan	FULL MAIDEN NAME	Julia Eugdahl
RESIDENCE	Treffry	RESIDENCE	Treffry
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	N. Dak
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Balwee at 3:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Clarnwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Jan. 7 1916 H. L. Mulcahy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 001915 40092

AMENDED 11-13-57

PLACE OF BIRTH

731-219.005-359

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 36134

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Jeurene Elaine Plant
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 19, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. B. Plant	FULL MAIDEN NAME	Marie Teigs
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Sawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

Physician (Physician or midwife)

Address St. Maries

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan. 7, [redacted] 1916 H. L. Mukaley Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 36134

County of King } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Jerene Plant (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 19, 1915 (DATE OF EVENT)

in St. Maries, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by New York Life # 11 771 554 insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 14, 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Jerene	Jeurene Elaine Plant

Family Record - viewed photostat - first + middle name Marriage License

Schools Record - May 31-1933 - first name - May 4-1940 - first name

Subscribed and sworn to before me this 2d day of August, 19 57

J. Tremblay

Notary Public, residing at Seattle

My commission expires January 26, 1959 (SEAL)

Viewed by

Signed Marie Ida Plant (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

325 Harvard No., Seattle, Washington (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d day of August 1957

J. Tremblay

Notary Public, residing at Seattle

My commission expires January 26, 1959 (SEAL)

Signed Fern Farmer (Sister)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

946 Tenth No., Seattle, Washington (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

1 copy paid

2[illegible]4005-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 36135

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Joseph Smedsrud

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arne Smedsrud	FULL MAIDEN NAME	Esther Peterson
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Lumber grader	OCCUPATION	Wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Cornwall

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries Ida

Filed Jan 7 1916 H L Mulcahy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-216-005-245

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 36136

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Martha Florence Litwin

Sex of Child: F	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Apr (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andy J Litwin	FULL MAIDEN NAME	Helen Kuetter
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wisconsin
OCCUPATION	Car Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St Maries

Filed Jan 7 1916 H L Mulcahy Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LITWIN

DUP OF 1915-409524

369.120.005-831

PLACE OF BIRTH

County of ~~Kootenai~~ Bonneville

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 36137

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Archibald Christ Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Barney Marenaius Sorenson	FULL MAIDEN NAME	Louise Randine Hansen
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	[illegible]	OCCUPATION	[illegible]

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. D. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Jan 7 1916 H. L. Mulcahy Registrar

Registrar

K

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

AUG 7 1968

418-102-005-914

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. _____ St.

Hospital _____

Registration District No. 32 File No. 36138

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Ray	FULL MAIDEN NAME	Nellie Ramey
RESIDENCE	St M	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Merchant	OCCUPATION	Hw Ger

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Baline (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Bannwell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St Maries Idaho

Filed Jan 7 1916 H. L. Mulcahy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1915-402193

Z SLAV DUP OF 1915-402193

437-229-005-349

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

~~City of~~ Treffry P.O.

No. ..... St.

Hospital .....

Registration District No. 32

File No. 36139

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Marjorie Jean McPherson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Oct (Month) 29th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry J McPherson	FULL MAIDEN NAME	Jennie Turner
RESIDENCE	Treffry Idaho	RESIDENCE	Treffry Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Redwood falls Minn	BIRTHPLACE	Newcastle on Tyne England
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... four

Number of children of this mother now living, including present birth ..... four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernestine J Hicks Garl

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Treffry Idaho

Filed Mar 25 1915 H L Mulcahy

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-3-40
cc

FEB 28 1963

619-217-005-815.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Registration District No. 32 File No. 36140

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Ester, Ruth, Warner,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) - 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank, Abidge, Warner	FULL MAIDEN NAME	Cora, Estelle Havens,
RESIDENCE	Plummer, Idaho.	RESIDENCE	Plummer Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Good Harbor Mich.	BIRTHPLACE	Ionia, Michigan
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-30 a.m., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Herrington, D.C.
Plummer, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Dec 24 1915 H. L. Malaney
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1958

993-224-005-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah,

City of St. Maries

Registration District No. 32 File No. 36141

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Beverly Lyall Ricker

Sex of Child Female | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Sept 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerome B. Ricker.	FULL MAIDEN NAME	Nellie E. Limpe
RESIDENCE	St. Maries.	RESIDENCE	St. Maries.
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa.
OCCUPATION	Band Saw Filer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:25 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving.

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries. Ido.

Filed Jan 8 1916 H. L. Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M,

DUE 27 '51

235128.005128

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St Maries.

Registration District No. 32.

File No. 36142

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Bornette Henry Stephens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	—		—	yes.	Sept 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James J. Stephens	FULL MAIDEN NAME	Henrietta Ashlin
RESIDENCE	St Maries.	RESIDENCE	St Maries.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Wisc
OCCUPATION	Laborer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsowing
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries Ida.

Filed Jan 8 1916 H. L. Mulcahy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STEVENS

DUP 001915-357379

285-215-005-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 32

File No. 36143

Primary Registration District No. 2049

Registered No. _____

FULL NAME OF CHILD Leona Sherrette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 15 1915

FATHER

FULL NAME: Alvin E. Sherrette

RESIDENCE: St Maries

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Delight Robinson

RESIDENCE: St Maries

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Nurse Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address St Maries Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Jan 6 1916 [signature] Registrar

S-Y CO. 24685

DUP 00/914-404710

SHERETTE

693.127.005-395

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St Maries

Registration District No. 32 File No. 36144

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph. Wickberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male,	—		—	yes.	Aug. 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Wickberg	FULL MAIDEN NAME	Matilda J. Lind
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Sweeden.	BIRTHPLACE	Sweeden.
OCCUPATION	Laborer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Huisgling
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Aug. 19 15

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-205-005-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 36146

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Edna Jewell Hatcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Aug. 5 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Hatcher	FULL MAIDEN NAME	Susie Johnson
RESIDENCE	St. Maries	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3:25 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Kinsolving

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Jan. 8 1916 H. L. Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1975

185-111-005-532

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. _____ St.

Hospital _____

Registration District No. 32 File No. 36147

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Oliver Paul Ayers,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter V. Ayers,	FULL MAIDEN NAME	Stella Elbon
RESIDENCE	St Maries.	RESIDENCE	St. Maries.
COLOR	White, AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio.
OCCUPATION	Rancher.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Kinsolving
Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address St Maries Idaho Color

Filed Jan. 8 1916 H L Mulcahy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-109-005-295

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 36148

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence Leroy Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes	June (Month) 9 (Day) 1916 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. Fredrick Smith	FULL MAIDEN NAME	Anna King
RESIDENCE	St. Maries Idaho	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Common Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kingsbury
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries Ida.

Filed Jan. 8 1916 H. L. Mulcahy
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

286 118 005 613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of Santa

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. 36149

Registered No. .....

FULL NAME OF CHILD ROBERT HARVE SHORTRIDGE ~~not named~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	June 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Levi Shortridge	FULL MAIDEN NAME	Maude Walton
RESIDENCE	Santa, Idaho,	RESIDENCE	Santa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Arkansaw.
OCCUPATION	Laborer, in woods	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys.
(Physician or midwife)

Address St. Maries, Idaho

Filed Jan 8 1916 H. L. Mulcahy
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 3/29/43 Z.J.

MAR 2 9 1943

443-106-005-643

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. On Ranch St.

Hospital

Registration District No. 32

File No. 36150

Primary Registration District No. 2049

Registered No.

FULL NAME OF CHILD Daniel Emile Ducommun

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	May (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stephen Ducommons	FULL MAIDEN NAME	Rose A Fuchs
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Switzland	BIRTHPLACE	Switzland
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Stephen Ducommun
Father
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St. Maries Idaho

Filed Jan 8 1916 H. L. Mulcahy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-226-005-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

No. ..... St.

Hospital .....

Registration District No. 32

File No. 36151

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Bernice Barbara Squier

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Squier	FULL MAIDEN NAME	Carrie Markland
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leite

St Joe Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 2 1915 H. L. Moulcahy

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9-7-56

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

691-224.005-416

County of Benewah

City of Fernwood

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 36152

Primary Registration District No. 2049 Registered No. _____

FULL NAME OF CHILD Mary Helen Frazier

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Aug. 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter A. Frazier	FULL MAIDEN NAME	Laura M. Dawson
RESIDENCE	Fernwood	RESIDENCE	Fernwood.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Barber.	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Bovill Idaho

Filed Dec. 4 1915 H. L. Mulcahy
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1952

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 36152

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Helen Frazier (Name on Original Certificate) who was born (Was Born or Died) on Aug. 24, 1915 (Date of Event) in Fernwood (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Lodge Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 6, 1921 & Feb. 5, 1910 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Iowa	Kansas

Viewed by Vital Statistics

Subscribed and sworn to before me this 15th day of August, 1956

Bernice D. Shfe

Notary Public, residing at Carson City, Nev.

My commission expires 11-24-58

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at .....

My commission expires JAMES G. FRAZIER Notary Public
(Seal)
In and for the County of Stanislaus, State of California
My Commission Expires Aug. 31, 1958
1325 Sycamore, Modesto, Calif.

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DPH 55. 155

SEP 1 (1956

493205-021-2

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Bannock,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 36153

Primary Registration District No. 2119 **Registered No.** 317

FULL NAME OF CHILD Sarah Miles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jeddie Miles	FULL MAIDEN NAME	Mira Smith
RESIDENCE	Bannock, Idaho.	RESIDENCE	Bannock, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Smithfield, Utah.	BIRTHPLACE	Smithfield, Utah.
OCCUPATION	Farmer	OCCUPATION	Wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1/10 1916 D. A. R. Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

NOV 2 6 1975

319-22-2021-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 36154

Primary Registration District No. 2119 Registered No. 327

FULL NAME OF CHILD Ellen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Dec. 22, 1915

FATHER

FULL NAME: Marten Larson

RESIDENCE: Whitney, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Logan, Utah.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Ellen Comish

RESIDENCE: Whitney, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Franklin, Idaho.

OCCUPATION: Wife

Number of child of this mother, including present birth: 11

Number of children of this mother now living, including present birth: 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G W Staley

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 1-10 1916 D A Rulon Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-206-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 36155

Primary Registration District No. 2119 **Registered No.** 319

FULL NAME OF CHILD Cleone Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Femle		Yes	Dec. 6. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum W. Smith	FULL MAIDEN NAME	Christine Larson,
RESIDENCE	Riverdale, Idaho.	RESIDENCE	Riverdale, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	BoxEld Co. Brigham.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Farmer,	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.50 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1916 D A R Cutler Registrar

..... Registrar

S-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 20

356-241 003-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock Co.

City of Treasureton

No. ..... *St.*

Hospital .....

Registra[redacted] 27 File No. 36156

Primary Registration District No. 2119 Registered No. 320

FULL NAME OF CHILD Mary Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 14, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Lewis	FULL MAIDEN NAME	Ester Robbins
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer.	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.50 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. State

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1916. Dr A R Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1964

[redacted]

815·126·021·743

PLACE OF BIRTH

[redacted] STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek, Idaho.

Registration District No. 27 File No. 36157

No. ____ St.

Primary Registration District No. 2119 Registered No. 321

Hospital ____

FULL NAME OF CHILD Neil Woodrulf Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Dec. 26, 1915

FATHER	MOTHER
FULL NAME: M.W. Hansen	FULL MAIDEN NAME: Elizabeth Puckkendal
RESIDENCE: Mink Creek, Idaho.	RESIDENCE: Mink Creek, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Mink Creek, Idaho.	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.45 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G.W. Hale

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho

Filed 1-10 1916 Dr. A.R. Dutton Registrar

Registrar.

S-T CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

c.c. 5/17/41. w.h.

95.227021-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 36158

Primary Registration District No. 2119 Registered No. 322

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 27 1915

FATHER

FULL NAME: James Willis Reaves

RESIDENCE: Preston

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Sandy, Utah.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lillie May Johnson

RESIDENCE: Preston, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Salt Lake City, Utah.

OCCUPATION: Wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Staten

Physician (Physician or midwife)

Address Preston, Idaho.

Filed 1-10 1916 D. A. Ruth Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-129-021-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 36159

Primary Registration District No. 2119 **Registered No.** 223

FULL NAME OF CHILD .....

Sex of Child Male	**Twin Triplet or other?** Twin and **Number in order of birth** Second (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Dec. 29 1915 (Month) (Day) (Year)

FATHER	**MOTHER**
FULL NAME William Steers	**FULL MAIDEN NAME** Julia Hall
RESIDENCE Preston, Idaho.	**RESIDENCE** Preston, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 40 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 37 (Years)
BIRTHPLACE Franklin, Idaho.	**BIRTHPLACE** Fairview, Idaho.
OCCUPATION Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.20 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1915 Dr A R Cutler
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-129-021-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27 File No. 36160

Primary Registration District No. 2119 Registered No. 324

FULL NAME OF CHILD Don Wilford Steers

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	First	Yes	Dec. 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Steers	FULL MAIDEN NAME	Julia Hall
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1916 D. A. R. Cutts
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 5 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 36160

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Steers (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Don Wilford Steers

Subscribed and sworn to before me this 30 day of June, 19 66.
Notary Public, residing at San Francisco
My commission expires Dec. 2 1969
(Seal)

Signed Don Wilford Steers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
58 Cliffside Dr Daly City California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of June, 19 66.
Notary Public, residing at San Francisco
My commission expires Dec 2 1969
(Seal)

Signed Don W Steers
(Signature of Any Credible Person)
58 Cliffside Dr Daly City California
(Street Address, City, State)

FORM DH 60-155 CL 4-6-65. nm

L.D.S. Church Certificate of Record of Membership, Blessed Aug. 6, 1916 gives full name as Don Wilford Steers, born Dec. 29, 1915 at Preston, Idaho to William E. Steers and Julia Hall - viewed by V.S.

APR 5 1967

Marriage License and Certificate, State of California, County of Santa Cruz, marrie April 15, 1939 at Santa Cruz, California gives full name of groom as Don Wilford Steers and full name of bride as Lillian Alice Fegan - viewed by V.S.

356-230-003-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

IDAHO
BUR[redacted]L STATISTICS
[redacted] OF BIRTH

County of Bannock

City of Oxford,

No. ..... St.

Hospital .....

Registration District No. 27

File No. 36161

Primary Registration District No. 2119

Registered No. 325

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Marriam Lewis	FULL MAIDEN NAME	Rosetta Henderson
RESIDENCE	Oxford, Idaho.	RESIDENCE	Oxford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Swan Lake, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1916 [signature]
Registrar

S-Y CO. 34655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-221-003-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasuraton.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 36162

Primary Registration District No. 2119 Registered No. 326

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec. 21. 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John David Moser,	FULL MAIDEN NAME	Alene Taylor
RESIDENCE	Treasureton, Idaho.	RESIDENCE	Treasureton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer.	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Idaho.

Filed 1-10 1916. Dr A R Hulett Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.209.021-546 name added 2-2-84 dl

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VI[redacted]TICS
CERTIFICA[redacted]

County of Franklin

City of Preston

Registration District No. 27 File No. 36163

No. _____ St.

Primary Registration District No. 2119 Registered No. 294

Hospital _____

FULL NAME OF CHILD Margurite LaRue Willmore

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? no | Date of Birth 10 (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Willmore	FULL MAIDEN NAME	Anna Edna Nuffer
RESIDENCE	Logan, Ut.	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan, Ut.	BIRTHPLACE	Providence, Ut.
OCCUPATION	worked in bank	OCCUPATION	Laborer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Preston, Ida.

Filed ~~10/9~~ 12/10 1915 Dr A R Cutler

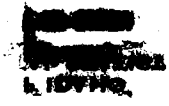
Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 36163
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed Willmore (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 9, 1915 (Date of Event) in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	~~Margaret LaRue~~ ??
		Marguerite LaRue

Subscribed and sworn to before me this 1st day of October 1983.

Notary Public, [signature]
Residing at SLC, Utah
My commission expires 7-15-86
(Seal)

Blanche J. Parker
6401 801 700 W. Murray, Utah 84123
Ida M. Harman
Signature of Applicant
6372 Mesquite Springs RD. #76
Street Address, City, State
29 Palms Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal) CL 9-21-83 1 copy pd

_____
Supporting Signature

_____
Street Address, City, State

Certificate of baptism from LDS Church lists Margurite LaRue Early born Oct 9, 1915 in Preston and was baptised Nov 4, 1923. Viewed by V.S.

FEB 2 1984

Passport lists Margurite LaRue Varley born Oct 9, 1915 in Idaho. Issue date Jan 16, 1963. Viewed by V.S.

754108.021453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 36164

Primary Registration District No. 2119 Registered No. 293

FULL NAME OF CHILD _____

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 10 (Month) - 8 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	James H. Geddes	FULL MAIDEN NAME	Alvida S. Mecham
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Riverdale, Ida.
OCCUPATION	Plumber	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cultis

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Ida.

Filed ~~10/8~~ 19/15 19 15 Dr A R Cultis

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-120-021-[redacted]

11-C—20m-2-15-1

PLACE OF BIR[redacted]

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 36165

Primary Registration District No. 2119 Registered No. 329

FULL NAME OF CHILD William Stair Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Herbert Barnes	FULL MAIDEN NAME	Annie Griffiths
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	51 (Years)
BIRTHPLACE	Bolton Lancashire Eng.	BIRTHPLACE	Ashton Underlyne Eng.
OCCUPATION	Laborer	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.40 P.M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Franklin Co. Idaho

Filed 1-10 1916 Dr A R Smith

Registrar

Registrar

R-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 31, 1940. E.W.

993.230

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkcreek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 36166

Primary Registration District No. 2119 Registered No. 328

FULL NAME OF CHILD Merseul Jantha Richard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			dec 30 1915

FATHER		MOTHER	
FULL NAME	Samuel J Richard	FULL MAIDEN NAME	Jennie G Larsen
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Hinkely Utah	BIRTHPLACE	Brighan Utah
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) alive at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Nancy Rasmussen
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Minkcreek Idaho

Filed 1-10 1916 Dr A R Dulty
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7/20/71

PLACE OF BIRTH

553219.021-632

Form V. S. No. 11-G—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 27 File No. 36167

Primary Registration District No. 2119 Registered No. 330

FULL NAME OF CHILD Clella Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	one	one	one	Dec. 19 5 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Nelson	FULL MAIDEN NAME	Lula Olsen
RESIDENCE	Minkcreek	RESIDENCE	Minkcreek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minkcreek	BIRTHPLACE	Minkcreek
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Preston Ida

Filed 1-10 1916 D. A. R. Cutler

Registrar

Registrar

S-Y-CO 38071

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUL 19 1971 Bureau of Vital Statistics

State of IDAHO

County of BINGHAM } ss.

Certificate No. 36167

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Kella Nelson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1915 (Date of Event)

in (not given) (Place of Event). are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate, Ins. Policy & School report Card. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Kella Nelson	Clella Nelson

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho

County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 1971

D. Evans Ward

Notary Public, residing at Blackfoot, Idaho

My commission expires 6-5-73

(Seal)

Signed Joyce O. Nelson Brother

(Signature of Any Credible Person)

Route 1 Box 13, Firth, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 6/23/71 1cc pd.rec. # 16762

Term Report Card for School year 1932-33 of Central Rural High School gives name as Clella Nelson. Signed by. E. J. Hartvipen, Principal. Viewed by V. S.

JUL 20 1971

Certificate of Marriage from State of Utah gives groom's name as Ralph Joseph Steffensen and bride's name as Clella Nelson. Dated Sept. 11, 1935. Signed by Wm . A. Noble. Performed in LDS Temple, Logan. Viewed by V. S.

319.125.021-31.8

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 36168

Primary Registration District No. 2119

Registered No. 331

FULL NAME OF CHILD Mervin Wendell Larsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	One.	one	one	Dec. 25, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	N. L. Larson	FULL MAIDEN NAME	May Taylor
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Dayt on Ida.
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed 1-10 1916 D. A. Cutler

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1945

266-122-021-697

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27 File No. 36169

No. ____ St.

Primary Registration District No. 2119 Registered No. 232

Hospital ____

FULL NAME OF CHILD Reese Kofoed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12-22-1913

FATHER		MOTHER	
FULL NAME	Geo. Kofoed.	FULL MAIDEN NAME	Rosy Williams
RESIDENCE	Weston, Ida.	RESIDENCE	Weston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Weston, Ida.	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston, Ida.

Given names added from a supplemental report.

..... 19.....

Filed 1-10 1914 Dr A R Curtis

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3-7-60

PLACE OF BIRTH

643-221-02 1-553

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 36170

Primary Registration District No. 2119 Registered No. 333

FULL NAME OF CHILD Jennie Anita Mae Fullmer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 21, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Almon Liness Fullmer	FULL MAIDEN NAME	Jennie G. Nelson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan, Ut.	BIRTHPLACE	Preston, Ida.
OCCUPATION	Jeweler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician
(Physician or midwife)

Address Preston, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 1-10-1916 [redacted] Dr. A.R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Birth, Entered on Record, Feb. 6, 1916 gives full name of child as Jennie Anita Mae Fullmer, born Dec. 21, 1915 at Preston, Idaho to Almon Liness Fullmer and Jennie Nelson - IDAHO STATE BOARD OF HEALTH
viewed by V.S. and L.D.S. Church DIVISION OF VITAL STATISTICS
Certificate of Membership, Baptized: Aug. 3, 1924 gives full name as Jennie Anita Mae

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Fullmer (Robinson) born Dec. 21, 1915 at Preston, Idaho to Almon Liness Fullmer and Jennie Nelson viewed by V.S.

Certificate No. 36170

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Jennie Eva Fullmer (Name on Original Certificate) who born (Was Born or Died) on December 21, 1915 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on February 23, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Jennie Eva Fullmer	Jennie Anita Mae Fullmer
Full Name of Father	Almera Leness Fulmore	Almon Liness Fullmer

Subscribed and sworn to before me this 24 day of February, 1960

Notary Public, residing at Logan Utah
My commission expires 6-30-63
(Seal)

Signed 47 No 5 E, Logan Utah
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mary P. Carter
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

CL 1-27-60. 2 copies pd. receipt #18648.

249.109.021-792

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 36171

Primary Registration District No. 2119

Registered No. 334

FULL NAME OF CHILD Carl Alvin Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	12 - 9 1915

FATHER		MOTHER	
FULL NAME	Legrand C. Smith	FULL MAIDEN NAME	Mary M. Gibbons
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Preston
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Ida.

..... 19.....

Filed 1-10 1916 Dr A R Ruster

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 36171
Date Filed Jan. 14, 1916

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Carl Alvin Smith (Name on Original Certificate) who born (Was Born or Died) on Dec. 9, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother and Father (Bible Record, Insurance Policy, Etc.) prepared on February 6, 1963 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's full name	No name	Carl Alvin Smith

Subscribed and sworn to before me this 7th day of February, 1963

Notary Public, residing at Rexburg Idaho
My commission expires June 25, 1963
(Seal)

Signed Mary M. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Edward Carter Smith
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO,
County of Madison, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 1963

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1963
(Seal)

Signed W. Lloyd Adams
(Signature of Any Credible Person)

70 E. Main, Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

Nov. 9, 1962

LDS Church

Cerificate of Ordination to the Holy Priesthood, #32, Issued January 4, 1931. Gives name as Carl Alvin Smith. Viewed by V. S.

Own child's birth certificate on file Idaho, File #312675. Gives name of Father as Carl Alvin Smith. Viewed by V. S.

FEB 7 1963

789-204-021-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. _____ St.

Hospital _____

Registration District No. 27

File No. 36172

Primary Registration District No. 2119

Registered No. 335

FULL NAME OF CHILD Nola Phillips

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 12 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm B. Phillips	FULL MAIDEN NAME	Millie V. Morrson
RESIDENCE	Dayton, Ida	RESIDENCE	Dayton, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Dayton, Ida.	BIRTHPLACE	Preston, Ida.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Ida.

19

Filed 1-10 1916

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUG 3 7 47 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36172

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Phillips (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1915 (Date of Event)
in Dayton Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child s name	Unnamed	Nola Phillips

Subscribed and sworn to before me this 1st day of August, 19 77

[illegible] Brower

Notary Public, residing at Preston Idaho

My commission expires March 15, 1980

(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 19 77

[illegible] Brower

Notary Public, residing at Preston Idaho

My commission expires March 15, 1980

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155

CL 7/28/77 nm

Certif of Baptism from the LDS Church gives name as Nola Phillips daughter of Wm. Phillips and Millie Morrison. born Dec 4, 1915 at Dayton, Idaho. Baptized Sept 6, 1924. viewed by V. S.

SEP 23 1977

Diploma from Hazelton Rural High school gives name as Nola Phillips dated May 17, 1934. viewed by / V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-201-021-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. _____ St.

Hospital _____

Registration District No. 27

File No. 36173

Primary Registration District No. 2119

Registered No. 33[illegible]

FULL NAME OF CHILD _____

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 12 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. C. Taylor	FULL MAIDEN NAME	Elizabeth A. Bennett
RESIDENCE	Winder, Ida.	RESIDENCE	Winder, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Fairview, Ida.	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Preston, Ida.

Filed 1-10 1916 A R Cutler

Registrar

Registrar

S-Y-CO 38071

386-102-021-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 36174

Primary Registration District No. 2119

Registered No. 337

FULL NAME OF CHILD William Hardin Thoroughman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes.	12 - 2 1915

FATHER		MOTHER	
FULL NAME	Harvey Thoroughman	FULL MAIDEN NAME	Mabel Steffen
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	New Ark. Mo.	BIRTHPLACE	New Ark. Mo.
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston, Ida.

Filed 1/10 1916 A R Cutler

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Douglas }

Certificate No. 36174

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Thoroughman (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1915 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	William Hardin Thoroughman

Subscribed and sworn to before me this 31st day of March, 1967

..... Notary Public, residing at .....

My commission expires .....
(Seal)

Signed William Hardin Thoroughman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

915 Kenroy Terrace
East Wenatchee Wash. 98801
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Douglas }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 1967

..... Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Isabella P. Thoroughman
(Signature of Any Credible Person)

915 Kenroy Terrace, E. Wenatchee, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 3-27-67. nm

- Photo Copy of Family Record, appears old and unaltered gives full name as William Hardin Thoroughman born Dec. 2, 1915 - viewed by V.S.

APR 14 1967

State Teachers College, Kirksville, Missouri - Credits Record - gives full name as William Hardin Thoroughman, born December, 1915 - graduated from Newark High School Neward, Missouri on 1934 - viewed by V.S.

PLACE OF BIRTH AMENDED SEPT. 27, 1965 STATE OF IDAHO
291-112 010-414 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BONNEVILLE

City of GARFIELD

No. ..... St. Registration District No. 73 File No. 36175

Hospital ..... Primary Registration District No. 2150 Registered No. 316

FULL NAME OF CHILD FRANKLIN RAY BRAMWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	SEPT. 12 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: F. E. BRAMWELL	FULL MAIDEN NAME: VERA MADSEN
RESIDENCE: GARFIELD	RESIDENCE: GARFIELD
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: GARFIELD, IDAHO	BIRTHPLACE: BUFFDALE, UTAH
OCCUPATION: FARMER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) MRS. MARY A. GODFREY

MIDWIFE
(~~Physician~~ or midwife)

Address Rigby Route 1, Idaho

Filed Oct. 12 1915 Wm. Kinnard Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 36175

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1915 (Date of Event)
in Garfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by cert. of baptism view by V.S. 9-8-1924 date issued Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Sept. 8 1924 (Give Date), are:
Cert. of record of membership in LDS Church Blessed Jan 2,1916

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Franklin Ray Bramwell

Subscribed and sworn to before me this 20th day of Sept., 1924.

Notary Public, residing at St. Anthony, Ida.
My commission expires Sept 8, 1926
(Seal)

Signed Franklin Ray Bramwell
Betsy Vera Bramwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 85, Bonanza Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Franklin Elvis Bramwell
Betsy Vera Bramwell
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

SEP

415-219-010-156

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Garfield

Child's name added 02-14-07 ns

Registration District No. 73

File No. 36176

No. ..... St.

Primary Registration District No. 2 Y 1-6

Registered No. 317

Hospital .....

FULL NAME OF CHILD Esther Danielson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 19, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Enoch Danielson	FULL MAIDEN NAME	Emma Jeffs
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Butterville Beach Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby R#1 Idaho

Filed Jan 13 1915 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

2007 FEB 12 AM 10: 34

State of _____ } SS
County of _____

Certificate No. 15-36176

Date Filed December 13, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby girl Danielson (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 19, 1915 (Date of Event)

in Garfield (Bonneville Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Esther Danielson

Subscribed and sworn to before me this 07 day of February, 2007

Notary Public, [signature]

Emma E Henman
Signature of Applicant

Residing at 2015 Irene Ln, Idaho Falls ID 83404

285 Kearney St Idaho Falls Id 83401
Street Address, City, State and Zip

My commission expires (Seal) 10-30-2012

SHELLY SNARR NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐) _____

(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

_____
Signature of Applicant

Residing at _____

My commission expires (Seal) _____

_____
Street Address, City, State and Zip

01-25-07

ID BC 33-209522 FOR EMMA ELIZABETH CROFT BORN 01-30-33 IN LORENZO (JEFFERSON CO)
SHOWING MOTHER'S NAME AS ESTHER DANIELSON VIEWED BY VS

ID DC 67-1522 FOR ESTHER CROFT SHOW DIED 04-09-67 IN IDAHO FALLS (BONNEVILLE CO)
SHOWING FATHER AS ENOCH DANIELSON VIEWED BY VS

155-127-010-693

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bireville

City of Lincoln

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36177

Primary Registration District No. 2150 Registered No. 318

FULL NAME OF CHILD ~~[illegible]~~ DELL R. Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov 27 1915

FATHER		MOTHER	
FULL NAME	Andrew C. Jensen	FULL MAIDEN NAME	Christina Williams
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Brigham Utah	BIRTHPLACE	Peoria Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 27 at 15 A 12 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberg
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Iona Bireville Co. Idaho

Filed Dec 13 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 36177
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Myron Jensen (Name on original certificate) who was born (Was born or died) on November 27, 1915 (Date of event) in Lincoln, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on [illegible] (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Myron Jensen	Dell R. Jensen

Subscribed and sworn to before me this 18th day of July, 1941

Dale H. Cory
Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 8, 1945.
[SEAL]

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R.F.D. #1 Firth, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of July, 1941

Dale H. Cory
Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 8-1945.
[SEAL]

Signed Alvy Jensen
(Signature of any credible person other than the previous affiant)

Basalt, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MAR 26 1942

231-726-010-451

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36178

Primary Registration District No. 2100 Registered No. 319

FULL NAME OF CHILD Ernest Leroy Stanger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Nov 26 1915

FATHER		MOTHER	
FULL NAME	Alfred J Stanger	FULL MAIDEN NAME	Emma A Mallier
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Iona Idaho
OCCUPATION	Sheep Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 26 at 17 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Boreville Co, Idaho

Filed Dec 13 1915 [signature]

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-102-010-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 36179

Registered No. 320

FULL NAME OF CHILD Wardell Frandsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter M. Frandsen	FULL MAIDEN NAME	Anna R. Cooper
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Lehi Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 2 at 15 to 2 (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberg

Obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Iona Boneville Co, Idaho

Filed 12/13 1915 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944

DECEASED

331-224-010-555

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36180

County of Bereville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 321

Hospital

FULL NAME OF CHILD Mary Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer G Clark	FULL MAIDEN NAME	Elizabeth R Emery
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ? M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumbery
Obstetrix
(Physician or midwife)

Given names added from a supplemental report.

19

Address Iowa Bereville Co Idaho

Filed Jan 13 1918 W Fenner
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-206-010-618

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36181

County of Boreville

City of Dona

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2120 Registered No. 323

FULL NAME OF CHILD Chloe Thornton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 6 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence D. Thornton	FULL MAIDEN NAME	Annie Luella Farnsworth
RESIDENCE	Dona	RESIDENCE	Dona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	American Fort Utah	BIRTHPLACE	Mountain Sev Co, Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 6 at 30 45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rumberg
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dona Boreville Co Idaho

Filed Jan 13 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1974

154-10P010-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bureville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36182

Primary Registration District No. 2140 Registered No. 323

FULL NAME OF CHILD Addrain Andreason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Nov 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph M Andreason	FULL MAIDEN NAME	
RESIDENCE	Iona	RESIDENCE	Ellen M Shickes
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Monroe Sen Co Utah	BIRTHPLACE	Monroe Utah
OCCUPATION	Comon Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 8 at 7 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Bureville Co Idaho

Filed Jan 13 1916 [signature]
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1954

213-209-010-284

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36183

Primary Registration District No. 2117 Registered No. 324

FULL NAME OF CHILD Madeline Ball

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Nov 9 1915

FATHER		MOTHER	
FULL NAME	John W. Ball	FULL MAIDEN NAME	Lumana Shuettiff
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 9 at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Boreville Co, Idaho

Filed Jan 13 1915 [signature]
Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 27 1965

365-202-010915

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Pleasant view

Registration District No. 73 File No. 36184

No. ..... St.

Primary Registration District No. 21 J 7 Registered No. 325

Hospital .....

FULL NAME OF CHILD Emma Pauline Covert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Covert	FULL MAIDEN NAME	Grace Yancey
RESIDENCE	Pleasant view	RESIDENCE	Pleasant view
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cottonwood Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 2 1915 at 8 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Fond Boreville Co, Idaho

Filed Dec 13 1915 — [signature]
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-217-010-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Lava

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 36185

Primary Registration District No. 2100 Registered No. 326

FULL NAME OF CHILD Blanch Brandon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Nov 17 1915

FATHER		MOTHER	
FULL NAME	Jesse L Brandon	FULL MAIDEN NAME	Sarah Ann Stanger
RESIDENCE	Lava	RESIDENCE	Lava
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Layton Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 5 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah L Rawlins
Obstetrician
(Physician or midwife)

Address Lava Bonneville Co, Idaho

Given names added from a supplemental report.

..... 19....

Filed Nov 13 1915

..... Registrar

..... Registrar

S-Y CO. 24655

APR 8 1949

231-408-010-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73 File No. 36186

Primary Registration District No. 2150 Registered No. 327

FULL NAME OF CHILD Albert Edwin Stansell

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. M. Stansell	FULL MAIDEN NAME	Gola Camden
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	M. O.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8-10 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Ida

Filed Dec 14 1915 [signature] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

281-115-010-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36187

County of Bannock

City of Lake Lava

No. R F D 4 St.

Hospital

Registration District No. 73 File No.

Primary Registration District No. 2170 Registered No. 328

FULL NAME OF CHILD Bruce Wesley Shannon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 18 1918

FATHER	MOTHER
FULL NAME Wm Jno. Shannon	FULL MAIDEN NAME Bessie Malcolm
RESIDENCE Lake Lava Ida R F D 4	RESIDENCE Lake Lava Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Georgetown, Col.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm Shannon

P L Shannon
(Physician or midwife)

Address Lake Lava Ida

Filed Jan 17 19 18 Wm Shannon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1942

364-128-010-415

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

Registration District No. 73 File No. 36188

No. _____ St.

Primary Registration District No. 2100 Registered No. 329

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis T. Tomaselli	FULL MAIDEN NAME	Alice Davis
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - Nov - 28 - 1915 at 8 45 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Filed Dec 17 1915 [signature]
Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-214-010-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 73 File No. 36189

No. _____ St.

Primary Registration District No. 2150 Registered No. 330

Hospital _____

FULL NAME OF CHILD _____

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Johnson	FULL MAIDEN NAME	Bessie Burgren
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Elkhart Indiana	BIRTHPLACE	Hamilton, Neb.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — December 14-1915 at 6 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

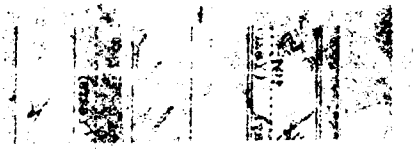
Filed Dec 17 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



239-121-010-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 36190

No. ..... St.

Primary Registration District No. 2150 Registered No. 231

Hospital .....

FULL NAME OF CHILD Richard Henry Strahle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Byron Straley	FULL MAIDEN NAME	Eliza Holden
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Filed Dec 23 1915 W. Kennard Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EEB 25 1942

296-115-010-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. 36191

Primary Registration District No. 2110 Registered No. 332

FULL NAME OF CHILD GERALD HERMAN BROWN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Dec 15 1915

FATHER		MOTHER	
FULL NAME	Marzie Brown	FULL MAIDEN NAME	Katie Owen
RESIDENCE	Idaho Falls Ida	RESIDENCE	~~[illegible]~~ Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	~~Ida~~ Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	~~[illegible]~~

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls R.F.D. 3

Filed Jan 21 1916 [illegible] Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1951

756117-010-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Annon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2100

File No. 36193

Registered No. 334

FULL NAME OF CHILD George Edmund Yeoue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace J Yeoue	FULL MAIDEN NAME	Rosella Rounds
RESIDENCE	Annon	RESIDENCE	Annon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 4 at 15 16 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

obstetrician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Bonneville Co. Idaho

Filed Dec 22 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-214-010-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Shelton

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36194

Primary Registration District No. 2180 Registered No. 335

FULL NAME OF CHILD Ethel Elizabeth Humpreys

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Dec 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Lee Humpreys	FULL MAIDEN NAME	Rena Shillee
RESIDENCE	Shelton	RESIDENCE	Shelton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Dacota
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 14 89 M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rawberry
Abstraction
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Bonneville Co, Idaho

Filed Feb 22 1910 Abstracted

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 7 1975

813-226-010-853

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36195

Primary Registration District No. 2170 Registered No. 336

FULL NAME OF CHILD Grace Lorraine Hulpin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Julian M Hulpin	FULL MAIDEN NAME	Grace Cora Hetton
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Dodge City, Kan
OCCUPATION	Laundry work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Dec 30 1915 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 9 1941

249-218-010-365

Amended 9/26/78

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36196

County of Bonneville

City of Iona

No. _____ St.

Hospital _____

Registration District No. 73

File No. _____

Primary Registration District No. 2110

Registered No. 337

FULL NAME OF CHILD Genevieve Burke

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel B. Burke	FULL MAIDEN NAME	Sarah Longhurst
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

_____ 19__

Filed Dec 31 1915 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 28 12 01 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss

Certificate No. 36196

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnmed Burke (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 18, 1915 (Date of Event) in Iona, Idaho (Bonneville) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Genevieve Burke

Subscribed and sworn to before me this 7th day of December, 1976

Notary Public, residing at Idaho Falls, Idaho

My commission expires Lifetime

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

CL 7/9/76

Letter from LDS Church, Blackfoot Fifth Ward, Blackfoot South Stake gives name as Genevieve Burke Smith. born Dec 18, 1915 at Iona, Idaho. father's name as Samuel B. Burke and mother's name as Sarah Ann Longhurst. Blessed Jan 19, 1924 and confirmed Jan 19 1924. married George Clinton Smith Feb 12, 1971. viewd by VS

Application for License to Marry #196560 gives grom's name as George Clinton Smith and the bride's nameas Genevieve Burke Mickelson born Dec 18, 1915. dted Feb 11, 1971 viewed by V. S.

141-030-010-345

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 77

File No. 36197

Primary Registration District No. 2102

Registered No. 338

FULL NAME OF CHILD FLORENCE EDITH ADAMS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 30, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pascal Adams	Hattie Lundgren
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Indiana	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John O. Miller, MD

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Jan 31 19 16 [illegible] Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36197

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for "unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by V & V (Bible Record, Insurance Policy, Etc.) prepared on Nov 25, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	"unnamed"	Florence Edith Adams

Subscribed and sworn to before me this 25 day of November, 1955

Notary Public, residing at Vancouver, Wash.
My commission expires April 21, 1958
(Seal)

Signed Hattie Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, incumbent if correcting a death record; or other credible person.)
510 E. 16th Vancouver, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 1955

Notary Public, residing at Vancouver, Wash.
My commission expires April 21, 1958
(Seal)

Signed Pascal Adams
(Signature of Any Credible Person) Father
510 E. 16th Vancouver.
(Street Address, City, State)
Wash.

795-223-010-817

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 73 File No. 36198

Primary Registration District No. 2107 Registered No. 339

FULL NAME OF CHILD Elma Pinnock

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Pinnock	FULL MAIDEN NAME	Theoma Hopgood
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

...er of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

...reby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 a. M. ...e above stated.

When there was no attending physician or ...fe, then the father, householder, etc., should ...this return. A stillborn child is one that ...breathes nor shows other evidence of life ...th.

(Signature) A. M. Palmer

Physician (Physician or midwife)

...a names added from a supplemental report.

..... 19....

Address Rigby Ida

Filed Nov 3 1915 [signature] Registrar

..... Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

7-21-12

695.127.00-294

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36199

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2107

File No. .....

Registered No. 340

FULL NAME OF CHILD David Bert Fretwell

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sep (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm A. Fretwell	FULL MAIDEN NAME	Annie Simmons
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

...ber of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

...ereby certify that I attended the birth of this child, who was alive at 1:30 P. M. ...late above stated. (Born alive or stillborn)

*When there was no attending physician or ...ife, then the father, householder, etc., should ... this return. A stillborn child is one that ... breathes nor shows other evidence of life ...irth.

(Signature) Ray H. Fisher

Physician (Physician or midwife)

...n names added from a supplemental report.

..... 19.....

Address Rigby Ida

Filed Dec 31 1915 ..... Registrar

..... Registrar

K

DECEASED

4/4/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36199

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Fretwell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1915 (Date of Event) in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Fretwell	David Bert Fretwell

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ore. }
County of Lane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 77

.....
Notary Public, residing at Florence Ore.
My commission expires 6-24-78
(Seal)

Signed William Ralph Fretwell
(Signature of Any Credible Person)

R No. 1 Box 276 C Florence Oreg.
(Street Address, City, State)

FORM DH 60-155

Certif of Blessing from the LDS Church gives name as David Bert Fretwell son of Wm. Fretwell and Annie Simmons. Born Sept 27, 1915 at Ucon,Idaho. Blessed Nvo 7, 1915. viewed by V. S.

APR 13 1977

Certif of Ordination to the Holy Priesthood gives nameas David Bert Fretwell. ordained ~~as~~ in the Aaronic Priesthood. dated Oct 12, 1930. born Spet 27, 1915 at Ucon,Idaho. father's name as Wm. A. Fretwell and mother's name as Lucy A. Simmons. Baptized Oct 6, 1923. viewed by V. S

719-122-010-133

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Bonneville

City of Birch Creek

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 36200

Primary Registration District No. 2150 Registered No. 341

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. S. Parkinson	FULL MAIDEN NAME	Sena Allen
RESIDENCE	Birch Creek	RESIDENCE	Birch Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

...ber of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

...hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. ...date above stated.

*When there was no attending physician or ...wife, then the father, householder, etc., should ... this return. A stillborn child is one that ...r breathes nor shows other evidence of life ...birth.

...en names added from a supplemental report.

(Signature) Roy H. Fisher

Physician (Physician or midwife)

Address Rigby Idaho

Filed Dec 31 1915 W Fremont Registrar

...19...

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Antelope

Registration District No. 13 File No. 36201

No. St.

Primary Registration District No. 1150 Registered No. 342

Hospital

FULL NAME OF CHILD Erma LaNette Ricks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	yes.	Oct 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. N. Ricks	FULL MAIDEN NAME	Ethel Parkinson
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer. O.E.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rigby Idaho

Filed Jan 31 1915 [signature] Registrar

Registrar

S-Y CO. 24686

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

719-114-010-219

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 12/10/76

County of Bonneville

City of ~~Grant~~ Ucon

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2150

File No. 36202

Registered No. 343

FULL NAME OF CHILD Albert Spencer Parkin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Nov. 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Parkin	FULL MAIDEN NAME	Consuella Barrett
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmers	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer, O.S.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Rigby Idaho

_____ 19__

Filed Jan 31 1915 [signature]
Registrar

Registrar

CO-24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 12/10/75

LACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 12 12 09 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 36202

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Parkins (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 14, 1915 (Date of Event)

in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Albert Spencer Parkin
father's last name	Parkins	Parkin

Subscribed and sworn to before me this 30 day of November, 1976

Leona R. Robbins

Notary Public, residing at Seattle

My commission expires 9-1-80

(Seal)

Signed Gladys B Clifford

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2200-198th S.E., Bothell., Wa. 98011

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 11/1/76 nm

11/15/76

Sash 1

1 C Cpd

Certif of Baptism and Confirmation from the LDS Church gives name as Albert Spencer Parkin son of Albert Parkin and Consuella Berrett. Bron Nov 14, 1915 at Ucon, Idaho. Baptized June 28, 1924. viewed by V. S.

DEC 1 0 1976

Certifi of blessing from the LDS Church gives name as Albert Spencer Parkin so of Albert Parkin and Consuella Berrett. Bor Nov. 14, 1915 at Ucon, Idaho. Blessed Feb 6, 1916. viewed by V. S.

V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. R. No. [illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of [illegible]

City of Antelope

Registration District No. 7

File No. 36203

No. _____ St.

Primary Registration District No. [illegible]-0

Registered No. 344

Hospital _____

FULL NAME OF CHILD Edwin Harold Haddon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Haddon	FULL MAIDEN NAME	Desdemona Fox
RESIDENCE	Antelope	RESIDENCE	Antelope
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

Physician (Physician or midwife)

Given names added from a supplemental report.

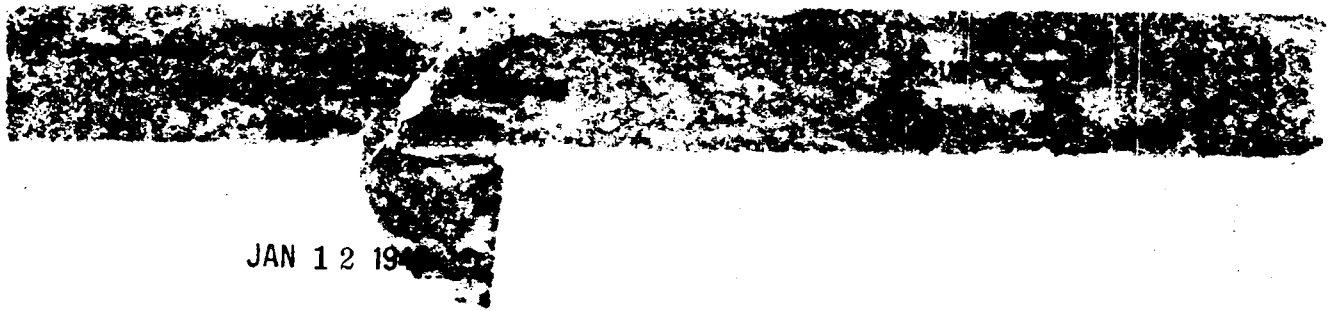
Address Rigby Idaho

_____ 19____

Filed Dec 31 1915

[illegible]
Registrar

S-Y CO. 24656


JAN 1 2 19

366-127-010-669

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 36204

Registered No. 345

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Aug (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	T. S. Cook.	FULL MAIDEN NAME	Rebecca Ford
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby Idaho

Filed Dec 31 1915 [signature] Registrar

..... Registrar

S-Y CO. 24656

Form V.S.1

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 12 1970

PLACE OF BIRTH

819-209-010531

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73 File No. 36206

Primary Registration District No. 2110 Registered No. 347

FULL NAME OF CHILD ELLA GERTRUDE HARRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Harris	FULL MAIDEN NAME	Lue Stags
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon

Filed Dec 27 1915 C. H. Kimball
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Tenn } ss.
County of Lawrence }

Certificate No. 36206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella Gertrude Harris (Name on Original Certificate) who was born (Was Born or Died) on Dec 9 1915 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on Dec 9 1915 (Give Date) date of Birth, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ella Gertrude Harris

Subscribed and sworn to before me this 11
day of Aug 19 43

H H Harrell
Notary Public, residing at Lawrenceburg, Tenn
My commission expires Nov 24 1945
(Seal)

Signed Harvey Lango Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lawrenceburg, Tenn R. 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Tenn } ss.
County of Lawrence }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of Aug 19 43

H H Harrell
Notary Public, residing at Lawrenceburg, Tenn
My commission expires Nov 24 1945
(Seal)

Signed Silas Orten
(Signature of Any Credible Person Other Than Previous Year)
Lawrenceburg, Tenn R. 1
(Street Address, City, State)

AUG 17 1943

364-130-010-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73

Primary Registration District No. 2110

File No. 36209

Registered No. 360

FULL NAME OF CHILD Walter Watson Coder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	6	yes	Dec 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno E Coder	FULL MAIDEN NAME	Tunia Sheets
RESIDENCE	Idaho Falls	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Idaho Falls Ida

Filed Jan 4 1916 C. O. Hammond Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-225-010-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36210

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2100 Registered No. 351

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	first (To be answered only in event of plural births)	yes	Dec. 25th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd Wolf	FULL MAIDEN NAME	Ida Richie
RESIDENCE	Ucon, Idaho	RESIDENCE	Ucon, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth first Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) [signature] M.D.

Physician (Physician or midwife)

Address Idaho Falls Ida

Filed Jan 4 1916 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

565·118·010·249

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 36211

Primary Registration District No. 210 Registered No. 352

FULL NAME OF CHILD Albert Noe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		first	yes	Nov. 18 1915

FATHER		MOTHER	
FULL NAME	G. E. Noe	FULL MAIDEN NAME	Della Burtenshaw
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. S. Fuller M.D.

C. S. Fuller (Physician or midwife)

Address Idaho Falls Ida

Filed Jan 4 19 16 Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1950

493-120-010692

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 13

File No. 36212

Primary Registration District No. 21 J-

Registered No. 353

FULL NAME OF CHILD Melvin Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1	yes	Oct. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Miller	FULL MAIDEN NAME	Menerva Fisher
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bank clerk	OCCUPATION	housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Jan 4 1916 C G Fairmond Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1969

13-15-41

115-218-010-294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 21 J-6

File No. 36213

Registered No. 354

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			3rd	yes	Oct. 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Jaeger	FULL MAIDEN NAME	Freda Kruse
RESIDENCE	Irwin, Idaho	RESIDENCE	Irwin, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... third ..... Number of children of this mother now living, including present birth ..... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Idaho Falls Ida

Filed Jan 4 1916 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-215-010-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Registration District No. 13 File No. 36214

Hospital ..... Primary Registration District No. 2150 Registered No. 255

FULL NAME OF CHILD Beulah Louise Tolley
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	December 15, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Lewis R. Tolley	FULL MAIDEN NAME	Mary Crowley
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Jan. 4, 1916 W. Kincaid

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Disenrollment, Temporary Member U. S. Coast Guard Reserve shows Father's Correct last name Dated 8-30-43 Viewed by V. S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 36214

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Tolly (Name on Original Certificate) who was born (Was Born or Died) on Dec. 15, 1915 (Date of Event) in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by # 351333 (Bible Record, Insurance Policy, Etc.) prepared on 12-28-36 (Give Date), are:

Social Security Card

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Tolly	Beulah Louise Tolley
Father's Last Name	Tolly	Tolley

Church Record 10-25-29 Viewed by V. S.

Subscribed and sworn to before me this 22 day of March 1957

[signature]

Notary Public, residing at Boise, Idaho

My commission expires 5-29-57 (Seal)

Notary Public for the State of Idaho
Residence, Boise, Idaho
My Commission expires May 29, 1957

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4322 CATALPA BOISE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of March, 1957

[signature]

Notary Public, residing at Boise, Idaho

My commission expires 5-29-57 (Seal)

Notary Public for the State of Idaho
Residence, Boise, Idaho
My Commission expires May 29, 1957

Signed [signature]
(Signature of Any Credible Person)

2012 Breneman Ave
(Street Address, City, State)
Boise, Idaho

FORM DPH 55-155

142.215-010-439

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 36215

No. ..... St.

Primary Registration District No. 21-0

Registered No. 356

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl		1	yes	Oct. 15 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Austin	FULL MAIDEN NAME	Gertrude Ulrich
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	house-wife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:00 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

P. Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Jan 4 1915 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-120-010-437

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 72 File No. 36216

No. _____ St.

Primary Registration District No. 2120 Registered No. 357

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec-20 1915

FATHER		MOTHER	
FULL NAME	Joseph Webb	FULL MAIDEN NAME	Effie McGarvin
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive December 20-1915 at 6:45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1/4 19 16 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D85-114-010-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 13 File No. 36217

No. ..... St.

Primary Registration District No. 210 Registered No. 368

Hospital .....

FULL NAME OF CHILD David L. Sheppard

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	Dec - 14 1915

FATHER

FULL NAME: Roy W. Sheppard

RESIDENCE: Idaho Falls, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Real Estate & Loans

MOTHER

FULL MAIDEN NAME: Hilda Mae Donald

RESIDENCE: Idaho Falls, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Montana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - December 14 - 1915 at 8:00 A M on the date above stated. (Born alive or stillborn)

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report. ..... 19....

Filed 1/4 1916 [signature]
Registrar

B-Y CO. 24698 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

cc 3/26/41 DMF

JAN 20 1950

951-128-010-862

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 36218

No. ____ St.

Primary Registration District No. 2110 Registered No. 359

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec - 28 1915

FATHER		MOTHER	
FULL NAME	John Reading	FULL MAIDEN NAME	Elizabeth Hobbs
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. December 28 1915 at 2:15 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) [signature]
Physician
(Physician or midwife)
Address Idaho Falls, Idaho

Filed 1/4 19 16 [signature]
Registrar

____ Registrar

G-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-1-22-7-010-364

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36219

Registration District No. 73 File No. _____

Primary Registration District No. 21-0 Registered No. 360

FULL NAME OF CHILD Agnes Mary Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	December 27 1915

FATHER	MOTHER
FULL NAME David Lionel Evans	FULL MAIDEN NAME Verna Comer
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rail Road Man.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - December 27 1915 at 2 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1/4 1916 [signature]
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

816-129-010-753

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 36220

No. ..... St.

Primary Registration District No. 2120 Registered No. 361

Hospital General Hospital

FULL NAME OF CHILD Lawrence Ray Hawley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec-29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Hawley	FULL MAIDEN NAME	Maude Peck
RESIDENCE	Howe Idaho	RESIDENCE	Howe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Howe Idaho	BIRTHPLACE	Soldier Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive - December-29-1915 at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed Jan 7 1916 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-101-042-331.

[redacted] CE OF BIRTH

Twin Falls

City of Hansen

No. ..... St.

Hospital Home

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 36221

Primary Registration District No. 2083 Registered No. 16

FULL NAME OF CHILD Buel Claiborn Vandeepool

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 1 1915

FATHER	MOTHER
FULL NAME Ray Hull Vandeepool	FULL MAIDEN NAME Mary Claiborn
RESIDENCE Hansen, Idaho	RESIDENCE Hansen, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Morris, Ill	BIRTHPLACE Crane Cr. Idaho
OCCUPATION Farmer	OCCUPATION Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis, MD

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 15 J. M. Davis
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

664-105-042-844

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 36222

Primary Registration District No. 2083 Registered No. 17

FULL NAME OF CHILD Harold William Fouley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Dec 5 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ingvald Fouley	FULL MAIDEN NAME	Jennie C. Hudson
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Miss.
OCCUPATION	Hotel Proprietor	OCCUPATION	Hus & Hotel Matron

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis, M. D.

(Physician or midwife)

Address Kimberly Idaho

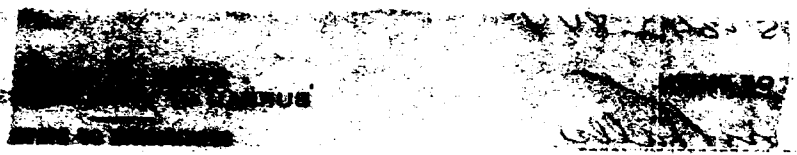
Given names added from a supplemental report

..... 19.....

Filed Dec 15 1915 J. M. Davis Registrar

..... Registrar

S-Y CO. 20174



659.107.042-281

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 36223

Primary Registration District No. 2083 Registered No. 18

FULL NAME OF CHILD Fred Fountain Fearnsburg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 7 1915

FATHER		MOTHER	
FULL NAME	Monte Fearnsburg	FULL MAIDEN NAME	Ivan May Sharp
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mattoon, Ill.	BIRTHPLACE	Douglas, Nebr
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis, M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 15 1915 J. M. Davis

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

Dup 001915-229403

253.207.042-414

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36

File No. 36224

No. ..... St.

Primary Registration District No. 2083

Registered No. 19

Hospital Home

FULL NAME OF CHILD Leona Fern Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 7 1915

FATHER		MOTHER	
FULL NAME	Orville Miles Kelly	FULL MAIDEN NAME	Vera M. James
RESIDENCE	Hansen Idaho	RESIDENCE	~~Hollister~~ Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Marion Ore.	BIRTHPLACE	Buchard, Nebr.
OCCUPATION	~~Farmer~~	OCCUPATION	Hw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Davis, M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 15 1915 J. E. Davis

..... Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1967

AUG 17 1942

993.107.642-412

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 36225

Primary Registration District No. 2083 Registered No. 20

FULL NAME OF CHILD William Laverne Rice

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 7 1915

FATHER		MOTHER	
FULL NAME	William T. Rice	FULL MAIDEN NAME	Edna Mason
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Restaurant business	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M. D

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 15 19 15 J. N. Davis

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 36225

County of ..... } Rec'd 12-31-70 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Rice (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1915 (Date of Event)

in Kimberly, Idaho - Twin Falls County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	William Laverne Rice

Subscribed and sworn to before me this 5 day of December 1970

[signature]

Notary Public, residing at Des Moines Iowa

My commission expires 4 July 1972

(Seal)

Signed Edna Rice

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4111 Ingersoll Apt 802 Des Moines Iowa

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.

County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible], 1977

(Seal)

Signed Eugene A Rice

(Signature of Any Credible Person)

3427-[illegible] St Fremont Mich.

(Street Address, City, State)

FORM DH 60-155 CL 3-23-66. nm

Certificate of DesMoines Public Schools certifies that LaVerne Rice has completed the requirements for Graduation from Roosevelt High School on June 7, 1934. Des Moi nes, Iowa. J. E. Stonecipher, school Principal.
Viewed by V.S.
Junior High School Transcript gives nam as William Laverne Rice. Record date 1915. Dec. 7,
Viewed by V.S.

JAN 19 1971

291-116 042-613

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital Home

Registration District No. 36 File No. 36226

Primary Registration District No. 2083 Registered No. 21

FULL NAME OF CHILD George Robert Brackenbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Dec 16 1915 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Henry Brackenbury	Marguerite Walters
RESIDENCE	Rock Creek, Idaho	Rock Creek Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	18 (Years)
BIRTHPLACE	Elmo Idaho	Lubbock, Idaho
OCCUPATION	Farm Laud	H W

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M D

(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 18 1915 J. N. Davis

..... Registrar

2-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1942

862-212-042-793

Amended 8/24/78

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-8-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 36227

Primary Registration District No. 2083 Registered No. 22

FULL NAME OF CHILD Iola G. Yost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 12 1913

FATHER		MOTHER	
FULL NAME	William Yost	FULL MAIDEN NAME	Geneva Gilbert
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Yost Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	NW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 18 1913 J. N. Davis

..... Registrar

S-Y CO. 20174 Registrar

MAY 14 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 36227

County of Minidoka } Date Filed

07 AM '78

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Yost (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1915 (Date of Event)

in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Iola Geneva Yost

Subscribed and sworn to before me this 22nd day of July, 1975

John W. West

Notary Public, residing at Wendell, Ida.

My commission expires 12/19/81

(Seal)

Signed Ronald L. Yost

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eden, Idaho 83325

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1975

John W. West

Notary Public, residing at Wendell, Ida.

My commission expires 12/19/81

(Seal)

Signed Robert L. Roath

(Signature of Any Credible Person)

1901 Everett Richland Wa. 99352

(Street Address, City, State)

FORM DH 60-155 CL 5/14/75

Certif of Baptism & Confirmation from the LDS Church gives name as Iola G. Yost daughter of Wm. Yost and Geneva H. Gilbert. born Dec 12, 1915 at Kimberly, Idaho Baptized Aug 2, 1924. viewed by V. S.

Marriage license and Certificate from Idaho gives names as John Fleck and Iola Yost. dated July 25, 1936. viewed by V. S.

AUG 2 4 1978

653-113-042-316

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 36228

Primary Registration District No. 2083 Registered No. 23

FULL NAME OF CHILD George Edward Wellman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Lewis Wellman	FULL MAIDEN NAME	Cecelia La Faure
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D.

(Physician or midwife)

Address Kimberly Idaho

Filed Dec 20 1915 J. N. Davis Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-214-042-469

~~Form V. S. No. 11-C—20m-2-15-13~~

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36229

Registration District No. 36 File No. .....

Primary Registration District No. 2083 Registered No. 24

FULL NAME OF CHILD ESTHER ELLA Williams

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank E Williams	FULL MAIDEN NAME	Minnie E Moreland
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Seattle Wash	BIRTHPLACE	Dallas Center Ia
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly Idaho

Filed Dec 20 1915 J N Davis
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 36229
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Esther Ella Williams (Name on original certificate) who was born (Was born or died) on December 14, 1915 (Date of event)

in Kimberly, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Operator's license, State of California (Bible record, insurance policy, etc.) prepared on August 26, 1939 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Esther Ella Williams

Subscribed and sworn to before me this 19th day of December, 1946
Donnell Richards
Notary Public, residing at Virginia City, Nev.
My commission expires 4/4/42
[SEAL]

Signed Norene Williams Randall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1946
Donnell Richards
Notary Public, residing at Virginia City, Nev.
My commission expires 4/4/42
[SEAL]

Signed D. C. Randall
(Signature of any credible person other than the previous affiant.)

South "B" Street Virginia City, Nevada
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

794.187.044.391

PLACE OF BIRTH

County of [redacted]

City of [redacted]

No. Galloway Ave St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36230

Primary Registration District No. 1010 Registered No. 64

FULL NAME OF CHILD Giddings. Crandall Blanche

Sex of Child Male. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Dec. 28 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Luther Giddings.	FULL MAIDEN NAME Berenice Crandall.
RESIDENCE Weiser, Idaho.	RESIDENCE Weiser, Idaho.
COLOR White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR White. AGE AT LAST BIRTHDAY 21. (Years)
BIRTHPLACE Groton, S.D.	BIRTHPLACE San Bernardino, Cal.
OCCUPATION Teacher.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrol C Conant

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Filed 12-30 1915 W. R. Hamilton Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

OCT 10 1949

MAR 22 1955

JAN 29 1985

263-230-044-793

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. 36231

Primary Registration District No. 2112

Registered No. 63

FULL NAME OF CHILD Alva Jean Solders

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		1	Yes	Dec 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Solders	FULL MAIDEN NAME	Mary Gillespie
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Westfall Oregon	BIRTHPLACE	Union Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 1-4 1916 W. R. Hamilton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1952
JAN 24 1952

134-27-044-622

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Wesish

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36232

Primary Registration District No. 2112 Registered No. 61

FULL NAME OF CHILD Rachel Esther Alderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	July 27 1915

FATHER		MOTHER	
FULL NAME	Ray Alderson	FULL MAIDEN NAME	Ethel Osborn
RESIDENCE	Wesish	RESIDENCE	Wesish
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Farmington, Wash	BIRTHPLACE	Chandler Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 o'clock M on the date above stated.

(Signature) Mrs Richard Alderson

(Physician or midwife)

Address Weiser Idaho

Filed 12-30 1915 W R Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 6 1958

959.205.044-134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36233

Primary Registration District No. 212 Registered No. [redacted]62

FULL NAME OF CHILD Goucile Marie Reid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		one	Yes	July 5 1915

FATHER

FULL NAME Costenes Reid

RESIDENCE

COLOR white AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE

OCCUPATION

MOTHER

FULL MAIDEN NAME Hattie Alderson

RESIDENCE Weiser

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Farmington Wash

OCCUPATION Farmer girl

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Bradley

Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-30 1915 W. P. Hamilton Registrar

8-Y CO. 24655

OCT 28 1953

141-130-044-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-15

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36234

County of Washington

City of Weiser

No. R. F. D. No. 1. St.

Hospital

Registration District No. 86 File No.

Primary Registration District No. 2112 Registered No. 60

FULL NAME OF CHILD Merrill Lawrence Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	12/30/15, 191...

FATHER	MOTHER
FULL NAME: Shirley Adams	FULL MAIDEN NAME: Gladys Weed
RESIDENCE: Weiser, Ida	RESIDENCE: Weiser, Ida
COLOR: White. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho/	BIRTHPLACE: Wisconsin
OCCUPATION: Laborer.	OCCUPATION: house-wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 5/45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. R. Hamilton

Physician
(Physician or Midwife)

Address Weiser Ida.

Filed 12-30 1915 W. R. Hamilton
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

NAME OF CHILD

MOTHER

FATHER

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 36234

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Adams (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 30, 1915 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Uncle (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 13, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Merrill Lawrence Adams

Subscribed and sworn to before me this 13th
day of January, 1942

Notary Public, residing at Boise, Idaho

My commission expires Apr. 19-1943
(SEAL)

Signed A T Thomas
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

386-111-044-418 **AMENDED DATED OF BIRTH 4-10-97 MS**

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... *St.*

Hospital .....

Registration District No. 86 **File No.** 36235

Primary Registration District No. 212 **Registered No.** 49

FULL NAME OF CHILD Fredrick Allen Thornton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 10 1925

FATHER

FULL NAME William P Thornton

RESIDENCE Weiser Ida

COLOR White **AGE AT LAST BIRTHDAY** 46 (Years)

BIRTHPLACE Oregon

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Mayfield

RESIDENCE Weiser Ida

COLOR White **AGE AT LAST BIRTHDAY** 44 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 10 **Number of children of this mother now living, including present birth** 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Long

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Filed 12-15-1925 W. P. Hamilton *Registrar*

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1947

3/12/97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
97 MAR 26 AM 9:19

State of _____ } ss.
County of _____ }

Certificate No. 15-36235
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for FREDRICK ALLEN THORNTON (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DECEMBER 11, 1915 (Date of Event)

in WEISER, IDAHO)WASHINGTON CO.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
DATE OF BIRTH	DECEMBER 11, 1915	DECEMBER 10, 1915

Subscribed and sworn to before me this 24th day of March, 1997

Notary Public, M Louise Burck

Residing at Elgin, OR

My commission expires: 5-1-2000

(Seal)

OFFICIAL SEAL
M LOUISE BURCK
NOTARY PUBLIC - OREGON
COMMISSION NO. 053431
MY COMMISSION EXPIRES MAY 1, 2000

Fredrick A Thornton
Signature of Applicant

2212 Cove Ave Apt C-102
La Grande Oregon 97850-3954
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary __)

State of _____
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OREGON DRIVER'S LICENSE #173619 ORIGINAL ISSUE DATE DEC. 6, 1962 WAS ISSUED TO FREDRICK ALLEN THORNTON BORN DEC. 10, 1915 VIEWED VS.

HONORABLE DISCHARGE SHOWS FREDRICK A THORNTON BORN DEC. 10, 1915 IN WEISER ID WAS HONORABLEY DISCHARGED NOV. 14, 1945 VIEWED VS.

855·210·044-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36236

Primary Registration District No. 2112 Registered No. 55

FULL NAME OF CHILD Elma Loal Hendricks

Sex of Child F	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth 12 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Loal K. Hendricks	FULL MAIDEN NAME	Elma Elsie Morris
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Miss
OCCUPATION	Butcher	OCCUPATION	Hwife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser Ida

Filed 12-16 1915 W R Hamilton Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

[redacted]

STATE OF IL

BIRTH

NOV 19 1943

Named from Cert. of Blessing 9-30-43

789-208-044-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36237

Primary Registration District No. 2112 Registered No. 48

FULL NAME OF CHILD Dorothy Mae Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	12 8 1915

FATHER		MOTHER	
FULL NAME	Chas. W. Phillips	FULL MAIDEN NAME	Edith Miller
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

Physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed 12-9 1915 O. R. Hamilton Registrar

..... Registrar

8-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 20 1964 Bureau of Vital Statistics

State of Washington } ss. Certificate No. 36237

County of Whitman } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Phillips (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 8, 1915 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by I was present and 15 years of age at the time of this birth. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Mae Phillips

Subscribed and sworn to before me this 9th day of May, 1964

[signature]

Notary Public, residing at Rosalia, Washington.

My commission expires 8/22/1965 (Seal)

Signed Ramona Hofmann (Sister) (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 197-Rosalia, Washington. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August 1964

[signature]

Notary Public, residing at Spokane

My commission expires April 13, 1966 (Seal)

Signed M. Gladys Folkins (Sister) (Signature of Any Credible Person)

1014 E. 18th Spokane, Wash. (Street Address, City, State)

FORM DH 60-155 CL 2-7-64. nm

Photo Copy of Fairfield High School Diploma, Fairfield, Washington, dated May 18, 1933 gives full name of student as Dorothy Mae Phillips - viewed by V.S.

Photo Copy of Cert. copy of Marriage Certificate, State of California, County of Los Angeles, cert. copy issued Oct. 25, 1946, married Oct. 7, 1939 gives full name of groom as Ancel Orlando Harthold, age 23, born in Schaefer, N. Dak. and full name of bride as Dorothy Mae Phillips, age 23, born in Weiser, Idaho - viewed by V.S.

SEP 3 1964

1041

718-226-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Institute Hill

Registration District No. 86 File No. 36238

No. ..... St.

Primary Registration District No. 2112 Registered No. 57

Hospital .....

FULL NAME OF CHILD Ollie Myrtle Gaylord

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	4	Yes	12 26 1915

FATHER	MOTHER
FULL NAME: Palmer B. Gaylord	FULL MAIDEN NAME: Leona Myrtle Burley
RESIDENCE: Council, Idaho	RESIDENCE: Council, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.25 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Hinkley M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report. ..... 19....

Filed 12-29 1915 W. R. Hamilton

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-31-41

316-227-044-699

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 86 File No. 36239

Primary Registration District No. 2112 Registered No. 59

FULL NAME OF CHILD Lawler.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	yes	12 27 191.5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William O Lawler	Girty Wright
RESIDENCE	Parma Ida	Parma Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 23	White / 20
BIRTHPLACE	Idaho	Oregon
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M. D.

Weiser Idaho

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 12-30 1915 W. R. Hamilton Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

439-104-046-659

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. East St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 36240

Primary Registration District No. 1010 Registered No. 58

FULL NAME OF CHILD John McInroy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	L	L	Yes	Dec 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos. S. McInroy	Ida May Ferguson
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	34
BIRTHPLACE	Colo	Colo
OCCUPATION	Common laborer	housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. M. Hallenbeck

Physician

(Physician or midwife)

Address Weiser Idaho

Filed 12-14 1915 W. R. Hamilton Registrar

S-Y CO. 24655

2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 10 1942

493-116-044-962

(Be sure the information is complete and accurate)

Amended 3-14-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36241
Local Reg. No. 56
Reg. Dist. No. 86

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location): 2nd Street East

3. CHILD'S NAME *(Type or print)*
a. (First): Raymond
b. (Middle): LeRoy
c. (Last): Miller

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Dec. 16, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Raymond
b. (Middle): E.
c. (Last): Miller

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Joplin, Mo.
10. USUAL OCCUPATION: Baker
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Clara
b. (Middle): Mae
c. (Last): Ross

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Corsicana, Texas
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary E. Werts
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Weiser, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12-27-1915
22. REGISTRAR'S SIGNATURE: W. R. Hamilton
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

...or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 20 1960 Division of Vital Statistics

State of Washington } ss.
County of Grays Harbor }

Certificate No. 36241

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymond E. Miller (Name on Original Certificate) who born (Was Born or Died) on Dec. 16, 1915 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Raymond E. Miller	Raymond LeRoy Miller
Mother's Birthplace	Dallas, Texas	Corsicana, Texas

Subscribed and sworn to before me this 24th day of October 19 60

Harold J. Fredrickson
Notary Public, residing at Hoquiam, Washington
My commission expires 30 Aug 61
(Seal)

Signed Clara Vilas Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P. O. Box 686 Aberdeen, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 L 4-1-59. one copy pd.

U.S. Civil Aeronautics Administration, Medical Certificate-Commercial Airmen, Nov. 5, 1947 gives full name as Raymond LeRoy Miller, born Dec. 16, 1915 gives viewed by V.S.

Application for Nation Service Life Insurance, dated May 19, 1943 gives full name as Raymond LeRoy Miller, born Dec. 16, 1915 at Weiser, Idaho - beneficiary is given as Mary Florence Miller, wife - viewed by V.S.

Cert. Copy of Mother's Birth Certificate, copy issued Dec. 9, 1957 gives full name as Clara Mae Ross, born Dec. 10, 1892 at Corsicana, Texas to James William Ross and Mary Eliza Coffee - - viewed by V.S. - State of Texas -

251-204-[redacted]

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 36243

No. — St.

Hospital —

Primary Registration District No. 2020

Registered No. 47

FULL NAME OF CHILD Dessie May Beaman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Dec. 4th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Beaman	FULL MAIDEN NAME	Anne Lehman
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mountain Home

Filed 12/5 1915 B W Mather
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 - 1971

815-231-020-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. 34

File No. 36244

Primary Registration District No. 2020

Registered No. 49

FULL NAME OF CHILD Thelma Edith Hanson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Dec. 31st 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emil Hanson	FULL MAIDEN NAME	Nettie Mildred Thompson
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Sweden	BIRTHPLACE	N. H.
OCCUPATION	Rancher	OCCUPATION	Hwife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 10 A. M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Mtn Home, Idaho

Filed 1/2 1916

B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 36244

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hanson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1915 (Date of Event) in Mtn. Home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal (Bible Record, Insurance Policy, Etc.) prepared on April 23, 1916 and April 20, 1956 (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Thelma Edith Hanson
	Life Insurance Viewed by U.S.	

Subscribed and sworn to before me this 24 day of July 19 57

Notary Public, residing at Boise, Idaho
My commission expires 8-25-59
(Seal)

Signed Mrs. Nettie M. Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

519 N. 6th St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 24 day of July 19 57

Notary Public, residing at Boise, Idaho
My commission expires 8-25-59
(Seal)

Signed Mrs. Florence M. Stout
(Signature of Any Credible Person)

2411 S. Pendleton Drive
Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155

JUL 25 1957

MAY 22 1975

255 · 221 020 434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 36245

No. — St.

Primary Registration District No. 2020 Registered No. 48

Hospital —

FULL NAME OF CHILD Pauline Mildred Kendell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joyce Kendell	FULL MAIDEN NAME	Mildred Ulmer
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Noxville ~~Nashville~~ Tenn	BIRTHPLACE	Penn
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 1/12 1916 B W Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-115-020-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36246

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 46

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	Dec. 15th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Henry McGrath	FULL MAIDEN NAME	Amanda Labbee
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	N. Dak.
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 15 A.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Mountain Home

Filed 12/15 1915 B.W. Mather
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT
BUREAU-DI
CERTI

168-706-[redacted]

PLACE OF [redacted]

[redacted]rm V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Rural-

Registration District No. 3

File No. 36248

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 200

Hospital .....

FULL NAME OF CHILD Gunnard Algot Johanson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
male	other		1st	yes	Dec. 6th, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	[redacted] Gottfrid Johanson	FULL MAIDEN NAME	Ida Ingrid Johnson
RESIDENCE	Parma	RESIDENCE	Parma-
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28th (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Finland
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 8. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician
(Physician or Midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed 12-27- 1915 John S. Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962.1H-044-238

[redacted]

No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of Coldwell

No. Rt. 4 — St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 36249

Primary Registration District No. 2005 Registered No. 201

FULL NAME OF CHILD John Mahlon Roberts

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	12/11/1915

FATHER		MOTHER	
FULL NAME	J Lawrence Roberts	FULL MAIDEN NAME	Fannie Schafer
RESIDENCE	Coldwell	RESIDENCE	Coldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Forrer

Physician (Physician or Midwife)

Address Coldwell Idaho

Given names added from a supplemental report

....., 19....

Filed 12-16-1915 John S. Meyer Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 1968

SEP 17 1941

SEP 18 1941

DECEASED

451-212-014-915

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Notus

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 36250

Primary Registration District No. 2005 Registered No. 202

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 12 1915

FATHER		MOTHER	
FULL NAME	Alva Deardorff	FULL MAIDEN NAME	Nina Rudolph
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Caldwell Idaho

Filed 12-16-1915 John S. Meyer

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

ALL RIGHTS RESERVED

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address in the district where the birth occurred WITHIN 10 days after the date of birth of the child.

Amended 7-3-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36251
Local Reg. No. 203
Reg. Dist. No. 3

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Olive

b. (Middle): May

c. (Last): Pepin

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 13, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Claud

b. (Middle):

c. (Last): Pepin

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

10. USUAL OCCUPATION: Bee Raiser

11. KIND OF BUSINESS OR INDUSTR

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sena

b. (Middle):

c. (Last): Mickelson

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Denmark

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. D. Farrer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Caldwell, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-16-1915

22. REGISTRAR'S SIGNATURE: John S. Meyer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 13 1968
Bureau of Vital Statistics

State of California } ss.
County of Riverside

Certificate No. 36251

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pepin (Name on Original Certificate) who born (Was Born or Died) on Dec. 13, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Olive Lynn Mae May Pepin
Full Maiden Name of Mother	Sene Nicholason	Sena Mickelson

Subscribed and sworn to before me this 14th day of May, 1968

Notary Public, residing at Blythe, Calif.
My commission expires

(Seal) NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires January 27, 1972

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister
900 East Murphy, Blythe, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1968

VERDA RHEA MAXSOM
Notary Public, residing at
NOTARY PUBLIC STATE OF NEVADA
My commission expires
(Seal) CLARK COUNTY
My commission expires April 17, 1969

Signed
(Signature of Any Credible Person)
711 N. Nevada St Carson City, Nev.
(Street Address, City, State)

FORM DPH 55.155 OL 3-20-68 10M

Verda Rhea Maxsom Notary Public

Photocopy of Social Security Application, May 25, 1954, gives full name as Olive May Kelly (Olive May Pepin-name given at birth), born Dec. 13, 1915, Age 38 at time of application, born to Claude Pepin and Sena Mickelson, born at Caldwell, Idaho - viewed by VS.

Mother's Death Certificate on file (Idaho Death) #27070, gives full name as Sena Pepin, died Aug. 17, 1919, lists father as Knut Mickelson - viewed by VS.

Own Child's Birth Certificate on file (Nevada Birth), Notification of Birth Registration, gives name of child as William Frank Kelly, born March 6, 1944 at Reno, Nevada, to Roy Vernon Kelly and Olive May Pepin - viewed by VS.

864.114.014-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rural

Registration District No. 3

File No. 36252

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 204

Hospital

FULL NAME OF CHILD Robert Colin Houston

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	1st	yes	Dec. 14, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Colin Houston	FULL MAIDEN NAME	Carrie Elizabeth Robbins
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Michigan
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Robbins

Midwife.
~~(Physician or Midwife)~~

Given names added from a supplemental report

Address Caldwell Idaho

..... 19.....

Filed 12-18- 1915 R.F.D. No. 4. John S. Meyer
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 30 1960

843.116.014-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 36253

Primary Registration District No. 2005

Registered No. 205

FULL NAME OF CHILD Herbert Quentin Hultz

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	12-16-191[illegible]

FATHER		MOTHER	
FULL NAME	Fredrick A Hultz	FULL MAIDEN NAME	Frances A Conway
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kaley

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-17-1915 John S. Meyer Registrar

S-Y CO. 24658

cc 4/[illegible] PBK

218-116-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3

File No. 36254

Primary Registration District No. 2005

Registered No. 206

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2" (To be answered only in event of plural births)	Yes	12-16-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bin B Sayre	FULL MAIDEN NAME	Addie M Robens
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2"

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Kaley
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Caldwell Idaho

_____ Registrar

Filed 12-17-1915 John S Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

367-116-037-799

PLACE OF BIRTH AMENDED 1-4-58

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Onyhee

City of Homedale

No. ____ St.

Registration District No. 3 File No. 36255

Hospital ____ Primary Registration District No. 2005 Registered No. 207

FULL NAME OF CHILD Ted Coggburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	Dec. 16, 1915 (Month) (Day) (Year)

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: John W. Coggburn	FULL MAIDEN NAME: Lola Price
RESIDENCE: Homedale, Idaho	RESIDENCE: Homedale, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ola, Idaho	BIRTHPLACE: Nyssa, Oregon
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) J. W. Gue, M. D.

Caldwell, Idaho
(Physician or midwife)

Address ____

Filed 12-18-15 192 John S. Meyres
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 36255
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
First Name	none	Ted
Last name	Cog·burn	Coggburn

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John W. Coggburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of December, 1941

Notary Public, residing at Dove, Idaho
My commission expires May 30, 1945
[SEAL]

Signed Lola Coggburn
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Edwin J. Howard

Received for filing on See affidavit attached to certificate #2979 By .....
(Registrar's signature)

6 85-2181014396

[redacted]

Form V. S. No. 11-C—25m-1-1-13

S

PLACE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 36256

No. _____ St.

Primary Registration District No. 2005 Registered No. 108

Hospital _____

FULL NAME OF CHILD Katherine Beryl Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	Yes	12-18-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T J Wheeler	FULL MAIDEN NAME	Vuva Crockett
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Caldwell Idaho

Filed 12-20-1915 John S. Meyer Registrar

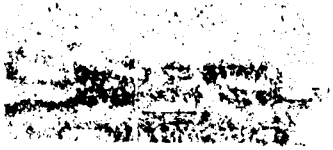
Registrar

S-Y CO. 24655

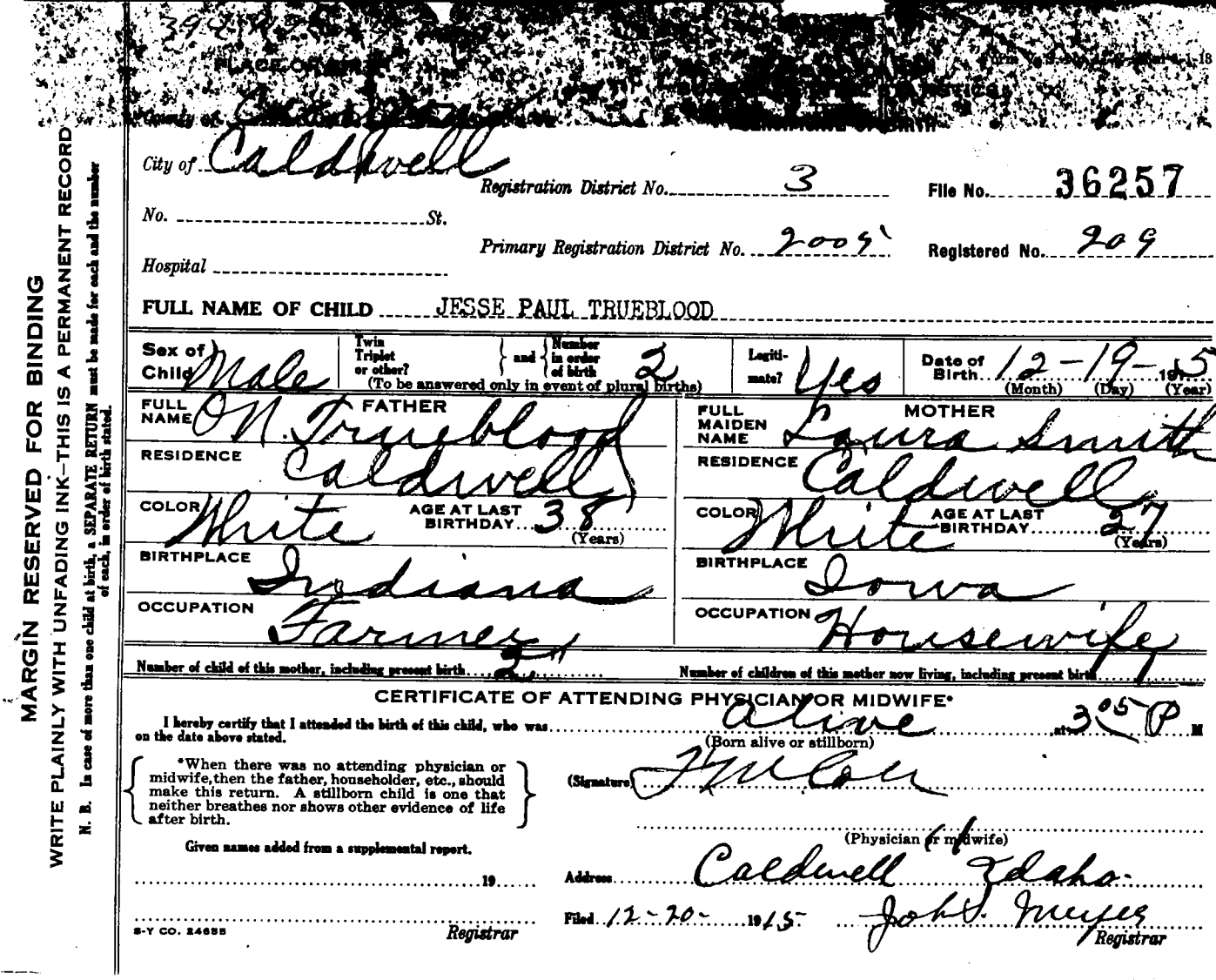
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 13 1947



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394 [illegible]

PLACE OF BIRTH [illegible]

County of [illegible]

City of Caldwell

Registration District No. 3

File No. 36257

No. _____ St.

Primary Registration District No. 2009

Registered No. 209

Hospital _____

FULL NAME OF CHILD JESSE PAUL TRUEBLOOD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	12-19-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O. N. Trueblood	FULL MAIDEN NAME	Laura Smith
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:05 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Caldwell Idaho

Filed 12-20- 1915

John S. Meyer
Registrar

S-Y CO. 24655

NOV 6 1957

915-122-014-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF ~~BIRTH~~

County of Canyon

City of Caldwell

Registration District No. 3 File No. 36258

No. ..... St.

Primary Registration District No. 2005 Registered No. 210

Hospital .....

FULL NAME OF CHILD Ralph Raymond Randolph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4th	Yes	12-22-1915

FATHER	MOTHER
FULL NAME Omer Lee Randolph	FULL MAIDEN NAME Virgie Steen
RESIDENCE Caldwell	RESIDENCE Caldwell
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley

Physician

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report.

..... 19.....

Filed 12-24-1915 John L. Meyer

Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1944

315-24-1014-763

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 36259

Primary Registration District No. 2005 Registered No. 211

FULL NAME OF CHILD Edith Langford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other	1"	yes.	Dec. 24" 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. H. Langford.	Clara Gottenberg.
RESIDENCE	Homedale Ida	Homedale Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37.	31
BIRTHPLACE	Nebr.	N. Dakota
OCCUPATION	Farmer.	Housekeeper.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 7.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mowery

Physician

(Physician or Midwife)

Address Caldwell Ida.

Given names added from a supplemental report

....., 19.....

Filed 12-27- 1915 John D. Meyer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

5 11 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 30 11 24 AM '73

State of Idaho } ss.
County of Owyhee

Certificate No. 36259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1915 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit of Marriage License (Bible Record, Insurance Policy, Etc.) prepared on April 7, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Edith Marjorie Langford

Subscribed and sworn to before me this 25 th day of
May 1973
Notary Public, residing at Murphy, Idaho
My commission expires Jan. 31, 1976
(Seal)

Signed Linda Tyson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Murphy, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 th day of
May 1973
Notary Public, residing at Murphy, Idaho
My commission expires Jan. 31, 1976
(Seal)

Signed Thomas Brungell
(Signature of Any Credible Person)
Murphy, Idaho
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate from Mercy Hospital in Nampa, Idaho gives child's name as Stephen Nettleton. Born December 5, 1949. Father's name given as Joe Nettleton and the mother's maiden name as Edith Langford. Viewed by V. S.

JUN 27 1973

Affidavit for ~~MARRIAGE~~ Marriage License gives groom's name as Joseph H. Nettleton and the bride's name as Edith Langford. Dated April 7, 1939. Viewed by V. S.

315-129-014-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 36260

No. ..... St.

Primary Registration District No. 2005

Registered No. 212

Hospital .....

FULL NAME OF CHILD Allen Melvin Langford

Sex of Child Male

Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 12-29-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. I. Langford	FULL MAIDEN NAME	Jeffie Lee Henson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Caldwell Idaho

Filed 12-30-1915 John S. Meyer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

SEP 26 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED SEP 23 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 36260

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Langford (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1915 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Allen Melvin Langford

Subscribed and sworn to before me this 6th day of March, 19 66

Notary Public, residing at Red Bluff, Calif.

My commission expires October 22, 1967

(Seal) FERN A. SMITH NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN TEHAMA COUNTY

Signed Jeffie L. Langford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Memorial Way, Paradise, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Tehama }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 19

Notary Public, residing at Red Bluff, Calif.

My commission expires October 22, 1967

(Seal) FERN A. SMITH NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN TEHAMA COUNTY

Signed William J. Langford
(Signature of Any Credible Person)

Memorial Way, Paradise, Calif.
(Street Address, City, State)

FORM DH 60-158 CL 2-7-66 am

Photo Copy of Family Register, appears old and unaltered gives one full name Allen Melvin Langford, born December 29, 1915 in Idaho - viewed by V.S.

Application to the Metropolitan Life Insurance Co., dated Feb. 14, 1942 at Corcoran, California gives full name as Allen Melvin Langford, born Dec. 29, 1915 at Greenleaf, Idaho - viewed by V.S.

SEP 2 5 1986

951-230-014-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 36261

No. ____, ____ St.

Primary Registration District No. 2005

Registered No. 213

Hospital no

FULL NAME OF CHILD Edna Corene Zeal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes.	Dec. 30 — 1915

FATHER		MOTHER	
FULL NAME	Earl P. Zeal	FULL MAIDEN NAME	Edna Cora Baker.
RESIDENCE	Caldwell - Rural 4.	RESIDENCE	Caldwell — Rur. 4 —
COLOR	White —	COLOR	White —
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 — (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri.
OCCUPATION	Farmer	OCCUPATION	Housewife —

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) John S. Meyer M.D.

(Physician or Midwife)

Address Caldwell Idaho.

Filed 12-30- 1915 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-1-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-131-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 36262

No. _____ St. Primary Registration District No. 2005 Registered No. 214

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12-3-1915

FATHER		MOTHER	
FULL NAME	C. C. Robertson	FULL MAIDEN NAME	Mary E. Rowe
RESIDENCE	Caldwell,	RESIDENCE	Caldwell.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Meyer

(Physician or midwife)

Address Caldwell - Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2-1916 John S. Meyer Registrar

S-Y CO. 24655

MAY 4 1971

414-101-036-4131

[redacted] AHO
[redacted] TATISTICS
[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 70

Primary Registration District No. 2069

File No. 36268

Registered No. 164

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Madsen	FULL MAIDEN NAME	Mary A Dalton
RESIDENCE	Cherry Creek	RESIDENCE	Cherry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salem Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farming	OCCUPATION	Farming.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Riese

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19 .....

Address Samaria Idaho

Filed Aug 16 1915 D Clay

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-1-16-036-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH name added 5/27/80

IDAHO
[redacted] STATISTICS
[redacted] BIRTH

County of Oneida

City of Samaria

Registration District No. 26 File No. 36269

No. ..... St.

Primary Registration District No. 2069 Registered No. 165

Hospital .....

FULL NAME OF CHILD George Melvin Facer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 16 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Facer	Myrtle Thorpe
RESIDENCE	Samaria	Samaria
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Weber Utah	Pleasant River [illegible]
OCCUPATION	Farming	Farming

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Ann Price

(Physician or midwife)

Address Samaria Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 29 19 15 D C Riley Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-7-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 15 12 45 PM '80

State of _____ } ss.
County of _____ }

Certificate No. 36269
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Facer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 16, 1915 (Date of Event)

in Samaria, (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	George Melvin Facer

Subscribed and sworn to before me this 13th day of May, 1980

Notary Public, [signature]
Residing at Malad, Idaho
My commission expires life
(Seal)

[signature]
Signature of Applicant
597 N. 600 W. Malad, Idaho 83252
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1980

Notary Public, [signature]
Residing at Malad, Idaho
My commission expires life
(Seal)

Vesta Facer Nielsen
Supporting Signature
241 E 155 S Malad Idaho
Street Address, City, State

Membership record from the LDS Church gives nameas as George Melvin Facer born Oct 16, 1915 at Sameria, Idaho. father's name as Joseph E. Facer and mother's nameas Myrtle Thorpe. Baptozed Nov 1, 1923. viewed by V. S. MAY 27 1980

Family Bible record gives nameas George Melvin Facer born Oct 16, 1915 at Sameria, Idaho. Blessed Nov 5, 1915. viewed by V. S.

231-121-036-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36270

Primary Registration District No. 2064 Registered No. 166

FULL NAME OF CHILD John Dale Blaisdell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	10 21 1915

FATHER		MOTHER	
FULL NAME	John E Blaisdell	FULL MAIDEN NAME	Florence Julia Barker
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 12-30 1915 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1944

DECEASED

249-222-036-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36271

Primary Registration District No. 2069 Registered No. 167

FULL NAME OF CHILD Charles Elmer Smith (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fr		Yes	11 - 22 1915

FATHER		MOTHER	
FULL NAME	Samuel W Smith	FULL MAIDEN NAME	Setitia John
RESIDENCE	Malad RFD	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wah	BIRTHPLACE	Wah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a 20 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

Address Malad City Ida

_____ 19____

Filed 12-22 1915 D C Ray Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5516130-036-386

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36272

Primary Registration District No. 2069 Registered No. 166

FULL NAME OF CHILD Arnold L. Evans (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben A Evans	FULL MAIDEN NAME	Bell Thorp
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 430 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Malad

_____ 19__

Filed 17/10 1915 D. C. Ray

_____ Registrar Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364205-036-693

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 36273

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26

Primary Registration District No. 2069

Registered No. 169

FULL NAME OF CHILD Sullivan Lomax

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	12 (Month) 6 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Jack Lomax	FULL MAIDEN NAME	Lucy Williams
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) D C Ray MD

Malad Idaho

(Physician or midwife)

Address _____

Filed 12-16 1912 D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 10-10-61 (Be sure the information is complete and accurate)

State File No. 36274
Local Reg. No. 170
Reg. Dist. No. 26

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elaine
b. (Middle): Verna
c. (Last): Grunder

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Dec. (Day) 5, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Grunder

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

11a. USUAL OCCUPATION: Contractor

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mabel
b. (Middle): A.
c. (Last): Rohwer

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. F. Alton

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Malad, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12/10/ 1915

20. REGISTRAR'S SIGNATURE: D.C. Ray

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23.

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 36274

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elain V. Grunder (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1915 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible + Birth Certificate Affidavit (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elain V. Grunder	Elaine Verna Grunder
Full Maiden Name of Mother	Mabel A. Rowher	~~Mable~~ A. Rohwer
		Mabel

Subscribed and sworn to before me this 8th day of August, 1961

Virginia E. Lutz

Notary Public, residing at Long Beach, Calif.

My commission expires

(Seal) My Commission Expires Dec. 9, 1962

Notary Public in and for the County of Los Angeles, State of California.

Signed Mabel A. Rohwer Grunder (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1735 W. Canton Street
(Street Address, City, State)
Long Beach, Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1961

Virginia E. Lutz

Notary Public, residing at Long Beach, Calif.

My commission expires

(Seal) My Commission Expires Dec. 9, 1962

Notary Public in and for the County of Los Angeles, State of California.

Signed Katherine Boyle
(Signature of Any Credible Person)

1718 W. Spring St. Long Beach Calif.
(Street Address, City, State)

FORM DH 60-155 CL 7-25-61. nm

Own Child's Hospital Birth Certificate, child born Dec. 4, 1937 at Oroville, California, Oroville Curran Hospital, gives full maiden name of mother as Elaine Verna Grunder, born Dec. 5, 1915 at Malad City, Idaho - viewed by V.S.

The Long Beach Junior High Schools Certificate of Promotion to the Tenth Year in the Senior High Schools - Long Beach, California dated June 17, 1932 gives full name of student as Elaine Verna Grunder - viewed by V.S.

State of Utah-Certificate of Marriage, County of Weber, married Nov. 18, 1913 at Ogden City, Utah gives full name of groom as John Grunder and full name of bride as Mabel Rohwer - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #71405 gives full name of mother as Mabel Rohwer - viewed by V.S.

312 209.036-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36275

Primary Registration District No. 2069 Registered No. 171

FULL NAME OF CHILD Gene Castleton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fl		Yes	12 (Month) - 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Castleton	FULL MAIDEN NAME	Jane McKay
RESIDENCE	American Falls Ida	RESIDENCE	Same
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	telegraph operator	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Filed 12-12 1913 D C Ray

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-109-036-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Roy

No. _____ St.

Hospital _____

Registration District No. 26 File No. 36276

Primary Registration District No. 2071 Registered No. 172

FULL NAME OF CHILD Fred Leo Peterson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec. 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Peterson	FULL MAIDEN NAME	Myrtle Evangeline Simpson
RESIDENCE	Roy	RESIDENCE	Roy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Salt Lake Cy. Ut.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Second. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Sylvia Brownell.

Trained nurse
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Holbrook, Ida.

Filed 17/2 19 15 D. Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1942

DECEASED

799-211-036-415

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36277

Primary Registration District No. 2069 Registered No. 143

FULL NAME OF CHILD Helen Price

Sex of Child Fe | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 11 (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Price	FULL MAIDEN NAME	Blandina Davis
RESIDENCE	Malad	RESIDENCE	Cayuse
COLOR	White	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

Filed 12-15-1912 D C Ray

Registrar

..... Registrar

8-Y CO. 24655

469-112-036-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 36278

Primary Registration District No. 2069 Registered No. 174

FULL NAME OF CHILD George Davis Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12-12-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave R Morgan	FULL MAIDEN NAME	Lizzie A Davis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9:45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Malad

Filed 1/13 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1968

993-113-036-799

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36279

Primary Registration District No. 2069 Registered No. 175

FULL NAME OF CHILD VIRGIL L RICHARDSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wallace Howard Richardson	FULL MAIDEN NAME	Martha Griggs
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) D C Ray

MA (Physician or midwife)

Address Malad City Ida

Filed 12-13- 1915 D C Ray Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1949

MAR 1 2 1976

819-215-036-786

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 36280

Primary Registration District No. 2069 Registered No. 176

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 15 1915

FATHER		MOTHER	
FULL NAME	Everett Harris	FULL MAIDEN NAME	Ella Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alston

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12/30 1915 D C Berg Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-218-036294

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ouida

City of Malad.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36281

Primary Registration District No. 2069 Registered No. 177

FULL NAME OF CHILD Riva Bertha Matz.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	12 (Month) – 18 (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Matz.	FULL MAIDEN NAME	Annie Simmons
RESIDENCE	Malad	RESIDENCE	Malad.
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia.	BIRTHPLACE	Russia.
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

MD Malad Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/20 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165·218·036-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 36282

Primary Registration District No. 2064 Registered No. 178

FULL NAME OF CHILD Reva Jones.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		2	Yes	12 (Month) - 18 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Jones.	FULL MAIDEN NAME	Evelyn Hansen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Weston Ida
OCCUPATION	Barber.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:45 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kirus MD

Malad Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/20 1915 D. C. Rasp Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-121-036-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36283

Primary Registration District No. 2069 Registered No. 179

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 12 (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lorin Hunsaker	FULL MAIDEN NAME	Amelia Camp
RESIDENCE	Malad R F D	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 23 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	U	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Malad

Filed 12-30 1915 D C Ray Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-12-0036-691

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Malad

Registration District No. 26 File No. 36284

No. ____ St.

Primary Registration District No. 2069 Registered No. 180

Hospital ____

FULL NAME OF CHILD David Francis Phillips

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	12-22-1915

FATHER		MOTHER	
FULL NAME	Charles W Phillips	FULL MAIDEN NAME	Elizabeth Ann Francis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Filed 1-2-30 19 15 D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

819-222-036-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 36285

Primary Registration District No. 2069 Registered No. 181

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	Yes	12 (Month) – 22 (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orval Hardy.	FULL MAIDEN NAME	Mary McKay.
RESIDENCE	Malad	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Provo Utah.	BIRTHPLACE	Malad Ida
OCCUPATION	Cook & Waiter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns MD
Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/22 1915 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-229-036-786

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-3-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 36286

Primary Registration District No. 2069 Registered No. 182

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? 1 and Number in order of birth 12 (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 12 (Month) - 29 (Day) - 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mart Goddard.	FULL MAIDEN NAME	Ruth Thomas.
RESIDENCE	Malad Ida.	RESIDENCE	Malad, Ida
COLOR	White AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns, M. D.

Malad Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12/30 1915 D C Ray Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-231-036-719

PLACE OF BIRTH name added 2-8-82

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 36287

Primary Registration District No. 2069 Registered No. 183

FULL NAME OF CHILD Hazel Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	12-31-1915

FATHER

FULL NAME Orsen Hancock

RESIDENCE Malad

COLOR wh AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION section foreman

MOTHER

FULL MAIDEN NAME Emma Maud Gardner

RESIDENCE same

COLOR wh AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-31-1915 D. C. Ray Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1966

1-31-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Shasta } ss. FEB 7 11 42 AM '83

Certificate No. 36287
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hancock (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 31, 1915 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Hazel Hancock

Subscribed and sworn to before me this 4th day of Feb, 1983

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

LABINER
NOTARY PUBLIC - CALIFORNIA
SHASTA COUNTY
My Commission Expires June 8, 1984

x Hazel H Hancock
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Church record gives Hazel Hancock born 12-31-15 at Malad to Orson Hancock and Emma Maud Gardner and was blessed April 7, 1916. Viewed by V.S. FEB 8 1983

LDS Church record of Baptism gives Hazel Hancock born 12-31-15 at Malad to Orson Hancock and Emma Maud Gardner was baptised May 4, 1924. Viewed by V.S.

Application for Membership with The Society of Daughter of Utah Pioneers gives Hazel Hancock Mcleod applied June 2, 1958.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH 435-229 [illegible] [redacted] STATISTICS

County of [illegible]

City of

Registration District No.

File No. 36288

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Baby Ulevitch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		Yes	Dec (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Ulevitch	FULL MAIDEN NAME	Julia Valichuci
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl O Prindle M D

(Physician or midwife)

Given names added from a supplemental report.

Spirit Lake 1/30 1915

Address

C. Slaniak Registrar

Filed 12/30 1915 C. Slaniak Registrar

S-Y CO. 24655

636-129.001-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. _____ St.

Hospital _____

Registration District No. 11

File No. 36293

Primary Registration District No. 2003

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	12 (Month) 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Milton Flack.	FULL MAIDEN NAME	Bessie Blanch Damon
RESIDENCE	1½ Mi. N. ½ Mi. W.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9⁴⁵ a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Meridian

Filed 1-6 1916 C. L. Dutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-228-001-951

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

Registration District No. 11

File No. 36294

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Vivian Ruth Asbury

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		5	yes	Oct 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Asbury	FULL MAIDEN NAME	Iza M Rea
RESIDENCE	Meridian R#	RESIDENCE	Meridian R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal Physician

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 1-18-1916 C. L. Dellon

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1944

231-221-001-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36295

County of Ada

City of Nampa

No. Re. St.

Registration District No. 11 File No.

Primary Registration District No. 2003. Registered No.

Hospital

FULL NAME OF CHILD Ellen Elizabeth Stanton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		6th	yes	Sept 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Royal A. Stanton	FULL MAIDEN NAME	Dora Millet
RESIDENCE	Nampa R	RESIDENCE	Nampa R.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Neal
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Registrar

Filed 1-18-1916 C. L. Dutton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 29 1963

856-108-001-599

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36296

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Clarence Milton Heffner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	2nd	yes	Oct 8 1915

FATHER	MOTHER
FULL NAME Ernest Earl Heffner	FULL MAIDEN NAME Hilma Sofia Erickson
RESIDENCE Eagle, Ida	RESIDENCE Eagle, R
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Minn
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 A M on the date above stated.

(Born alive or stillborn)

(Signature) T. F. Neal

Physician

(Physician or midwife)

Address Meridian

Filed 1-18- 1916 C. L. Sutton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1972

419.211-001-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36297

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Dorothy Elizbith Marcum

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1	2	yes	Dec 11 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. Harry Marcum	FULL MAIDEN NAME	Goldie M Ellis
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	no	BIRTHPLACE	no
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Meridian

Filed 1-18-1916 C. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1955 SEP 2 1954

SEP 9 19

356-110-001-764

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

Registration District No. 11

File No. 36298

Primary Registration District No. 2003

Registered No.

FULL NAME OF CHILD Carl Stanley Lewis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes	Dec 10 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roger Lewis	FULL MAIDEN NAME	Roxie M. Godard
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 45 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Filed 1-18-1916

E. L. Dutton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF VITAL ST[illegible]

SEP 5 [illegible]

SEP 10 1957

AUG 18 [illegible]

313-296-001-719

PLACE OF BIRTH

[redacted] No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11 File No. 36299

No. Rt #II St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Lois Callison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	5-DA	yes	Dec. 6 1915

FATHER		MOTHER	
FULL NAME	Geo W. Callison	FULL MAIDEN NAME	Kate M. Garrison
RESIDENCE	Meridian Rt #II	RESIDENCE	Meridian Rt #II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 1-18-1916 C. L. Sutton
Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF

MAY 1 3 1975

693-225 001-791

[redacted]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. R *St.*

Hospital

Registration District No. 11 **File No.** 36300

Primary Registration District No. 2003 **Registered No.**

FULL NAME OF CHILD ~~Marguerite~~ Margaret Louise Withers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	Nov 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. A. Withers	FULL MAIDEN NAME	Margaret M. Graham
RESIDENCE	Eagle R	RESIDENCE	Eagle R
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Meridian

Filed 1-18-1916 C. L. Dutton
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 19 1942

713-119-001-753

PLACE OF BIRTH

County of Ada

City of Meridian

No. R#II St.

Hospital

Registration District No. 11

Primary Registration District No. 2003

Form V. E. No. 11-[illegible]

[illegible] OF IDAHO
[illegible] VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 36301

Registered No.

FULL NAME OF CHILD ALVA NORMAN PALMER Palmer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	5th	Yes	Nov 19 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ike C. Palmer	FULL MAIDEN NAME	Hattie L. Pitett
RESIDENCE	Meridian R#II	RESIDENCE	Meridian R#II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Meridian

Registrar

Filed 1-18- 1916 C. L. Dutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 26 1952

319-117-001-365

PLACE OF BIRTH

County of Ada

City of Meridian

No. R# II St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36302

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Ralph Lloyd Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	4th	yes	Nov 17 1915

	FATHER	MOTHER
FULL NAME	O. E. Carpenter	
FULL MAIDEN NAME		Stella J. Constant
RESIDENCE	Meridian R# II	Meridian R# II
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Mo	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neaf

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

Filed 1-18- 1916 C. L. Sutton
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1958

79.229.00.995

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphs.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36303

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Ellen Lucrete Gregory

Sex of Child Female | Twin Triplet or other? / (To be answered only in event of plural births) | and Number in order of birth 1 | Legitimate? yes | Date of Birth Dec 26 (Month) (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Raymond P. Gregory	FULL MAIDEN NAME Mabel C. Rivers
RESIDENCE Meridian RFD	RESIDENCE Meridian RFD
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oreg.
OCCUPATION Rancher	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. F. Neal

Physician (Physician or midwife)

Address Meridian

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-18-1916 C. L. Sutton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1962

434-122-001-719

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 11

File No. 36304

No. _____ St.

Primary Registration District No. 2003

Registered No. _____

Hospital _____

FULL NAME OF CHILD Kenneth Woodson McMullen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		3rd	yes	Dec 22 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarance D. McMullen	FULL MAIDEN NAME	Florance M. Parker
RESIDENCE	Meridian R I	RESIDENCE	Meridian R I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Meridian

Filed 1-18- 1916 C. L. Dutton

Registrar

Registrar

S-Y CO. 24856

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/19/41 L. B.

949-227-029-651

Form V. S. No. 11-C—25m 1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 36308

Primary Registration District No. 2142 Registered No. 1

FULL NAME OF CHILD ~~Marsella~~ Marcella R. Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arl Burns	FULL MAIDEN NAME	Cora Weatherby
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Genesee Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1-13 1916 W. H. Ehlen
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-107-014-419

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Kuna

Registration District No. 7 File No. 36311

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Shadrick Harold Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Dec. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John B. Clark	FULL MAIDEN NAME	Elizabeth E. Marshall
RESIDENCE	R.F.D. Nampa Idaho	RESIDENCE	R.F.D-Nampa, Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hillsburg Tex	BIRTHPLACE	Pine River Colo
OCCUPATION	Laborer U S Reclamation	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kuna, Idaho.

Filed Jan 10 1916 Dr S D Calonge

Registrar

Anna Hatfield Deputy

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

667-112-008-419

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36357

County of Boise

City of Ola

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. 17

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Dec (Month) 12 (Day) 1916 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Amos Fogerson	FULL MAIDEN NAME	Anna M. Dozey
RESIDENCE	Ola Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	81
BIRTHPLACE	Mo	BIRTHPLACE	Okl
OCCUPATION	Rancher	OCCUPATION	Hot

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett Ida

Filed 1-9 1916 E. V. [illegible]

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 7 2017

365-22-2024-000

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted]TATE OF IDAHO
[redacted]U OF VITAL STATISTICS
[redacted]ERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. Country St.

Hospital

Registration District No. 65

File No. 36364

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD ~~Edith~~ Conklin - JOYE EVELYN CONKLIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry C Conklin	FULL MAIDEN NAME	
RESIDENCE	Garfield Wash RFD	RESIDENCE	Garfield RTD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home Manager

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wash

19

Filed Nov. 15 1916. D. J. W. Thompson

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Z no mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif. }
County of Stanislaus } ss.

Certificate No. 36864

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith	Joye Evelyn Conklin

Subscribed and sworn to before me this 28 day of July, 1942.

Ray E. Freeman
Notary Public, residing at Newman Calif.
My commission expires Nov 7 - 1945
(Seal)

Signed Mrs Elsie Conklin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

JUL 31 1942

JUL 2 0 1976

AUG 4 1942

APR 1 3 1973

813-104-029-815

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 36366

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD John George Halverson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Nov 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Halverson	FULL MAIDEN NAME	Johanna Hanson
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10/4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch Idaho

Filed Nov 12 1915 D. J. W. Thompson

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/21/41 rmf

257.106.229-892

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36368

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Earl H. Kegley

Sex of Child Male | Twin—Triplet—or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 6 (Month) (Day) 1915 (Year)

FATHER

FULL NAME Lewis Earl Kegley

RESIDENCE Latah Co

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Delia May Hibbard

RESIDENCE Latah Co

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wis

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

(Signature) D B Thompson M D

(Physician or midwife)

Address Palouse Wash

Filed Jan 10 19 16 D. Jm. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/15/41 L. B.

236-226-218-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

ST[redacted]O
BUREAU [redacted]ATISTICS
CER[redacted]IRTH

County of Clearwater

City of Elk River

Registration District No. 91

File No. 36384

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Marie Bloom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Bloom	FULL MAIDEN NAME	Hulda Emelia F. Sandberg
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Supt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 55 A.M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. Hooke

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Elk River Sda.

Filed Oct 1, 1915. Dr. A. Hooke

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

943-128'030-693

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE O[redacted]

[redacted]m V. S. No. 11-C—25m-1-1-13

County of Bauli

City of Gilmore

Registration District No. 42 File No. 36385

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Richard Rutter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	12 (Month) 28 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Rutter	FULL MAIDEN NAME	Maude Wilson
RESIDENCE	Gilmore, Idaho	RESIDENCE	Gilmore, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 yrs (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Carpenter

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Cook

Physician (Physician or midwife)

Given names added from a supplemental report.

— 19....

Address Gilmore, Idaho

— Registrar

Filed 1-2- 1916 J. C. Cook Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-124-044-842

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 36391

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde R Cable	FULL MAIDEN NAME	Mable H Hubbard
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Or
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cambridge, Ida.

Filed Feb 1 1916 C E Schmertz Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-108-028-769

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36395

County of Kootenai Co

City of Post Falls Ida

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 15

Hospital

FULL NAME OF CHILD Merrell Morris ~~Gordon~~ Willett

Sex of Child	~~Twin Triplet~~ or other?	and ~~Number in order~~ of birth	Legitimate?	Date of Birth
Male	1	1	yes	Jan. (Month) 8th (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lemmie L. Willett	FULL MAIDEN NAME	Audrey Gordon
RESIDENCE	Rural Post-Falls	RESIDENCE	Rural Post-Falls
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Shobonier Ill	BIRTHPLACE	Bancroft Mo
OCCUPATION	Teacher + Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 85/9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Jan 31 1916 Dr Max A. Dorland Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 15 1957

DELAYED

253-411-028 #3

Form V. S. No. 11 — 25m 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36397

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 4

No. ..... St.

Primary Registration District No. 1050 Registered No. 13

Hospital .....

FULL NAME OF CHILD Robert Patterson Kellogg

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	10 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Perkins Kellogg	FULL MAIDEN NAME	Helen Francis Patterson
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Book keeper	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Shepherd

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 31 1916 Dr Max W. Dorland Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles. }

Certificate No. 36397

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Patterson Kellogg

Subscribed and sworn to before me this 5th
day of May, 19 42

Signed Charles Pershing Kellogg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Pedro, Los Angeles Co. Calif.

My commission expires 4/11/44.
(Seal)

710 So Alma St San Pedro Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of May, 19 42.

Signed Helen Frances Kellogg
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at San Pedro, Los Angeles Co., Calif.

710 Alma St., San Pedro, Calif.
(Street Address, City, State)

My commission expires 4/11/44.
(Seal)

MAY 8 1942

MAY 1 1 1942

4/19-209-028-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36398

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29 File No. .....

Primary Registration District No. 1050 Registered No. 12

FULL NAME OF CHILD DOROTHY MARGUERITE MARTIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	I	Yes	10 9 1915

FATHER		MOTHER	
FULL NAME	Jack Martin	FULL MAIDEN NAME	Agusta Theresia Hilbing
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Mill hand.	OCCUPATION	None.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Shepherd.

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 31 1916 Mary A. Dorland
Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Umatilla } ss.

Certificate No. 36398

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Marguerite Martin (Name on Original Certificate) who Born (Was Born or Died) on Oct. 9th 1915 (Date of Event)
in Coeur D'Alene Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 7th 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Marguerite Martin

Subscribed and sworn to before me this 24th
day of March, 1943.

[signature]
Notary Public, residing at Pilot Rock Oregon

My commission expires May 15th 1945
(Seal)

Signed Mrs. Augusta Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 842 Pilot Rock Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Umatilla } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of March, 1943.

[signature]
Notary Public, residing at Pilot Rock Oregon

My commission expires May 15th 1945
(Seal)

Signed Helen Mannix
(Signature of Any Credible Person Other Than Previous Year)

Box 196 Pilot Rock Ore.
(Street Address, City, State)

APR 7 1943

249-127-004-319

[redacted]

[redacted]LACE OF BIRTH

name added 4-2-82

[redacted]

rm V. S. No. 11-C—20m-3-15-12

CS

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 36405

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Lamont Burbank

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Bey		Jes	Oct 27 1915

FATHER		MOTHER	
FULL NAME	Chester Burbank	FULL MAIDEN NAME	Hanna Larsen
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bennington	BIRTHPLACE	Hawkeye
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 01

Number of children of this mother now living, including present birth 01

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Culley

Hawkeye (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31 1916

H H King MD Registrar

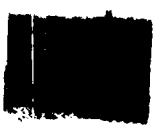
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



3-29-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of OREGON
County of MALHEUR } ss.

Certificate No. 36405
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Burbank (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-27-15 (Date of Event)
in Bennington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Leslie Lamont Burbank

Subscribed and sworn to before me this 31st day of March, 1983.
Notary Public, _____
Residing at Ontario, Oregon
My commission expires 2/5/83
(Seal)

Leslie L. Burbank
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Leslie Lamont Burbank born 10-27-15 in Bennington to Chester Burbank and Hannah Larsen was baptised 11-3-23. Viewed by V.S.

APR 2 1982

Certificate of Ordination to the Holy Priesthood in LDS Church certifies that Leslie Lamont Burbank was ordained an Elder on 2-16-36. Viewed by V.S.

764-247-004-695

PLACE OF BIRTH
Amended 9-27-79

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Lanark

Registration District No. 32

File No. 36407

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Gwendolyn Poulsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Oct 17 1915

FATHER		MOTHER	
FULL NAME	Walter Poulsen	FULL MAIDEN NAME	Orbie Ann Smiley
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 99 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichey

[illegible] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 1/31/ 1916

[illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 27 2 48 PM '79

State of _____ } ss.
County of _____

Certificate No. 36407
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Poulsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 17, 1915 (Date of Event)

in Lanark (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Gwendolyn Poulsen
Mother's first name	Harry	Orbie Ann Findlay

Subscribed and sworn to before me this 27th day of September, 1979

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Gwendolyn Veitch
Signature of Applicant

P.O. Box 8043, Boise
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal) In office 9-27-79

_____
Supporting Signature

_____
Street Address, City, State

Membership record in the Church of Jesus Christ of the Latter-Day Saints gives name as Gwendolyn Poulsen born October 17, 1915, in Lanark, Idaho, to Walter Poulsen and Orbie Ann Findlay.
Viewed by V.S.

Statement regarding family record gives name as Gwendolyn Poulsen born October 17, 1915 at Lanark, Idaho to Walter Poulsen and Orbie Ann Findlay.
Viewed by v.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

756217004318

PLACE OF BIRTH

Form V. S. No. 11-O—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

Registration District No. 52

File No. 36408

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Gy		Yes	Oct 17 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William George	FULL MAIDEN NAME	Sady Lafore
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:50 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 1918

H H King

Registrar

Registrar

S-Y CO. 20174

884.107.004-844

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. 52

File No. 36409

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Oct 7 1915

FATHER		MOTHER	
FULL NAME	Orson Hymas	FULL MAIDEN NAME	Emma Humberg
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Liberty	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cailey

Maurice (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 1916

N N Kingman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Amended 9/26/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36410
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Glendale
b. (Middle):
c. (Last): Mouritsen

4. SEX: Boy
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 2, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Glendale
b. (Middle):
c. (Last): Mouritsen

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Smithfield, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nettie
b. (Middle): Maybell
c. (Last): Crane

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Herriman, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo F. Ashley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 1/31/16
22. REGISTRAR'S SIGNATURE: H. H. King, M. D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 3AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

APR 11 2 28 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

Certificate No. 36410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Mortensen (male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1915 (Date of Event)

in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Mortensen	Glendale Mouritsen
father's name	Glen Mortensen	Glendale Mouritsen
* mother's name	Nettet Crane	Nettie Maybelle Crane

Subscribed and sworn to before me this 14 day of March, 1974

Fern K. Gallowy

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed William B. Crane (Uncle)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bennington Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of March, 1974

Fern K. Gallowy

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed Alice Olsen Aunt
(Signature of Any Credible Person)

642 Washington St Montpelier Ida
(Street Address, City, State)

FORM DH 60-155

CL 2/15/74 lcc pd.

Fami y record gives nameas Glendale Mouritsenborn Oct. 2, 1915. Blessed Nov. 7, 1915 Baptized Mar 5, 1924. Viewed by V. S.

Record of Baptisms and Confiramtion, 1924 gives name as Glendale moritsen mother's name given as Nettie Maybell Crane. father's name given a, Glendale Moritsen. viewed by V. S.

Bennington Ward Record (bearLake Coutny--1915) og births and Children Blessed give child's name as Glendale Mouritsen, father's name given as Glendale Mouritsen and mother's name as Nellie M. Crane. born 1915. Blessed Nov. 7, 1915. viewed by V. S. Nettie born in Herriman, Utah. Gives fathers birthplace as Smithfield, Utah.

Funeral Notice and Biographical Date for Nettie Maybell Crane born Feb. 18, 1892 and died Oct. 2, 1960. viwed by V. S.

* father's birth place — Bennington, Idaho
mothers birthplace — Bennington, Idaho — Smithfield, Utah
Herriman, Utah

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss. AUG 20 12 03 PM '74

Certificate No. 36410

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Glendale Mouritsen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1915 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's age	25	23
mother's age	22	23

Subscribed and sworn to before me this 19th day of August, 1974

Notary Public, residing at Salt Lake City, Utah
My commission expires Nov. 5, 1977
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of August, 1974

Notary Public, residing at Salt Lake City, Utah
My commission expires 3-1-77
(Seal)

Signed [signature] (Signature of Any Credible Person)

3911 W. Roosevelt, SLC, Utah (Street Address, City, State)

FORM DH 60-155

CL 6/12/74 nm Certif Amended 8-30-74

Funeral Notice for Nettie Maybell Crane Mouritsen Boulter born Feb. 18, 1892 died Oct. 22, 1960. viewed by V. S

Transcript record of Members, Bennington Ward, Bear Lake Stake gives name as NettieM. Crane born Feb. 18, 1892 at Salt Lake City, Utah. viewed by V. S.

Transcript record of members, Smithfield Ward. Cashe Stake gives name as Glendale Mouritsen gives date of birth as Mar 19, 1892. viewed by V. S.

Amended 1-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36411
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dingle

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dingle

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dale b. (Middle): D. c. (Last): Sparks

4. SEX: Boy

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 26, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Bert b. (Middle): c. (Last): Sparks

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Dingle, Ida.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Luella b. (Middle): c. (Last): Dimmick

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Dingle, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1/31/1916

22. REGISTRAR'S SIGNATURE: H.H. King, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 2 2 1965
Bureau of Vital Statistics

State of WYOMING } ss.
County of LINCOLN }

Certificate No. 36411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ~~XX~~ Unnamed Sparks (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1915 (Date of Event)
in Dingle (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Dale D Sparks
Birthdate	Nov. 25, 1915	November 25, 1915

Subscribed and sworn to before me this 23 day of February, 1965

Helen Noblitt

Notary Public, residing at Cokeville, Wyo.

My commission expires Sept. 18, 1967.

(Seal)

Signed Estella Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WYOMING } ss.
County of LINCOLN }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of February, 1965

Helen Noblitt

Notary Public, residing at Cokeville, Wyo.

My commission expires Sept. 18, 1967.

(Seal)

Signed Clifford Sparks
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

L.D.S. Church Cert. of Ordination to the Holy Priesthood as an Elder, Sept. 18, 1938 gives full nam as Dale D. Sparks, born Nov. 26, 1915 at Dingle, Idaho to Bertrum Sparks and Luella Dimmick - viewed by V.S.

Application to the Beneficial Life Insurance Co., dated Feb. 25, 1944 at Cokeville, Wyoming, gives full name of applicant as Dale D. Sparks, age 28, born Nov. 26, 1915 at Dingle, Idaho - viewed by V.S.

863.101.004-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 36412

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov 1 1915

FATHER		MOTHER	
FULL NAME	Olive Holmes	FULL MAIDEN NAME	Nettie Hall
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Kelly

[illegible]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/1916

H H Ring M.D.

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-203-004-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. 52

File No. 36413

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Nov 3 1916

FATHER		MOTHER	
FULL NAME	Melvin Vasey	FULL MAIDEN NAME	L Edna Smith
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Sharon
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Geo. T. Culley

(Physician or midwife)

Address .....

Filed 6/31/16

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-102-004-515

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 52

File No. 36414

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	12-2-1915

FATHER		MOTHER	
FULL NAME	Orsell Alsell	FULL MAIDEN NAME	Nellie VanRoom
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ovid	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Wy

Number of child of this mother, including present birth 01

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cushly

Mae Lee (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 1916 [signature] Registrar

Registrar

S-Y CO. 20174

4/45.116.604-699

Amended 4/12/79

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52

File No. 36415

No. ..... St.

Primary Registration District No. 2436

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roberta Fay Munk

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	12-16 1915

FATHER		MOTHER	
FULL NAME	Edgar Munk	FULL MAIDEN NAME	Nellie Wright
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Sheep-man	OCCUPATION	None

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cudlip

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31 19 16

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 1 11 23 AM '79

State of California
County of Tulare } ss.

Certificate No. 36415
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Munk (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 16, 1915 (Date of Event)
in Georgetown (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed Munk	Roberta Fay Munk

Subscribed and sworn to before me this 1 st day of March, 19 79.
Notary Public, A. Duane Duncan
Residing at 238 N. Main, Porterville, Ca.
My commission expires March 24, 1981

(Seal)
OFFICIAL SEAL
A. DUANE DUNCAN
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
TULARE COUNTY
My Commission Expires Mar. 24, 1981

Roberta Fay Munk Donaly
Signature of Applicant
759 Rose Lane, Porterville, California
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of
County of PRINCIPAL OFFICE IN TULARE COUNTY } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2-26-79

APR 12 1979

Marriage license and Certif from Idaho gives name as ~~Robert~~ Robert Dale Donaly and Roberta Fay Munk. dated Aug 9, 1940. viwed by V. S.

Application to the Prudential Insurance Co. of American gives name as Robert F. Donaly. born Dec 16, 1915. dated Dec 27, 1954. viewed by V. S.

697-127-004-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geo Town

Registration District No. 52

File No. 36416

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leroy Wiporn	FULL MAIDEN NAME	E M Mack
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sharon Ida	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cooley

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed 1/31/1916

[signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1973

154-126-204-391 name added 3-23-84 dl

PLACE OF BIRTH & sex and mothers name amend

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 36417

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lehi Joel Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Dec 26 05

FATHER	MOTHER
FULL NAME Lee Anderson	FULL MAIDEN NAME Sarah L. Crane
RESIDENCE Bennington	RESIDENCE Bennington
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Bennington	BIRTHPLACE Bennington
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3.0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grant Ashley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/16

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-12-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 21 7 04 AM '84

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Salt Lake } ss.

Certificate No. 36417
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 26, 1915 (Date of Event)

in Bennington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lehi Joel Anderson
sex of child	girl	boy
mothers name	EM	Sarah L.

Subscribed and sworn to before me this 16th day of March, 19 84

Notary Public, Debbie Anderson
Residing at Salt Lake Countu
My commission expires June 15, 1987
(Seal)

x Lehi Joel Anderson
Signature of Applicant

x 2018 [illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 19 84

Notary Public, Debbie Anderson
Residing at Salt Lake County
My commission expires June 15, 1987
(Seal)

[illegible]
Supporting Signature

1536 South [illegible]
Street Address, City, State

1cc pd

Membership Record from LDS Church gives Lehi Joel Anderson born Dec 26, 1915 at Bennington, Idaho was blessed Feb 6, 1916. Viewed by V.S.

MAR 23 1934

Baptism Record from LDS Church gives Lehi Joel Anderson born Dec 26, 1915 was baptised July 27, 1924. Viewed by V.S.

MAR 23 1934

Lists male child born to Lehi J. Anderson and Sarah L. Crane.

LDS Church record lists Lehi Joel Anderson son born Dec 26, 1915 in Bennington, Idaho to Lehi J. Anderson and Sarah L. Crane. Viewed by V.S. Dated Feb 6, 1916

523 [illegible] 245

[illegible]

[illegible] 20m-8-15-12

[illegible]

BU[illegible] STATISTICS

[illegible]

County of Beer Lake

City of Beer

Registration District No. 52

File No. 36418

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD VERDA ESCHLER

Sex of Child Female ~~Boy~~	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec. 24th (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis ~~Louis~~ Eschler	FULL MAIDEN NAME	Anna Elizabeth ~~S.C.~~ Kunz
RESIDENCE	Beer	RESIDENCE	Beer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Raymond	BIRTHPLACE	Beer
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Monroe (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 1916 H. N. Kunz

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

219-720-004-849

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 36419

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 20 1941 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack Bardole	FULL MAIDEN NAME	Maud Hunsh
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ice	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/1916 H H Thing Mgr

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-113-004-245

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bear

Registration District No. 52

File No. 36420

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Orval Harold Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12-13-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. K. Young	FULL MAIDEN NAME	Ella G. Kunz
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ice	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Lichly

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 1916

H. H. King MD
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/24/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-104-004-457

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardbow

Registration District No. 52

File No. 36422

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	12-4-1915

FATHER		MOTHER	
FULL NAME	Lyle Bessegger	FULL MAIDEN NAME	Jacs Leytou
RESIDENCE	Wardbow	RESIDENCE	Wardbow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wardbow	BIRTHPLACE	Sanger
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

Montpelier (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/ 19 16

H H Ching MD
Registrar

S-Y CO. 20174

693.103.004.389

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geo Town

Registration District No. 52 **File No.** 36423

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Dec 3 1915

FATHER		MOTHER	
FULL NAME	Lorenzo Weber	FULL MAIDEN NAME	Birth Christesen
RESIDENCE	Geo Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichly

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1/31/1916 [signature] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Hauffelle Registration District No. 02 File No. 36425

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD SHERMAN DALRYMPLY PERKINS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Dec. 15th 1915

	FATHER		MOTHER
FULL NAME	Jesse Perkins	FULL MAIDEN NAME	Sarah Emily Dalrymple
RESIDENCE	Monfelle	RESIDENCE	Hauffelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	46 43
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Paris, Idaho
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashby

Hauffelle (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1/31/1916 H H Kerr Registrar

Registrar

8-Y CO. 20174

SEP 4 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 43 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Idaho.

4. FULL NAME OF CHILD Sherman Dalrymple Perkins

5. Date of Birth of Child (Month, day, year) 12/15/1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jesse Andrew Perkins
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Salt Lake, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Emily Dalrymple.
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Paris, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum Yes, dont know name of medicine.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse A Perkins Signature
Montpelier, Idaho, Bx 2 P. O. Address

Subscribed and sworn to before me this 29th day of August, 1942

(SEAL) Chas E Dann Notary Public, residing at Montpelier, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended 6-22-61

PLACE OF BIRTH

165.221004-255

County of Bear Lake

City of Montpelier, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 36426

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Virginia Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 21, [redacted] 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John J. Jones	FULL MAIDEN NAME	Sarah Elizabeth Severn
RESIDENCE	Montpelier, Idaho	RESIDENCE	Montpelier, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Montpelier, Ida.
OCCUPATION	Merchant	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Address Montpelier, Idaho

Filed 1/31/1916 [redacted] H.H. King, M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 36426

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (Name on Original Certificate) who was born (Was Born or Died) on December 21, 1915 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Virginia Jones
Full name of Father	Joseph John Jones	John J. Jones

Subscribed and sworn to before me this 21st day of June 1961

Donald B. Holbrook

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept. 1, 1962

(Seal)

Signed Ruth Jones Brough
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

911 Diestel Rd. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June 1961

Donald B. Holbrook

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept. 1, 1962

(Seal)

Signed Joseph S. Jones
(Signature of Any Credible Person)

268 10th Avenue Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

CL 5-4-61 one copy paid #15636

L.D.S Church Certificate of Membership, Blessed April 2, 1916 gives full name of child as Virginia Jones (Hughes), Born December 21, 1915 at Montpelier, Idaho to ~~John~~ John Joseph Jones and Sarah Elizabeth Severn- Viewed by VS

Salt Lake City, Utah Public School Report Card, Second Semester- School Year of 1931 gives full name of student as Virginia Jones; card has been signed by Jno. J. Jones-Viewed by VS.

Bible Record gives fathers name as John J. Jones and childs name as Virginia Jones born December 21, 1915. Viewed by VS. Obviously old

533-230-004-533

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF B[redacted]

County of Bear Lake

City of Raymond

No. Idaho St.

Hospital —

Registration District No. 52

Primary Registration District No. 2136

File No. 36427

Registered No.

FULL NAME OF CHILD Jessie Etcheverry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dominick Etcheverry	FULL MAIDEN NAME	Jean Etchepare
RESIDENCE	Raymond 35	RESIDENCE	Raymond Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mendul France	BIRTHPLACE	Mendul France
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Phy. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed 1/31/ 1916 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 15 1968

659.12c [redacted] 331

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 36438

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Leslie Edgar Faris

Sex of Child: Boy	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes.	Date of Birth: 12 (Month) 20 (Day) 1915 (Year)	

FATHER		MOTHER	
FULL NAME	Edgar L Faris	FULL MAIDEN NAME	Belva Clark
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or Stillborn) at 3:15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address Filer Ida

Given names added from a supplemental report.

_____ 19____ _____ Registrar

Filed 12-20 19 6. A A Newberry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Cowlitz }

Certificate No. 36438

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on December 20 1915 (DATE OF EVENT)
in Filer, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Leslie Edgar Feris
name of father	Edgar L. Faris	Edgar L. Feris

Subscribed and sworn to before me this 15 day of April, 19 42.

Amos O Burke
Notary Public, residing at Woodland
My commission expires Oct 8 1942
(SEAL)

Signed Belva L. Feris
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of April, 19 42.

Amos O Burke
Notary Public, residing at Woodland
My commission expires Oct 8 1942
(SEAL)

Signed Preston Feris
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Woodland Wash.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 20 1942

AMENDED MOTHER'S MAIDEN NAME 2-8-99 MS

593. 229.042-231

AMENDED MOTHER'S BIRTH PLACE 10-20-98 MS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 36445

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Mary Nice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 29 1915

	FATHER	MOTHER
FULL NAME	Henry F. Nice	FULL MAIDEN NAME Edith S. Blackbill
RESIDENCE	Filer, Idaho	RESIDENCE Filer, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE ~~Illinois~~ PENNSYLVANIA
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:46 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight M.D.

(Physician or midwife)

Address Filer, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-31 1916 A A Newberry Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

4-23-98

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 1915-36445
Date Filed JAN. 31, 1916

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ANNA MARY NICE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 29, 1915 (Date of Event)

in FILER (TWIN FALLS) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S PLACE OF BIRTH	ILLINOIS	PENNSYLVANIA

Subscribed and sworn to before me this 13 day of OCTOBER 1998

Notary Public, [signature]

Residing at KAYSVILLE, UTAH

My commission expires 9-18-2000

(Seal)

x Anna Mary Brechbill
Signature of Applicant

x 468 3rd ST # 312
CODEN, UT 84404
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

N.M.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/10/1941 FILE #1920-325620 SHOWS ELVIN IRA NICE BORN JAN. 31, 1920 IN FILER (TWIN FALLS) ID TO EDITH S BRACKBILL BORN IN PENNSYLVANIA AND HENRY G NICE VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILE #61-1371 SHOWS HERMAN HENRY NICE DIED APRIL 13, 1961 MOTHER'S BIRTH PLACE AS PENNSYLVANIA VIEWED VS.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

1-5-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 1915-36445
Date Filed JAN. 31, 1916

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ANNA MARY NICE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 29, 1915 (Date of Event)

in FILER (TWIN FALLS) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	BLACKBILL	BRACKBILL

Subscribed and sworn to before me this 28th day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

X _____
Signature of Applicant

X _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, __.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Ice Creek

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 12/10/1941 FILE #1920-325620 SHOWS ELVIN IRA NICE BORN JAN. 31, 1920 IN FILER (TWIN FALLS) ID TO EDITH S BRACKBILL AND HENRY G. NICE VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILE #61-1371 SHOWS HERMAN HENRY NICE DIED APRIL 13, 1961 MOTHER'S MAIDEN NAME EDITH SUSAN BRACKBILL VIEWED VS.

Amended 10-5-71 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36446
Local Reg. No. 2086
Reg. Dist. No. 38

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Clover

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Mabel b. (Middle): Ruth c. (Last): Grindstaff

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 22 1915

FATHER OF CHILD

7. FULL NAME a. (First): Avery b. (Middle): M. c. (Last): Grindstaff

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Texas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Carrie b. (Middle): c. (Last): Hale

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): New Mexico

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Frank A. Dwight

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Filer, Idaho

20. DATE SIGNED: January 31, 1916

21. DATE REC'D BY LOCAL REG.: Jan. 31, 1916

22. REGISTRAR'S SIGNATURE: A. A. Newberry

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

LENGTH OF PREGNANCY ____ WEEKS	WEIGHT AT BIRTH ____ LBS. ____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

OCT 5 - 1971

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 36446

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mable Ruth Grandstaff Mabel (Name on Original Certificate) who was born (Was Born or Died) on Dec. 20, 1915 (Date of Event)

in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Grandstaff	Grindstaff
Child's Date of Birth	Dec. 20, 1915	Dec. 22, 1915
Father's Last Name	Grandstaff	Grindstaff

Subscribed and sworn to before me this 30 day of Sept, 1971

Chris S Roth

Notary Public, residing at Nampa, Ida

My commission expires 3/30/73

(Seal)

Signed Mabel Sailors

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

424 16th Ave S

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Sept, 1971

Chris S Roth

Notary Public, residing at Nampa, Idaho

My commission expires 3-30-1973

(Seal)

Signed Adelia L. Roth

(Signature of Any Credible Person)

815 9th St So Nampa Idaho

(Street Address, City, State)

FORM DH 60-155 CL 8-17-64. nm 1 cp pd rec #

Page from family Bible Record gives name as Mabel Ruth Grindstaff born December 22, 1915 in Filer Idaho to Avery M. Grindstaff and Carrie Hale. Record obviously old. Viewed by V.S.

Insurance Policy issued by the Equitable Life Ins. Co. gives name as Mabel Ruth Grindstaff bonr December 22, 1915. Policy issued January 5, 1937.
Viewed by V.S

966-120-042-966

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

File No. 36447

Primary Registration District No. 2086

Registered No. Wright

FULL NAME OF CHILD No name Elberta Rowley

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec. 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reuban A. Wright	FULL MAIDEN NAME	Rhoda Pearl Rowley
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pleasant Grove Utah	BIRTHPLACE	Fillmore Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:55 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank A Dwight, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Filer, Ida.

_____ 19__

Filed 1-31 1916 A A Newberry

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17

437-227.00 3

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 8 File No. 36448

Primary Registration District No. 2004 Registered No. 93

FULL NAME OF CHILD Bonnie Ilene McGrath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe.		Yes	11 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ralph McGrath	FULL MAIDEN NAME	Daisy Huckba
RESIDENCE	Eagle Id.	RESIDENCE	Eagle Id.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg

Filed Dec 3rd 19 15 [redacted] L B Harris Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 36448

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed McGrath (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 27, 1915 (DATE OF EVENT) in Eagle, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 27, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Bonnie Ilene McGrath

Subscribed and sworn to before me this 21st day of January, 19 42.

Notary Public, residing at Boise, Idaho

My commission expires 5/4/42.

(SEAL)

Signed Mrs. Ralph McGrath

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Eagle Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19 .

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

296-221-001-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Franklin School Dist. Registration District No. 8 File No. 36457

No. ____ St.

Primary Registration District No. 2004 Registered No. 2

Hospital ____

FULL NAME OF CHILD Irma Alvina Brown.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes.	Dec 21 1915

	FATHER	MOTHER
FULL NAME	Geo. A. Brown.	
FULL MAIDEN NAME		Elsie E. Dittmar
RESIDENCE	Franklin School Dist.	Franklin School Dist.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Idaho -	Do.
OCCUPATION	Farmer.	House Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 12.15 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barack

(Physician ~~or midwife~~)

Address Boise Idaho

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed Jan 3 1916 E. F. Caton
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-208-001-293

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Maubell Fruit Co.

Registration District No. 8

File No. 36459

Primary Registration District No. 2004

Registered No. 4

Hospital

FULL NAME OF CHILD Lanette Arminta Dean

Sex of Child Female	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec. 8th, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard R Dean	FULL MAIDEN NAME	Lela May Sills
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Shelton Nebr	BIRTHPLACE	Cove, Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Forney

(Physician or Midwife)

Given name added from a supplemental report

Address Boise Idaho

, 19

Registrar

Filed 1/7 1916 E. F. Caton Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5/29/41 L. B.

794-104-001-613

PLACE OF BIRTH

County of Ada

City of Boise

No. Davis Ranch St.

Hospital

FULL NAME OF CHILD Joseph Evan & John Ivan Pruett

Registration District No. 8

File No. 36461 A + B

Primary Registration District No. 8004

Registered No. 6

Sex of Child: Males	Twin ~~Triplet~~ ~~Quadrupl~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Dec (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rista Pruett	FULL MAIDEN NAME	Margarett Packrell
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Paris Miss.	BIRTHPLACE	Orderville Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 45 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Candy D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1/18 19 16 E. F. Caton

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

[redacted]

JUN 27 1952

2-Twins A+B

794-104-001-613

PLACE OF BIRTH

County of Ada

City of Boise

No. Davis Ranch St.

Hospital

FULL NAME OF CHILD Joseph Evan & John Ivan Pruett

Registration District No. 8

Primary Registration District No. 8004

File No. 36461 A + B

Registered No. 6

Sex of Child: Males	Twin ~~Triplet~~ ~~Quadrupl~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Dec (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Rista Pruett	FULL MAIDEN NAME	Margarett Packrell
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Paris Miss.	BIRTHPLACE	Orderville Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 45 P M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Candy D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 1/18 19 16 E. F. Caton

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2

[redacted]

JUN 27 1952

2-Twins A+B

312 [redacted]

County of Ada

City of Collister

No. — St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 36462

Registered No. 7

FULL NAME OF CHILD Dale Glen Labrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 17 1905 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Glen Labrum	FULL MAIDEN NAME	Stella May Bates
RESIDENCE	Collister	RESIDENCE	Collister
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Meadow Utah	BIRTHPLACE	Oakley Ut.
OCCUPATION	Laborer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:45 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. C. Landy D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed I/I8 19 I6 E. F. Caton

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Boise — Registration District No. 8 — File No. 36464

No. R.F.D. #4 St. — Primary Registration District No. 2004 — Registered No.

Hospital

FULL NAME OF CHILD Alvis Richardson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female		—	Yes	Dec. 15

FATHER		MOTHER	
FULL NAME	William Richardson	FULL MAIDEN NAME	Mary Jane Li[illegible]
RESIDENCE	R.F.D. #4 Boise Id.	RESIDENCE	R.F.D. #4 Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present b[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Goodfriend

(Physician or Midwife)

Given names added [illegible]

[illegible] Bldg.

E. [illegible]. Caton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 8 1968

493126-001-691

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1414 Franklin St.

Hospital ——

Registration District No. 2

File No. 36470

Primary Registration District No. I004

Registered No. 39

FULL NAME OF CHILD Richard MacLone Dicke

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	Dec. 26th 1915

FATHER		MOTHER	
FULL NAME	Henry Frederick Dicke	FULL MAIDEN NAME	Louise Fraub
RESIDENCE	1414 Franklin, Boise	RESIDENCE	1414 Franklin St, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Mgr. Boise Valley Traction Co	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed I/27 19 16 E. F. Caton

Registrar

Registrar

2-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25

[redacted]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

No. 1410 N 7th St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 2

File No. [redacted]476

Primary Registration District No. 1004

Registered No. 33

FULL NAME OF CHILD ~~Emmett~~ FRANKLIN H. Bickstead

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph A. Bickstead	FULL MAIDEN NAME	Maud Eveland Gamble
RESIDENCE	1410 N. 7	RESIDENCE	1410 N 7
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	So. Jordon Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Salesman	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:45 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. C. Nancy D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 1/18 19 16 E. F. Caton

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Los Angeles. } ss.

Certificate No. 36476

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Emmett H.	Franklin H. Beckstead

Subscribed and sworn to before me this First day of October, 19 42

L. Roy Williams
Notary Public, residing at Los Angeles, Cal.

My commission expires.
(Seal)

Signed Joseph A Beckstead
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1188 Oak Grove Dr, Los Angeles, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of October, 19 42

L. Roy Williams
Notary Public, residing at Los Angeles, Cal

My commission expires.
(Seal)

Signed Herald Elton Beckstead
(Signature of Any Credible Person Other Than Previous Year)

1188 Oak Grove dr, Los Angeles, Cal.
(Street Address, City, State)

OCT 22 1952

OCT 7 1942

799-226-001-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Grant S. So. Boise St.

Registration District No. 2

File No. 36481

Primary Registration District No. I004

Registered No. 28

Hospital

FULL NAME OF CHILD Tessie PEARL Griffiths

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David E. Griffiths	FULL MAIDEN NAME	Mary E. Swanner
RESIDENCE	So. Boise	RESIDENCE	So. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43 yr.	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed I/18 1916 E. F. Caton

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 8 19

JUL 1 1976

155·125·001·318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 36482

Primary Registration District No. 1004

Registered No. 27

FULL NAME OF CHILD William Graham Jenkins Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm G. Jenkins Jr.	FULL MAIDEN NAME	Cora E. Taylor
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	California
OCCUPATION	Merchant	OCCUPATION	SW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr. Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1/17 16 E. . Caton

Filed ..... 19.....

Registrar

Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-121-001-286

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cody

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 36486

Primary Registration District No. I004 Registered No. 23

FULL NAME OF CHILD James Marion Boyd

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	1st	yes	Dec 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Boyd	FULL MAIDEN NAME	Marguerite Short
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Leavenworth Kansas
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 21/15 at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed I/I5 19 I6 E. F. Eaton

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 1 1974

APR 2 0 1954

FEB 1 1993

268-172-001-286

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 36487

Primary Registration District No. 1004 Registered No. 22

FULL NAME OF CHILD Francis Kenyon Boyd

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	2nd	yes	Dec. 22, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Boyd	FULL MAIDEN NAME	Marguerite Short
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Leavenworth Kansas
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 21/15 at 11 20 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Melalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed I/15 19 16 E. F. Caton Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 36467

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
date	Dec. 21-1916	Dec. 22-1915

Subscribed and sworn to before me this 5th day of Dec., 1946

Notary Public, residing at Boise Ida

My commission expires 9/15/46

(SEAL)

Signed X Mrs Marguerite S. Boyd

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

907 Hays St. Boise Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 8 1942

DEC 11 1974

331-227-001-336

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 36488

No. ..... St.

Primary Registration District No. I004

Registered No. 2I

Hospital St Alphonsus.

FULL NAME OF CHILD HORTENSE MARGARET CLASKA

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female	1st.	Yes	12 (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lee Claska	FULL MAIDEN NAME	Elsie Jerein Claska
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Durand Wis.	BIRTHPLACE	Fergus Falls Minn.
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm F. Smith N. H.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address.....

Filed I/I2 19 I6 E.D. Caton

Registrar

Registrar

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss. Certificate No. 36438

County of Lane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for "Unnamed" Claska (Name on Original Certificate) who was born (Was Born or Died) on December 27, 1915 (Date of Event) in St. Alphonses Hospital, Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on March 21, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hortense ~~Mildred~~ Claska
		HORTENSE MARGARET CLASKA

Subscribed and sworn to before me this 12th day of May, 19 43

Marcel H. Byrom

Notary Public, residing at Eugene, Oregon

My commission expires March 4, 1946

(Seal)

Signed Elsie J. Claska — Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

260 West Broadway, Eugene, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Lane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May, 19 43

Marcel H. Byrom

Notary Public, residing at Eugene, Oregon

My commission expires March 4, 1946.

(Seal)

Signed L. Mary Nielle

(Signature of Any Credible Person Other Than Previous Year)

201 Miner Bldg, Eugene Oregon

(Street Address, City, State)

619.12700 01.966

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 36489

No. [redacted] St.

I004

20

Primary Registration District No.

Registered No.

FULL NAME OF CHILD John Roger Farmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		1st	Yes	Dec. 24 1915

FATHER

FULL NAME: Eugene Farmer

RESIDENCE: 1523 Hays St.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Hallis, N. Y.

OCCUPATION: Musician

MOTHER

FULL MAIDEN NAME: Bula Ray Rowell

RESIDENCE: 1523 Hays St.

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Ruthven, Iowa.

OCCUPATION: Housewife.

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jas. L. Stewart, M. D.

(Physician or Midwife)

Address

Given name added from a supplemental report

....., 19.....

Registrar

Filed I/12 19 16 E. F. Caton

Registrar

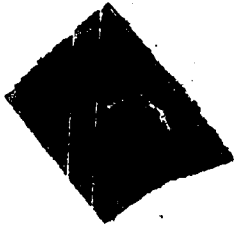
S-Y CO., 19668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 [redacted]



Amended 5-27-71

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

445-225-001-864

County of Ada

City of Boise

No. 929 Warm Springs Ave.

Hospital

ST[redacted]HO
BUREAU [redacted]ATISTICS
CER[redacted]RTH

Registration District No. 2

Primary Registration District No. I[redacted]

File No. 36493

Registered No. I6

FULL NAME OF CHILD Leonora Mabel Duncan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes.	12 (Month) 25 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME Frederick Fair Duncan	FULL MAIDEN NAME Elsie Marguarite Houlder
RESIDENCE 929 Warm Springs Ave.	RESIDENCE 929 Warm Springs Ave.
COLOR W AGE AT LAST BIRTHDAY 36 (Years)	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Canada	BIRTHPLACE Middlesex England
OCCUPATION Milk Dealer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11-45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed I/I2 19 I6 E. F. Caton

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c.
11/9/4
c

MAY 6 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. RECEIVED

County of San Bernardino } MAY 21 1971

Bureau of Vital Statistics

Certificate No. 36493

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Leonora Mabel Duncan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's last name	Duncan	Houlder

Subscribed and sworn to before me this 15 day of May, 1971

ROBERT RITCHIE Notary Public San Bernardino County California

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fontana, Calif.

My commission expires

1428 S. Morengo, Alhambra Calif. 91803

(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of San Bernardino }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of 19

Signed

(Signature of Any Credible Person)

Notary Public, residing at Fontana, Calif.

My commission expires 3/12/73

(Seal) (Street Address, City, State)

CL 5/6/71 nm

FORM DH 60-155

Certificate of Marriage issued by Commonwealth of Massachusetts, Town of Winthrop gives name of mother, (as bride) as Elsie M. Houlder married to Fred F. Duncan on March 13, 1911. Eulalie Churchill, Asst. Town Clerk.
Viewed by V.S.

MAY 27 1971

Marriage application for Leonora Mabel Durkee and Thomas Bridges Harder gives maiden name of bride as Elsie Margurite Houlder. County of Marriage, Los Angeles on July 19, 1947. # 21432.
Viewed by V.S.

391-231-001-313

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1008 Idaho St.

Hospital Home

Registration District No. 2

File No. 36496

Primary Registration District No. I004

Registered No. 13

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 31 1915

FATHER		MOTHER	
FULL NAME	Edens Gradando	FULL MAIDEN NAME	Presensice Loca
RESIDENCE	1008 Idaho St Boise	RESIDENCE	1008 Idaho St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mexico	BIRTHPLACE	Spain
OCCUPATION	Restaurant Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Dec 31 " 1915 at 10 a.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Robbins

Midwife

(~~Physician or~~ Midwife)

Given name added from a supplemental report

Address 219 Warm Spring Av Boise

19

Filed I¾II 19 I6 E. P. Caton

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP90191-223242

10T

ARADANDO -Z

218-130-001-218

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36497

County of Ada

City of Boise

No. 410 So. 3rd St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. I004

Registered No. 12

FULL NAME OF CHILD 9

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		No.	Dec 30 1915

FATHER		MOTHER	
FULL NAME	Don't Know	FULL MAIDEN NAME	Ethel Bays.
RESIDENCE	—	RESIDENCE	410 So. 3rd St. Boise
COLOR	— AGE AT LAST BIRTHDAY (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	—	BIRTHPLACE	Idaho.
OCCUPATION	—	OCCUPATION	Unemployed —

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise, Idaho.

Filed I/II 19 16 E. F. Caton

Registrar

Registrar

2-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1312 N. 20th St.

Registration District No. 2

File No. 36498

Primary Registration District No. 10C

Registered No. 11

Hospital

FULL NAME OF CHILD Theodore Muldoon Berry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 27 1913

FATHER		MOTHER	
FULL NAME	Melvin Berry	FULL MAIDEN NAME	Emily Lucy Shoffner
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice H. Tallman M.D.

Physician (Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 1/11 19 14 E. F. Caton
Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BI[illegible]
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1956

JUL 3 1968

386-230-601-533

Amended 2-29-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36499
Local Reg. No. 10
Reg. Dist. No. 2

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Alphonsus

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Elmore

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mayfield

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)

a. (First): Emily b. (Middle): Margaret c. (Last): Thomson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 30, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): Law c. (Last): Thomson

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Scotland

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Catherine b. (Middle): c. (Last): Ellison

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): England

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ralph Falk

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 1/7/16

22. REGISTRAR'S SIGNATURE: E. F. Caton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

- BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 29 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 28 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 36499

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Emily Margaret Thompson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Thompson	Thomson
Father's Name	Willaim Law Thompson	William Law Thomson
Full Maiden Name of Mother	Kathrine Ellison	Catherine Ellison

Subscribed and sworn to before me this 20th day of February, 1968.

Notary Public, residing at Twin Falls, Idaho

My commission expires June 9-1973

(Seal)

Signed James L. Thomson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 6-23-66. nm

Students record book for semester 1930-1931 lists childs name as Emily Margaret Thomson. Book signed by father William L. Thomson and mother Catherine Thomson. Original document.
Viewed by V. S.

Insurance policy issued May 14, 1934 by Midland National Life Ins Co lists name as Emily Margaret Thomson Age 18. Policy # 57126. Lists Beneficary as mother, Catherine Thomson. Policy signed by father William Thomson.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

437-126-001-433

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36500

County of Ada

City of Boise

Registration District No. 2 File No.

N[redacted] 7 St.

Primary Registration District No. I004 Registered No. 9

Ho[redacted]

FUL[redacted] CHILD William Clarence McPheters

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of birth
Boy	✓		7	+	12 - 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. G. McPheters	FULL MAIDEN NAME	McCoy
RESIDENCE	1507 N 7 Boise	RESIDENCE	Boise Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Caly
OCCUPATION	Forest Ranger	OCCUPATION	Housing

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Tomey

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

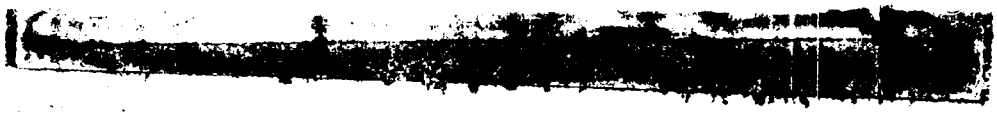
Filed 1/17 1916

E. F. Caton

E. F. C. Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of LATAH. } ss.

Certificate No. 36500

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH. (Birth or Death)
for WILLIAM CLARENCE MC PHETERS. (Name on Original Certificate) who WAS BORN (Was Born or Died) on DEC-26-1915 (Date of Event)
in BOISE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BEING HIS AUNT (Bible Record, Insurance Policy, Etc.) prepared on 6-26-42 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Clarence McPheters

Subscribed and sworn to before me this 26th day of June, 1942

Notary Public, residing at Juliaetta

My commission expires Jan 27th 1944
(Seal)

Signed Mrs Inez (McPheters) Sholum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Juliaetta Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June, 1942

Notary Public, residing at Juliaetta Idaho.

My commission expires Jan 27-1944.
(Seal)

Signed Oscar Sholum
(Signature of Any Credible Person Other Than Previous Year)

Juliaetta Idaho.
(Street Address, City, State)

JUL 1 1942

OCT 24 1966

JUL 8 1942

536-125-001-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36507

County of Ada.

City of Boise

No. 1303 N 10. St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. I004

Registered No. 2

FULL NAME OF CHILD Carroll Albert Elford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Dec 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. F. Elford.	FULL MAIDEN NAME	Zilla Deno.
RESIDENCE	1303 N 10.	RESIDENCE	1303 N 10.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39. (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	~~Main~~ Minnesota	BIRTHPLACE	Iowa.
OCCUPATION	Instrument Man at U.S.R.S.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~ *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Boise Ida

19

Filed I 4 19 16 E. F. Caton

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 36507

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
.....	Main	Mann
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of Oct., 1943

Signed Zilla E. Elford
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Boise

My commission expires 1/1/47
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 27 1943

662-225-001-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 24 Lincoln St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 36508

Registered No. I

FULL NAME OF CHILD Dorothy Katherine Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			yes.	Dec 25 1915

FATHER	MOTHER
FULL NAME: Joseph C. Foster.	FULL MAIDEN NAME: Katherine L. Foster Cowger
RESIDENCE: 2nd & Lincoln.	RESIDENCE: 2nd & Lincoln.
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Kas.
OCCUPATION: Farmer Laborer	OCCUPATION: House wife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~ *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

(Signature) Louis Bacock

(Physician or midwife)

Address I/4 I6 Boise Ida

Filed 19

E. F. Caton
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-216-016-485

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

Registration District No. 170

File No. ~~10~~ 36513

Primary Registration District No. Naa

Registered No. 5

FULL NAME OF CHILD Zelpha Delila Allred

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. (Month) 16th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edsil B. Allred	FULL MAIDEN NAME	Sarah A. Dye
RESIDENCE	Basin, Idaho	RESIDENCE	Basin, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Provo City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Vera C. Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Oakley Idaho R.F.D.1

Filed 2/5 1916

[signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-131
016-419

PLAC[redacted]

[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia amended 8/13/80

CERTIFICATE OF BIRTH

36526

City of Elba

Registration District No. 119

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital home

FULL NAME OF CHILD Karl Elmer Whitaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Whitaker	FULL MAIDEN NAME	Matilda Darrington
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 31 at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs N Leavitt
midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 5 1916 C. L. Sater
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 36526
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for ~~x~~ unnamed male Whitaker (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 31, 1915 (Date of Event)

in Elba, Cassia County, ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Karl Elmer Whitaker

Subscribed and sworn to before me this 13 day of Aug, 19 80.

Notary Public, Geoleen Cunningham
Residing at Ida.
My commission expires Life
(Seal)

Karl Whitaker
Signature of Applicant

3529 Bellamy Ln.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

8/13/80 one cc as is

Certificate of baptism and confirmation lists name as Karl Elmer Whitaker, born December 31, 1915. Baptized May 25, 1924, LDS Church.
viewed by vs Aug. 13, 1980

Own child's birth certificate lists father as Karl Elmer Whitaker.
Child born May 1, 1939, in Cassia County, Idaho, S.F.#280136.
viewed by vs Aug. 13, 1980

1980

255-117-016-861

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Elba

No. ——— St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 36529

Primary Registration District No. ——— Registered No. ———

FULL NAME OF CHILD Ray Beecher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	—	—	Yes	Dec 17 1913

FATHER		MOTHER	
FULL NAME	Elihu Ulysses Beecher	FULL MAIDEN NAME	Ella Hoagland
RESIDENCE	Elba Ida	RESIDENCE	Elba, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Slater M D

(Physician or midwife)

Address Malta Idaho

Filed Feb 2 1916 C E Slater
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y CO. 24655

869-229-029-714

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Aspray

Registration District No. 61

File No. 36542

Primary Registration District No. 1011

Registered No. 18

FULL NAME OF CHILD ROSANNA J. House

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert House	FULL MAIDEN NAME	Virginia Gammon
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho Virginia Gammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Sonoma Calif
OCCUPATION	R.R. agent	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wirth

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Feb 1 1916 D F Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

JUL 7 1975

APR 19 1943

453-105-016-619

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 36572

Primary Registration District No. 2196 Registered No. 449

FULL NAME OF CHILD Carl Waite Dethlefs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Emil Carl Dethlefs	FULL MAIDEN NAME	Mary Jane Waite
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Venton Iowa	BIRTHPLACE	Dayton Ida
OCCUPATION	Miller	OCCUPATION	

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Winter
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida

Filed Jan 10 1916 Dr. J. C. Patterson
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. 469-130-034-866 St.

Registration District No. 19

File No. 3659

Primary Registration District No. 2015

Registered No. ~~116~~

Hospital

FULL NAME OF CHILD H Gerald Howard Morga

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	1st	yes	Oct 30 19 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Morgan	FULL MAIDEN NAME	Addie Howard
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	R Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Rowley

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Rupert, Ida.

Date Jan 11 1916 E H Elmore

[illegible]

386-129-034-799-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 36595

Primary Registration District No. 2015 Registered No. 6

FULL NAME OF CHILD Ray Clyde Thomason

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 29, 1915

FATHER		MOTHER	
FULL NAME	B. W. Thomason	FULL MAIDEN NAME	Essen Price
RESIDENCE	Rupert Ida	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 39 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. R. Killen

Phys. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Rupert

Filed 1-25 1916 E. H. Elmore Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NOV 14 1975

819-224-034-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36596

County of Rupert Minidoka

City of Rupert

No. ....., ... St.

Hospital .....

Registration District No. #19 File No. .....

Primary Registration District No. 2015 Registered No. 7

FULL NAME OF CHILD Ethel Harper

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov. 24, 191..

FATHER		MOTHER	
FULL NAME	T. E. Harper	FULL MAIDEN NAME	Geneva Barrett
RESIDENCE	Rupert Ida	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M. D.

Phys. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Rupert

Filed Dec. 25 1916 E H Elmore Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 10 1941

251 – 208 – 034 – 855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36597

County of Minidoka

City of Rupert

No ____, ____ St.

Registration District No. 19 File No. ____

Primary Registration District No. 2015 Registered No. 8

Hospital ____

FULL NAME OF CHILD Emma Harriett Beatty.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Dec. 8, 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Beatty.	Minnie Henderson
RESIDENCE	Rupert.	Rupert.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Iowa.	Iowa
OCCUPATION	Merchant	Millinery

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Miller M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address ____

Filed 1 – 25 1916 E. H. Elmore

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17926

683-206-018-814

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River — Registration District No. 91 — File No. 36624

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Sylvia Kitty Wylie

Sex of Child: Female — Twin / Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) — Legitimate? yes — Date of Birth: Dec (Month) 6 (Day) 1915 (Year)

FATHER

FULL NAME: Sidney Lyman Wylie

RESIDENCE: Elk River

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ellsworth wise.

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Edythe Hambly

RESIDENCE: Elk River

COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: ____

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mrs L W Hambly

(Physician or midwife)

Address Elk River Idaho

Filed Jan 15 1916 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 36624

JUL 13 1945

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Silvia Kittie Wylie (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on December 6th 1915 (DATE OF EVENT) in Clearwater Co. Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Silvia Kittie	Sylvia Kitty Wylie

Subscribed and sworn to before me this 10th day of July, 19 45.

Notary Public, residing at Elma, Wash.

My commission expires Oct. 1st 1947.

(SEAL)

Signed Mrs. Edith Wylie

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Crow Stage Rt. Eugene Oregon.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grays Harbor }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July, 19 45

Notary Public, residing at Elma

My commission expires Oct. 1st 1947

(SEAL)

Signed Jack M. Guines

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box. 907, Malone, Washington.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUL 16 1945

498-220-03 246

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

36634

Registration District No. 41 File No. _____

Primary Registration District No. 2166 Registered No. 4

FULL NAME OF CHILD La Verna Marie Dreyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	IX 20 1915

FATHER		MOTHER	
FULL NAME	Ray L. Dreyer	FULL MAIDEN NAME	Ethel Sweat
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Forest ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 1 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammar

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed JAN 15 19 16

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1956

APR 3 1968

APR 9 1974

NOV 27 1978

235-117-030-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36635

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 3

FULL NAME OF CHILD John Clark Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	12 17 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Wm. Steele	Vivian McClaren
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	21
BIRTHPLACE	Montana	Idaho
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Jan 15 1916 Ed D Henderson Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-112-030-813

PLACE OF BIRTH

County of Lemhi

City of May

No. ____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

36636

Registration District No. 41

File No. ____

Primary Registration District No. 2116

Registered No. 12

FULL NAME OF CHILD Harold Ray Crain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 12 1915

FATHER

FULL NAME: Richard Wilson Crain

RESIDENCE: May Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Ethel Irene Hull

RESIDENCE: May Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah L Crain

(Physician or midwife)

Address May Idaho

Given names added from a supplemental report.

..... 19....

Edith D. Herndon
Registrar

Filed Jan 12 1916 Saloma G. Cleveland
Deputy Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1953

281-102-030-981

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

36637

CERTIFICATE OF BIRTH

County of Lemhi

City of

No. St.

~~Hospital~~ Home

Registration District No. 41

File No.

Primary Registration District No. 2116

Registered No. 81

FULL NAME OF CHILD Thomas Dale Shannon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas J Shannon	FULL MAIDEN NAME	Joanna Ryan
RESIDENCE	On a ranch 5 miles S. of May Ida	RESIDENCE	5 miles South May Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Challis, Ida.

Edith D Herndon Registrar

Filed Nov. 1915 Saloma J. Cleveland Deputy Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-102-035-569

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE [illegible]
BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

36640

County of Ney Perce

City of Peck Ave

Registration District No. 93

File No.

No. St.

Primary Registration District No. 2371

Registered No.

Hospital

FULL NAME OF CHILD Robert Doris Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2	Yes	Jan. 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James T. B. Bennett	FULL MAIDEN NAME	Ada Norton
RESIDENCE	Peck R.F.D. #1	RESIDENCE	Peck R.F.D. #1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician or Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed Jan 10 1915

J. M. Ly G MD

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

759-231-035-719

Form V. S. No. 11-C—25m-1-1-18

36642

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. .....

Primary Registration District No. 2371 Registered No. .....

FULL NAME OF CHILD Vivian Violet Gertje

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry John Gertje	FULL MAIDEN NAME	Lidia Estella Parish
RESIDENCE	Nez Perce County	RESIDENCE	Nez Perce County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Ohio
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Busey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Idaho

Filed 2-7- 1916 J. M. Tyle

Registrar Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1954

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

RECEIVED

MAR 2 1 1954

Federal Security Agency
U. S. P. H. S.
Division of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Melrose
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Nez Perce
   (c) City Melrose
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (for registration notice): Peck, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** .....
   (City, State)

4. **FULL NAME OF CHILD** Vivian Violet Gertje

5. **DATE OF BIRTH** Dec. 31, 1916
   (Month, day, year)

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full term

FATHER OF CHILD

10. **FULL NAME** Henry Gertje

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Minnesota
   (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Parrish

17. Color or Race White

18. Age at time of THIS birth ..... yrs.

19. Birthplace Stubenville, Ohio
   (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthamia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
   (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

27. (a) ..... (Date received) (b) ..... (Registrar's signature)

28. Given name added on ..... by .....
   (Registrar's signature)

26. **Attendant's OWN signature** J. M. Lyle, M.D.
   (D.O., Midwife, etc.)
   and address ..... Date .....

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work) MAR 23 195-

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

257-129-033-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-13

[redacted]AHO
BURE[redacted] STATISTICS
CER[redacted]ICATE OF BIRTH

36645

County of Madison

City of Hibbard

Registration District No. 100

File No. [illegible]

No. ..... St.

Primary Registration District No. 2178

Registered No. 15

Hospital Res.

FULL NAME OF CHILD Stephen Arthur Keppner

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	13 (To be answered only in event of plural births)	yes	July 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Keppner	FULL MAIDEN NAME	Rachel F. Smith
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife) [redacted]

Given names added from a supplemental report.

..... 19.....

Address Rex [redacted]

Filed 7 1916 19.....

G. G. Esp[redacted]aho

[redacted]trar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS MAY 22 1944

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No 36645

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Stephen Arthur Keppner who was born on July, 29, 1915
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Hibbard, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by family record prepared on or about July, 29, 1915, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Stephen Arthur Keppner

Subscribed and sworn to before me this 17th day of May, 19 44

[illegible] Clerk of District Court

Notary Public, residing at Rexburg, Idaho

My commission expires

(Seal)

Signed Rachel F Keppner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 19 44

[illegible] Clerk of District Court

Notary Public, residing at Rexburg Idaho

My commission expires

(Seal)

Signed Nedra Keppner
(Signature of Any Credible Person Other Than Previous Year)

Rexburg, Idaho.
(Street Address, City, State)

MAY 24 1944

156-17-033-389

Form V. S. No. 11-O—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

36646

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital Rio

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 16

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		11	Yes	Aug 17 1915

FATHER	MOTHER
FULL NAME Samuel Jewkes	FULL MAIDEN NAME Victoria Christenson
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9— a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed JAN 27 1916 _____ Registrar

8-Y CO. 24636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

413-129-033-384

Child's name & DOB amended 11-22-89 MCM

Form V. S. No. 11-C—25m-1-1-18

36647

PLACE OF BIRTH

County of Madison

City of Burton

No. _____ St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 17

FULL NAME OF CHILD EARL LYMAN MACHEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes	SEPT 2 1915

FATHER		MOTHER	
FULL NAME	Joseph Machen	FULL MAIDEN NAME	Rose Lyman
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 7 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed JAN 27 1916 19__ G Despe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED 10-5-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

NOV 6 1989

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 36647
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Machen (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug.29,1915 (Date of Event)

in Burton, Idaho (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Earl Lyman Machen
date of birth	Aug.29,1915	September 2,1915

Subscribed and sworn to before me this _____ ~~day of~~ October 17, 1989

Notary Public, Catherine L. Bolinder

Residing at Firth ID 83276

My commission expires 9 June 91

(Seal)

x James R. Machen
Signature of Applicant

x 230 Tabor IDAHO FALLS ID
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS blessing certificate shows Joseph Ernest Machen born June 22, 1959 in Rexburg toEarl Lyman Machen & Mary Rose Ivey and blessed Apr 30, 1961 by Donal H Scott. Viewed by VS.

NOV 2 2 1969

Social security request for statement of Earnings shows Mr Earl L Machen born Sept 2, 1915 and received by Soc Sec Nov 31, 1969. Viewed by VS.

Riverview Facility in Idaho Falls shows Earl L Machen born Sept 2, 1915 and a patient Apr 19, 1982. Viewed by VS.

455 - 117-033-345

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital Home

BUR[illegible]

Registration District No. 100 File No. [illegible]

Primary Registration District No. 2178 Registered No. 18

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			7	yes	Sep 17 1915

FATHER		MOTHER	
FULL NAME	Ezra Peter Jensen	FULL MAIDEN NAME	Loren Lundie
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 40 P.M. on the date above stated.

(Signature) Mary A Watts

(Physician or midwife)

Address _____

Filed JAN 27 1916 19..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 3

County of Madison

City of Rexburg

Registration District No. 100

File No.

No. _____ St.

Primary Registration District No. 2178

Registered No. 17

Hospital Res

FULL NAME OF CHILD Leo Daniel Loosli

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Loosli	FULL MAIDEN NAME	Pearl Leonard
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep herder	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Watts

(Physician or midwife)

Given names added from a supplemental report.

Address Rexburg, Idaho

19

Filed JAN 27 1916 19

G. Gespe

Registrar

Registrar

S-Y CO. 24655

Certified copy issued No. 8, 1940. E.W.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

#36649
#56307

Returned $1.

STATE OF Idaho)
) SS.
COUNTY OF Madison)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mrs. John Loosli of Rexburg Idaho

Being first duly sworn, deposes and says that she is related Mother
(If related, specify degree,

Leo and John Loosli of Rexburg
if friend or otherwise, so state)

who were in the city of Rexburg, County of Madison Co.
(was born, died)
Oct. 9-15
on the July 6-17 day of _____, 19__, as stated in a certificate of Birth
birth or

_____ filed by Mrs. Mary Watts, Midwife
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Rexburg, County of Madison
Idaho, on the _____ day of _____ 19__.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Leo Daniel Loosly--

John Franklin Louslie

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Leo Daniel Loosli born Oct. 9, 1915

John Franklin Loosli born July 6, 1917

(SEAL)

Affiant Mrs. John Loosli
Address Rexburg Idaho

Subscribed and sworn to before me this 1st day of November 1940

Notary Public
Rexburg Idaho

STATE OF Idaho)
) SS.
COUNTY OF Madison)

Mrs John Loosli of Rexburg Idaho

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Mrs. John Loosli
Address Rexburg Idaho

Subscribed and sworn to before me this 1st day of November 1940

(Seal)

Notary Public
Rexburg Idaho

312-201-033-855

amended 7-18-62

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36650
Local Reg. No. 20
Reg. Dist. No. 100

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Madison	a. STATE: Idaho b. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Clara	Rosetta	Casper

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ☐ TWIN ☐ TRIPLET ☐	1ST ☐ 2ND ☐ 3RD ☐	November 1, 1915

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Oscar		Casper	white

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Minnie		Hentz	white

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
39 YEARS	Denmark	8	1	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary A. Watts

18b. ATTENDANT AT BIRTH: M. D. ☐ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS

18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
1-27-16	G. G. Espe	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23.
WEEKS	LBS. OZS.	Was a standard serological test for syphilis performed? YES ☐ NO ☐

espondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Own childs birth certificate gives mothers name as Clara Rosetta Casper. dated January 19, 1942. File # 333803.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36650

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on November 1, 1915 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~XXXXXXX~~ name of child	unnamed	Clara Rosetta Casper
name of mother	Minnie Heinnce	Minnie Hentz

Subscribed and sworn to before me this 18 day of [illegible], 19[illegible]

Notary Public, residing at [illegible]
My commission expires [illegible] 15, 19[illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of [illegible], 19[illegible]

Notary Public, residing at [illegible]
My commission expires [illegible] 15, 19[illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155

Marriage certificate gives name as Clara Rosetta Casper. Dated October 22, 1955. Viewed by V.S.

Mothers Marriage certificate gives name as Wihilhelmina M. Hentz. Dated July 10, 1895. Viewed by V.S.
A sisters birth certificate gives mothers name as Wilhelmina Hentz. Dated Nov. 27, 1918. File # 64463.

719-127-033-266

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36651

County of Madison

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 100

Primary Registration District No. 2178

File No. .....

Registered No. 21

FULL NAME OF CHILD Jack Garrett

Sex of Child: Male

Twin, Triplet or other? (To be answered only in event of plural birth) and Number in order of birth

Legitimate? yes

Date of Birth: Nov (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William B Garrett	FULL MAIDEN NAME	Mary Bowers
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 47 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed JAN 27 1916 19.....

..... Registrar

..... Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1967

213-227-033-213

Form V. S. No. 11-C—25m-1-1-13

36652

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital Res

Registration District No. 100

File No. _____

Primary Registration District No. 2178

Registered No. 22

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tokiyiro K. Katsurada	FULL MAIDEN NAME	Sato Katsurada
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Watts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed JAN 27 1916 G L Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-113-033-965

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36658

County of Madison

City of Herbet

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 7

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 13 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. arthur Barber	FULL MAIDEN NAME	Marie Ronnekemp
RESIDENCE	Herbet	RESIDENCE	Herbet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Hibbard Idaho
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 p.m. at Jan 13 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs margaret ann Briggs
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1-20 1916 G G Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

849-224-022-245

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Spencer

No. ..... St.

Hospital .....

Registration District No. 1009 File No. 36661

Primary Registration District No. 2178 Registered No. 4

FULL NAME OF CHILD Hazel Elvira Quirl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 24 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Festus Quirl	Gracie Inez Smith
RESIDENCE	Spencer	Spencer
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Marble Falls Texas.	Anaconda, Montana
OCCUPATION	farmer	wife of farmer.

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smith

Midwife and Nurse (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 1-12 1916 G G Espe Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-223-022-249

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Spencer

No. ..... St.

Hospital .....

Registration District No. 100

File No. 36662

Primary Registration District No. 2178

Registered No. [illegible]

FULL NAME OF CHILD Irene Vivian Haight

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	July (Month) 23 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Glenn Haight	FULL MAIDEN NAME	Anna Ello Smith
RESIDENCE	Spencer Ida	RESIDENCE	Spencer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Anaconda, Montana
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth first

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smith
Midwife and Nurse
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 1-12 1916 G G Espe
Registrar

Registrar

S-Y CO. 24658

APR 28 1959

DWP 08 1915 - 36855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36678

BIRTH

County of Shoshone

City of Beeler.

433-122-040-000

No. ..... St.

Hospital .....

Registration District No. 123 File No. 7

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD — — McCoy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	11	Yes	Dec (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mason McCoy	FULL MAIDEN NAME	
RESIDENCE	Beeler.	RESIDENCE	
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Teamster	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida.

Filed 1/17 1916 Geo. S. Lesher Registrar

..... Registrar

S-Y CO. 20174

2 no mo Ther

269-222-040-349

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 36680

County of Shoshone

City of Enaville

No. ..... St.

Hospital .....

Registration District No. 123 File No. 3

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Helen Soini

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	Dec (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Toivo Soini	FULL MAIDEN NAME	Olga Luitu
RESIDENCE	Enaville	RESIDENCE	Enaville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Lumberjack	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida

Filed 1/17 1916 Geo. S Lesher Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1949

895-130-00[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36686

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 139

FULL NAME OF CHILD Henry Hiebert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Dec 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Cornelius Hiebert	FULL MAIDEN NAME	Anna Unruh
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:15 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Hiebert

Father of baby

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed Jan 12 1916 M C Mortimer

Registrar

Registrar

S-V CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-120-089-345

Form V. S. No. 11-C—25m-1-1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Dover Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 36716

Primary Registration District No. 2153 Registered No. 903

FULL NAME OF CHILD Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9 20 1915

FATHER		MOTHER	
FULL NAME	Chas. Johnson	FULL MAIDEN NAME	Hilma Lundberg
RESIDENCE	Dover Ida	RESIDENCE	Dover
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Work

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E B Patterson

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 9 1916 M McKinnon

..... Registrar

Registrar

S-Y CO. 24655

263-119-009-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36727

County of Bonner

City of Sandpoint

No. 725, Ella St.

Registration District No. 78 File No.

Hospital

Primary Registration District No. 2135 Registered No. 914

FULL NAME OF CHILD Halloway Morris Solberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Oct. 19 1915

FATHER		MOTHER	
FULL NAME	Julius Solberg	FULL MAIDEN NAME	Christine Johnson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 12 30 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Starkhouse

M. D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint.

Filed Feb 9 1916 M McKinnon
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Named from card 4/7/43 [illegible].

APR 7 1943

254-221-009-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 36728

Primary Registration District No. 2155 Registered No. 915

FULL NAME OF CHILD Winifred Anne Beutler

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Nov 21 1912

FATHER		MOTHER	
FULL NAME	George Beutler	FULL MAIDEN NAME	Nina E. Hogle
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	auto - engineer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Starkhouse

M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 9 1916 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 26 1962

845-128-009-354

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 36729

Primary Registration District No. 2155 Registered No. 916

FULL NAME OF CHILD Emory Edward Hunt

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Ralph Holly Hunt	FULL MAIDEN NAME	Carrie Ellen Temblin
RESIDENCE	Sandpoint	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Marion Co. Wis	BIRTHPLACE	Marion Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed Feb 9 1916 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 7 1971

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than [illegible] at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. 133-230-009-251 St.

(If born in hospital or institution give name.)

D[illegible]

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. [illegible]

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Josephine Meilleur Allen

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female					Dec 30, 1915 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Arthur H. Allen	18. Full maiden name: Helen M. Knapp
10. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint	19. Residence (usual place of abode) (If non-resident, give place and State): Sandpoint
11. Color or race ..... | 12. Age at last birthday 48 (years)	20. Color or race ..... | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country): Boulder, Colorado	22. Birthplace (city or place) (State or Country): York, Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist Druggist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:20 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. W. Jackson, M. D.

or ....., Midwife

Given name added from a supplemental report .....

(Date of)

Address Sandpoint

Filed Feb 9, 1916, 193 [illegible] McKinnon

Registrar.

Registrar.

Withdrawn changed from copy of adoption papers 7-29-44

JUL 12 1944

JUL 29 1944

3cLSW

693-130-007-38

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21

Primary Registration District No. 2025

File No. 36739

Registered No. 98

FULL NAME OF CHILD .....

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Nov. (Month) 30 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: James Henery Wilde	FULL MAIDEN NAME: Ada McClark
RESIDENCE: Hailey Ada	RESIDENCE: Hailey Ada
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Coalville Utah	BIRTHPLACE: Hooper Utah
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Hailey Ada

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 7 1915

Robert H. Wright Registrar

S-Y CO. 24699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

[redacted]IRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 264-124-010-869 St.

Registration District No. 73

File No. 36742

Primary Registration District No. 2150

Registered No. 1

Hospital

FULL NAME OF CHILD David Marshall Bourassa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sep 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Alfred Bourassa	FULL MAIDEN NAME	Pearl Van Horn
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Foreman Brick Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:40 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Fumiard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Jan 1 1916 Wm Fumiard Registrar

Registrar

S-Y CO. 24655

383-134-010-753

Form V, S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

File No. 36743

Primary Registration District No. 2113

Registered No. 2

FULL NAME OF CHILD Joseph Lemond Tyler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Tyler	FULL MAIDEN NAME	Matilda Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Bonneville Idaho

Filed Jan 10 1916 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-225-010-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of I F

No. ..... St.

Hospital Furlays

Registration District No. 73

Primary Registration District No. 2162

File No. 36753

Registered No. 12

FULL NAME OF CHILD Mary Virginia Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Scott Wright	FULL MAIDEN NAME	Julia Ellen Luby
RESIDENCE	I Falls	RESIDENCE	I Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne J Furlay

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Furlays Hospital

Filed Feb 1 1916 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } RECEIVED
County of ..... } ss.

Certificate No. 36753

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wright (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25, 1915 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared by Scott B Wright (Father) 1925 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Virginia Wright

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Marvin S Wright

(Signature of Any Credible Person)

430 So 1st West Brigham City, Ut

(Street Address, City, State)

FORM DH 60-155

CL 10-28-65. one copy pd. rec. #1695.

Own Child's Birth Cert. on file: (Idaho Birth) #257112 gives full name of mother as Mary Virginia Wright - viewed by V.S.

MAR 4 1956

L.D.S. Church Cert. of Blessing, Aug. 6, 1916 gives full name as Mary Virginia Wright, daughter of Scott B. ~~Wei~~ Wright and Julia Ellen Luby, born Dec. 25, 1915 at Idaho Falls, Idaho - viewed by V.S.

895-102
037-289

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Glenn's Ferry

No. ..... St.

Hospital .....

Registration District No. 43 File No. 36757

Primary Registration District No. 2120 Registered No. 37

FULL NAME OF CHILD Stanley Eugene Hindman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	6	yes	Dec. 2nd 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph E. Hindman	FULL MAIDEN NAME	Ella Shelton
RESIDENCE	Owyhee Co	RESIDENCE	Owyhee Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Bricklayer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec. 2nd 1915 at 5:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Dec 5 1916. W. H. Schuyler M. D.
Registrar

Registrar

8-Y CO. 24955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] NOV 2 1965

NOV 3 1958

788-213-028-456

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36767

County of Kootenai

City of Post Falls

No. ..... *St.*

Hospital .....

Registration District No. 12

Primary Registration District No. 2051

File No. .....

Registered No. 843

FULL NAME OF CHILD Charlotte Nora Pryer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Pryer	FULL MAIDEN NAME	Margaret N. DeWitt
RESIDENCE	Post Falls. R.F.D.	RESIDENCE	Post Falls. R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.00 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Weng

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Rathbun, Ida

Filed 1/10 1916 D D Dinman Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1959

522-119-028-596

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Athol

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 36768

Primary Registration District No. 2051 Registered No. 849

FULL NAME OF CHILD Harold W. Ebbett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Dec 19 1915

FATHER		MOTHER	
FULL NAME	Joseph B. Ebbett	FULL MAIDEN NAME	Belle W. Vidger
RESIDENCE	Athol, Ida.	RESIDENCE	Athol,
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	N. B.	BIRTHPLACE	N. Dak.
OCCUPATION	sawyer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:00 p.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Rathdrum, Ida

Filed 1/10 1916 S. S. Sneeman Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1953

693-108-028-795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of ~~Belmont~~ Kootenai

City of ~~Kootenai~~ Belmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14

File No. 36769

Primary Registration District No. 2051

Registered No. 841

FULL NAME OF CHILD Willie Gregg Wilhite

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 8 1915

FATHER		MOTHER	
FULL NAME	Geo. Wilhite	FULL MAIDEN NAME	Oma Gregg
RESIDENCE	Belmont	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Idaho

Filed 1/10 1916 D. D. Drennan

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane

Certificate No. 36769
Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or death)
for Willis Gregg Wilhite (Name on original certificate) who was born (Was born or died) on December 11, 1916 (Date of event)
in Belmont, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by own knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Wm. G. Wilhite	Willis Gregg Wilhite

Subscribed and sworn to before me this First day of November, 1941.

Notary Public, residing at Opportunity, Wash

My commission expires June 21, 1943
[SEAL]

Signed [illegible] Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Veradale, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of November, 1941.

Notary Public, residing at Opportunity, Washington

My commission expires June 21, 1943
[SEAL]

Signed [illegible]
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 6/29/71

712-205-028-791

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12

File No. 36770

Primary Registration District No. 2051

Registered No. 1836

FULL NAME OF CHILD Gertrude Geraldine Gaston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. Gaston	FULL MAIDEN NAME	Mary Grand Genet
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	89 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	S. Dak
OCCUPATION	Laborer	OCCUPATION	Hsw

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum

Filed 12/30 1915 D. D. Drennan Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible]

Certificate No. 36770

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gertrude Geraldin Gasten (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1915 (Date of Event)
in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Gertrude Geraldin Gasten	Gertrude Geraldine Gaston

Subscribed and sworn to before me this 26 day of April, 19 62

Notary Public, residing at [illegible]
My commission expires Sept 24 [illegible] 1964
(Seal)

Signed [illegible] (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of April, 19 62

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DH 60-155 CL 4-17-62. ~~mm~~ one copy pd. rec. #10587.

Designation or Change of Beneficiary (Railroad Retirement Board) gives person's name as Alexander Thomas Gaston born May 25, 1876. Name of Beneficiary give as Mary Grandgenet Gaston, Wife. Other beneficiary given as Gertrude Geraldine Gaston Patterson, daughter. Dated Sept. 23, 1938. Viewed by V. S. JUL 8 1971

Application for Social Security Account Number (518-36-5393) gives name as Gertrude Geraldine Patterson. Maiden name: Gertrude Geraldine Gaston. Date of birth Dec. 12, 1915. Father's name: Alexander Thomas Gaston . Mother's name as Mary Grandgent. Dated Oct. 26, 1951. Viewed by V. S.

459-127-028-674

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Lane

No. ____ St.

Hospital ____

Registration District No. 17

Primary Registration District No. 2051

File No. 36771

Registered No. 839

FULL NAME OF CHILD Albert B. Merry.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes	Oct 27 (Month) (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Leonard E. Merry.	FULL MAIDEN NAME	Alvirda Ogden.
RESIDENCE	Lane	RESIDENCE	La Crosse Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Palouse Wash.	BIRTHPLACE	Green Bluff Wash.
OCCUPATION	Laborer	OCCUPATION	School Girl.

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:55 M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs. W. A. Goodson

(Physician or midwife)

Address Box 128 Lane Ida.

Filed 2/10 1916 D D Brennan
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231 - 224 - 028 - 954

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 36772

Primary Registration District No. 2021 Registered No. 838

FULL NAME OF CHILD Bertha Vanetta Black

Sex of Child	Twin / Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Oct 24 1915

	FATHER	MOTHER
FULL NAME	James William Black	FULL MAIDEN NAME Bertha May Redborn
RESIDENCE	Rose Lake	RESIDENCE
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE Missouri
OCCUPATION	Saw milling	OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs Millie V Miller

Neighbor
(Physician or midwife)

Address Rosalake Idaho

Filed 2/10 19 16 D D Drennan
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1915. 34563

714-209-006-513

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36795

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116 File No. 3

Primary Registration District No. 2195 Registered No. 143

FULL NAME OF CHILD Lucy Thelma Paul

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	May 9 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Grover Paul	FULL MAIDEN NAME	Lulu Blanche Eaton
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Paul

Father of baby
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Springfield - Ida

Filed Feb 29 1916 McCormick Kinney
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-203-007-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1-C—25m-9-8-15

CERTIFICATE OF BIRTH

36800

Registration District No. 09 File No. 101

Primary Registration District No. 239 Registered No. .....

FULL NAME OF CHILD ..... Fohling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 3 1910

FATHER

FULL NAME James Fohling

RESIDENCE Arco Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rhoda Jones

RESIDENCE Arco Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 9 M. on the date above stated.

(Signature) C. W. Fox

Physician (Physician or midwife)

Address Arco Idaho

Filed 10/5 1915 C. W. Fox Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

Form V.S. No. 4

914-103-007-361

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH 36801

Registration District No. 57 File No. 102

Primary Registration District No. 2137 Registered No. ____

FULL NAME OF CHILD Simms Eugene Ramey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 5 1915

FATHER

FULL NAME Simms A. Ramey

RESIDENCE Arco, Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE South Carolina

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Drake

RESIDENCE Arco Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Carroll, Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 5-15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Fox

Physician

(Physician or midwife)

Address Arco, Idaho

Given names added from a supplemental report.

....19....

Registrar

File Oct 30 1915 C W Fox

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-130-007-231

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36802

County of Blaine

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 103

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD DON ROY Woodbridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Roy E. Woodbridge	FULL MAIDEN NAME	Violet Blattner
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	California	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Arco, Idaho

Filed 10-30 1915 E W Fox

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1968

APR 3 1957

286-227-007-145

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36803

County of [redacted] Bl[redacted]

City of Moore

Registration District No. 59

File No. 104

No. ....., ... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillian Blood

Sex of Child Female | Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Dec 21, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Enos Edwin Blood	FULL MAIDEN NAME	Elizabeth Ames
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sievere Co Utah	BIRTHPLACE	Cash Valley Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H [redacted]ney

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moore, Idaho

Filed 1-6 1915

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

DEC 3 1 1956

759-111-007-868 PLACE OF BIRTH Amended 11-1-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine
City of Arco
No. ____ St.
Hospital ____

Registration District No. 59 File No. 36804
Primary Registration District No. 2139 Registered No. 105

FULL NAME OF CHILD CARL FLOYD PERSHALL
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	12-11-15 192

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Avery Pershall	FULL MAIDEN NAME	Fay Hohn
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) E. W. Fox
Physicain
(Physician or midwife)

Address ____

Filed Dec. 11, 1936 E. W. Fox Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV-1 56
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Butte } ss.

Certificate No. 36804

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Purschell (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1915 (Date of Event) in Arco (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Dec. 3, 1943 (Give Date), are: School Record 1934 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (Correct Facts)
Child's Name	Unnamed Purschell	Carl Floyd Pershall

Subscribed and sworn to before me this 31st day of October 19 56

Notary Public, residing at Arco, Idaho
My commission expires 12/15/56
(Seal)

Signed Mrs. Fay Pershall Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arco, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Butte } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October 19 56

Notary Public, residing at Arco, Idaho
My commission expires 12/15/56
(Seal)

Signed Curry G. Pershall Father
(Signature of Any Credible Person)

Arco, Idaho
(Street Address, City, State)

FORM DPH 55. 155

235-214-026-235

PLACE OF BIRTH

[redacted] Jefferson

City of Bernice

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

36805

Registration District No. 59

File No. 106

Primary Registration District No. 2139

Registered No. ____

FULL NAME OF CHILD Marion Stephenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				V — 14th — 1915

FATHER

FULL NAME Charles Malon Stephenson

RESIDENCE Bernice, Idaho

COLOR white AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Linden, Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Lou King-Stephenson

RESIDENCE Bernice Idaho

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Nevada, Mo.

OCCUPATION ____

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive ~~or stillborn~~) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. C King

(Physician or midwife)

Address Bernice, Idaho

Filed Jan 1 1916

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1957

349-115-007-318

Form V. S. No. 11-C—25m-9-8-15

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36806

County Blaine

City of Howe

No. ..... St.

Hospital .....

Registration District No. 59 File No. 107

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Dixon Leonard Curtis Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Erastus Curtis	FULL MAIDEN NAME	Ella Taylor
RESIDENCE	Howe, Idaho	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Weiser, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 15 1915 E W Fox Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1964

APR 21 1952

253-115-007-212

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36807

County of Blaine

City of Arco

No. ..... St.

Hospital .....

Registration District No. 09 File No. 08

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD (died) Belnap

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Amosy William Belnap	FULL MAIDEN NAME	Alma Louis Baker
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salem, Idaho	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 15 1915 Ew Fox

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-116-007-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36809

County of Blaine

City of Arco

Registration District No. 59

File No. 110

No. ..... St.

Primary Registration District No. 2139

Registered No. (dist)

Hospital

FULL NAME OF CHILD Raymond Edward Meacham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Henry Meacham	FULL MAIDEN NAME	Annie Ellen Babbitt
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tennington, Utah	BIRTHPLACE	Elba, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed Dec 18 1915 E.W. Fox

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-127-007-695

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36810

County of Blaine

City of Arco

Registration District No. 59 File No. 111

No. St.

Primary Registration District No. 2139 Registered No.

Hospital

FULL NAME OF CHILD Wesley Delance Washburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 27th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Pratt Washburn	FULL MAIDEN NAME	Olive Winget
RESIDENCE	Arco Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Monroe, Utah	BIRTHPLACE	Monroe, Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 25 1915 E W Fox Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Duchesne } ss.

Certificate No. 36810
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Wesley Delance Washburn (Name on original certificate) who was born (Was born or died) on December 27, 1915 (Date of event)
in Arco Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record, and personal knowledge (Bible record, insurance policy, etc.) prepared on immediately following birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Dec. 25, 1915	Dec. 27, 1915

Subscribed and sworn to before me this 26
day of November, 19 41
Ray C. Hillman
Notary Public, residing at Roosevelt, Ut
My commission expires May 14, 1943
[SEAL]

Signed Olive Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Myton Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Duchesne } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 19 41
Ray C. Hillman
Notary Public, residing at Roosevelt Ut
My commission expires May 14, 1943
[SEAL]

Signed Dean A. Washburn
(Signature of any credible person other than the previous affiant.)
Myton Utah
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

569-130-014-244

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4

File No. 36821

Primary Registration District No. 1008

Registered No. 6

FULL NAME OF CHILD Jack Kummer Norris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 30 1915

FATHER		MOTHER	
FULL NAME	John H Norris	FULL MAIDEN NAME	Louise Kummer
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn.	BIRTHPLACE	Mont.
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Payette Ida

Filed 2/21 1916 J C Woodward Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DEC 2 7 1974

DECEASED

465-121-039-269

[redacted]

Form V.S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

STATE BOARD
BUREAU OF VITAL STATISTICS

County of Power

CERTIFICATE OF BIRTH

36828

City of American Falls, Registration District No. 25 File No.

No. St. Primary Registration District No. 2072 Registered No.

Hospital

FULL NAME OF CHILD Carrol Julius Moench

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 21 1915

FATHER	MOTHER
FULL NAME: Frank Moench	FULL MAIDEN NAME: Millie Sorenson
RESIDENCE: American Falls,	RESIDENCE: American Falls,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Loan Agent	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Mork

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ametican Falls, Idaho

Filed Dec. 30 1915. R. F. Mork M.D.

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1945

666-125-039-396

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of American Falls,

Registration District No. 25

File No. 36829

No. _____ St.

Primary Registration District No. 2072

Registered No. _____

Hospital _____

FULL NAME OF CHILD Walter Lee Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph D. Wood	FULL MAIDEN NAME	Adelaide Cross
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address American Falls, Idaho

Filed 11/30 1915

R F Noth Md
Registrar

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-47

MAR 13 1973

655-216-039-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36830

County of Power

City of American Falls, *Registration District No.* 25 File No.

No. St. *Primary Registration District No.* 2072 Registered No.

Hospital

FULL NAME OF CHILD Myrtle Gladys Weeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard L. Weeks	FULL MAIDEN NAME	Mabel Anderson
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nott

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls, Idaho

Filed Dec 20 1915 R. F. Nott M.D. Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-119-039-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 36831

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth. (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Verrice Griffard	FULL MAIDEN NAME	Grace Waltman
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

..... *Registrar*

Address American Falls, Idaho

Filed Dec 24 1915 R. F. Noth *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-203-039-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Rockland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 36836

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Martha Agnes Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Nels Peter Anderson	FULL MAIDEN NAME	Christina Maree Christenson
RESIDENCE	Rockland Valley D	RESIDENCE	Rockland Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta C. Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Neeley Idaho

Filed Nov 10 1915 Robt Northam
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-211-039-993

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Power

City of Neeley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 36837

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Grace Elizabeth Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	11-11-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Leslie Riley	FULL MAIDEN NAME	Erma May Richards
RESIDENCE	Camas Idaho.	RESIDENCE	Camas Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Redman Mo.	BIRTHPLACE	Edmund Wisconsin
OCCUPATION	Methodist Minister	OCCUPATION	Stenographer

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6:45 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Neeley Idaho.

Filed Nov 20 1915 R. F. North M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1967

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INDELIBLE INK. THIS IS A PERMANENT RECORD

M. B. In case of twins or triplets, a separate form should be used for each child, in order of birth, and the number stated in order in which born.

813-125-039-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls

No. Box 201 St.

Hospital

Registration District No. 25 File No. 36839

Primary Registration District No. 2072 Registered No.

FULL NAME OF CHILD Elis Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes.	11-25-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hall	FULL MAIDEN NAME	Agnes Mellinger
RESIDENCE	Am Falls Idaho.	RESIDENCE	Am Falls Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	McDowell Ken	BIRTHPLACE	Vernonia Oregon.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:00 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Neeley Idaho.

Filed 11/30 1915 R. F. Noth Ell
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 19

415-230-039-562

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Power

City of Crystal

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36840

Registration District No. 25 File No. _____

Primary Registration District No. 2072 Registered No. _____

FULL NAME OF CHILD Fern Daniels

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl R. Daniels	FULL MAIDEN NAME	Jessie Noble
RESIDENCE	Pauline	RESIDENCE	Pauline
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Phillipsburg Mont.	BIRTHPLACE	Ocean View Calif.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending ~~physician or~~ midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Pettit D.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Crystal Ida

Filed 12/5 1915 R. F. Noth M.D.

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1972

319-104-039-345

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 36841

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD George Lowman Lair

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12-4-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Guy Lair	FULL MAIDEN NAME	Juanita Elsie Fields
RESIDENCE	Neeley Idaho via Am Falls	RESIDENCE	Neeley Idaho (via) Am Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sheldon Mo Barton Co.	BIRTHPLACE	Wilbur Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Five Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gitta C Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Neeley Idaho

Filed 12/10 1915 R F Noitz M.D.
Registrar

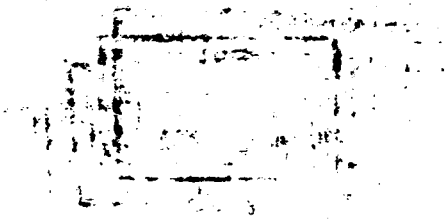
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



613-105-039-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Rockland Valley

No. _____ St.

Hospital _____

Registration District No. 25

File No. 36842

Primary Registration District No. 2072

Registered No. _____

FULL NAME OF CHILD Leonard Omer Walker

Sex of Child	Twin Triplet or other? (To be answered on [illegible])	[illegible]	Date of Birth
Boy		Yes	12 (Month) 5 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Omer Walker	FULL MAIDEN NAME: [illegible] Irene Kelly
RESIDENCE: Am Falls Idaho	RESIDENCE: Am Falls Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Mountain Grove Mo.	BIRTHPLACE: Rockland Valley Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta C. Grayot
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Neeley Idaho

Filed 12/10 1915 [illegible] Registrar

S-Y CO. 24655

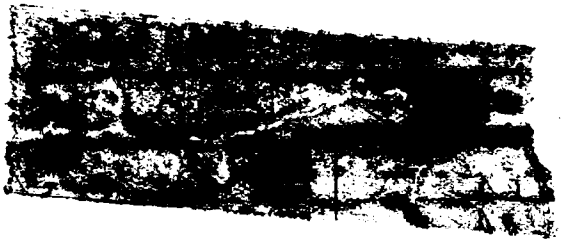
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11-5-41



DECEASED

386 - 224-037-318

Form V. S. No. 11-C—Dist. 6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36846

County of Owyhee

City of Bruneau

Registration District No. 44 **File No.** 16

No. — *St.*

Primary Registration District No. 2121 **Registered No.**

Hospital —

FULL NAME OF CHILD Ruth Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		—	yes	Dec 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. F. Thomas	FULL MAIDEN NAME	Ethel Taylor
RESIDENCE	Bruneau	RESIDENCE	Bruneau
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Nebraska
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 12/24/15 - 1 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 3 1916 J. C. Bartlett
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 114-C [illegible]-18-52

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Spencer

No. 813-107-022-249 St.

Registration District No. 99

File No. 36849

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Oscar Owen Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert M. Hall	FULL MAIDEN NAME	Lula A. Burke
RESIDENCE	Spencer Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	McGrady N.C.	BIRTHPLACE	Murty N.C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spencer Ida

Filed Oct 10 1915 W. A. West

Registrar

Registrar

S-Y CO. 24656

[redacted]

FEB 26 1943

APR 20 1976

219-121-022-197

Form V. S. No. 11—2m-1-1-1[illegible]

PLACE OF BIRTH

County of Fremont

City of Kilgore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 36850

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD Roy Lorenzo Barney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 21 1915

FATHER		MOTHER	
FULL NAME	Wm A. Barney	FULL MAIDEN NAME	Eliza J. Argyle
RESIDENCE	Kilgore Ida	RESIDENCE	Kilgore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Lake Shore Utah	BIRTHPLACE	Same
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Spencer Ida

Filed Dec 10 1915 W B Wrest

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 1 - 1954

892-217-022-386

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

36851

County of Fremont

City of Kilgore

Registration District No. 99 **File No.**

No. ..... *St.*

Primary Registration District No. 2177 **Registered No.**

Hospital .....

FULL NAME OF CHILD Wilda Hibbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 17 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	B. Chas Hibbert	FULL MAIDEN NAME	Evelyn Thomison
RESIDENCE	Kilgore Ida	RESIDENCE	Kilgore Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Enterprise Utah	BIRTHPLACE	Topeka Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7-15P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spencer Ida

Filed Dec 10 1915 W. B. Ward
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1954

693-227-022-763

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Spencer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 36853

Primary Registration District No. 2117 Registered No. .....

FULL NAME OF CHILD Alice Merral Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	6 27 1915

	FATHER	MOTHER
FULL NAME	Sterling P. Wilson	FULL MAIDEN NAME Fanny Pollard
RESIDENCE	Spencer Ida	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	New Hope Mo	BIRTHPLACE Chanutta Mo
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8:30a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Tucker

Midwife

(Physician or midwife)

Address Spencer Ida

Given names added from a supplemental report.

..... 19.....

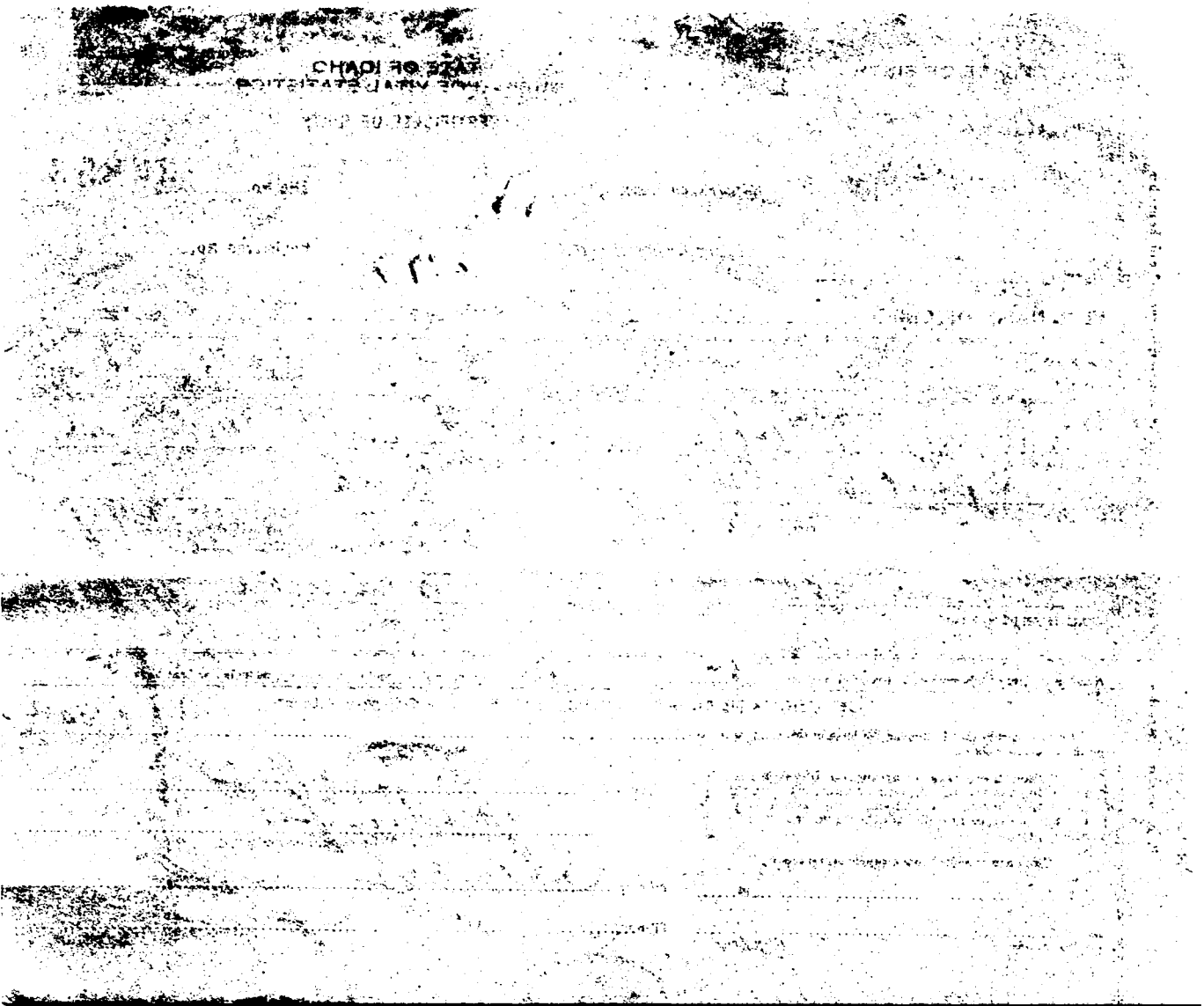
..... Registrar

Filed May 10 1915 W. W. West Registrar

8-Y CO. 24656

WRITE PLAINLY WITH INK

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



238-202-022-314

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Kilgore

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 36854

Primary Registration District No. 2177 Registered No. _____

FULL NAME OF CHILD BESSIE MARIE SCHALLER

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas J. Schaller	FULL MAIDEN NAME	Eliza Campbell
RESIDENCE	Kilgore Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Saguache Col	BIRTHPLACE	Perthshire Scot
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Spencer Ida

Filed Dec 10 1915 W. A. West Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1967

JUL 20 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36866

PLACE OF BIRTH

County Ada

City of Eagle

No. 651-206-022-466 St.

Registration District No. 99

File No.

Primary Registration District No. 2117

Registered No.

Hospital

FULL NAME OF CHILD June Moon Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 6 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Miles Junius Weaver	FULL MAIDEN NAME	Charlotte Irene Moon
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wrest

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Jan 10 1916 W B Wrest

Registrar

S-Y CO. 24655

OCT 16 1941

764-04-022-299

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 36867

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Woodson Gould

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth
Male	(To be answered only in event of plural births)			Yes	Dec. (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Gould	FULL MAIDEN NAME	Mary Ethel Burns
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3,300 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 10 1916 W B West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

659-130
022-466 [redacted]

PLACE O[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 36868

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Raymond Ferney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Ferney	FULL MAIDEN NAME	Minnie Downing
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Oberst M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 10 1916 W. Oberst

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] FEB 1 1967

DEC 41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [illegible]

City of St Anthony

693-126-022-238

No. ..... , ... St.

Hospital .....

Registration District No. 99

File No. 36[illegible]

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Wm. James Orlob

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
male		yes	Dec 26

FATHER		MOTHER	
FULL NAME	Waldemar John Orlob	FULL MAIDEN NAME	Edna Gwendilyn Sh[illegible]
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Grafton W. Vir.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 2:[illegible] P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Boucher M. D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 1916 W B West

Registrar

Registrar

S-Y CO., 16669

DEC 8 8 1961

FEB 19 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 493-227-022-699

Registration District No. 99

File No. 36875

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Donna Mavilla Miller

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Jack Miller	FULL MAIDEN NAME	Olive Mavilla Wright
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holdreg Neb	BIRTHPLACE	Bountiful Utah
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address St. Anthony Ida

Filed Jan 10 1916 [illegible]

Registrar

S-Y CO., 16669

SEP 13 1968

MAR 20 1969

269-115-022-592

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 99

File No. 36876

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Edward Rex Sorensen ~~[illegible]~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	ist	yes	12 15 1915

	FATHER		MOTHER
FULL NAME	Edward P. Sorensen ~~[illegible]~~	FULL MAIDEN NAME	Vera Nibaur
RESIDENCE	Teton Idaho	RESIDENCE	Teton Idaho
COLOR	AGE AT LAST BIRTHDAY 26 (Years)	COLOR	white AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno P Gray

Physician (Physician or midwife)

Given names added from a supplemental report.

Address St Anthony

_____ 19____

Filed Jan 10 1916

_____ Registrar

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Madison }

Certificate No. 36876
Date Filed APR 17 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edward Rex Sorensen (Name on Original Certificate) who was born (Was Born or Died) on 15 Nov. 1915 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on or near birth date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named yet	Edward Rex Sorensen
father's name	Ed Sorenson	Edward P. Sorensen

Subscribed and sworn to before me this 4th
day of April, 1942.

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
(Seal)

Signed Edward P. Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Madison }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of April, 1942.

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27 1943
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

Newdale, Idaho
(Street Address, City, State)

555-118-022-766

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Fremont

City of Parker

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 36878

Primary Registration District No. 2(7) Registered No. _____

FULL NAME OF CHILD not named yet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	3	yes	12 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Eneminger	FULL MAIDEN NAME	Mary Good
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jack Gray

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address St Anthony Idaho

Filed Jan 10 1916 W D West Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-20-003-349

Form V. S. No. 11-C—Mar 1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Lago

No. ..... St.

Hospital .....

Registration District No. 11 File No. 36888

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Mary Ross Turner Mendenhall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Dec 1 1915

FATHER		MOTHER	
FULL NAME	Leo Mendenhall	FULL MAIDEN NAME	Agnes Derney Turner
RESIDENCE	Edgo Idaho	RESIDENCE	Lago Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29 1915	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Lago Idaho	BIRTHPLACE	Lago Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6/2 M on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Address Lago Idaho

Elis Kanly
Registrar

Filed Feb 10 1916 Elis Kanly
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

NOV 18 1988

RESERVED FOR BINDING

MARGIN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTHDAY

(Years)

238-130-003-865

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Wayan

Registration District No. 11

File No. 36889

No. ____ St.

Primary Registration District No. 2048

Registered No. ____

Hospital Christian

FULL NAME OF CHILD Irad Schneider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 30 1915

FATHER	MOTHER
FULL NAME Ephram Schneider	FULL MAIDEN NAME annie Maria Hansen
RESIDENCE Wayan Idah	RESIDENCE wayan Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE utah	BIRTHPLACE utah old country
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 30 at 1 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Harris

Physician
(Physician or midwife)

Address Wayan Idaho

Given names added from a supplemental report.

..... 19.....

Ellis Kanley
Registrar

Filed Feb. 16 1916 Ellis Kanley
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1975

665-128-003-284

Form V. S. No. 11-C—20m-8-15-12.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36890

Primary Registration District No. 2046 Registered No. .....

FULL NAME OF CHILD Golden Hawkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		4	Yes	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Ammon Owen	FULL MAIDEN NAME	Mina Irene Sims
RESIDENCE	Robin	RESIDENCE	Crystal
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Robin	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Farmer — wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Arimo

Given names added from a supplemental report

..... 19.....

Edis Kaney Registrar

Filed Feb 16 1916 Edis Kaney Registrar

S-Y CO. 20174

DUP921915-434894

155-214-003-395

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36891

Registration District No. 11 File No. .....

Primary Registration District No. 2046 Registered No. .....

FULL NAME OF CHILD Golda Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	5 (To be answered only in event of plural births)	yes	Nov (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Parley Jensen	FULL MAIDEN NAME	Ada Bell Treasure
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Weston	BIRTHPLACE	Woodland
OCCUPATION	Farmer	OCCUPATION	Farmer wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Arimo

Filed Nov 19 15

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1962

666-108-003-685

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital Amended 4/4/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36892

Primary Registration District No. 2046 Registered No. .....

FULL NAME OF CHILD Keith Wheeler Wolverton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) July (Day) 8 (Year) 1915
Boy		Yes	

FATHER		MOTHER	
FULL NAME	Arvil Wolverton	FULL MAIDEN NAME	Ailen Wheeler
RESIDENCE	Robin	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Robin	BIRTHPLACE	Cliftin
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 8th (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kasley Registrar

Address Arimo Idaho

Filed Feb 10 1916 Ellis Kasley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/4/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMENDED ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 2 34 PM '79

State of _____ } ss.
County of _____

Certificate No. 36892
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Wheeler Wolverton (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7/8./15 (Date of Event)

in Robin, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name.	Wheeler	Keith Wheeler Wolverton
	Arvil Woolverton	Arvil Wolverton

Subscribed and sworn to before me this 4th day of April, 1979

Notary Public, Margaret D. Davis
Residing at Boise, ID
My commission expires Lifetime
(Seal)

x Larry W. Hirschi
Signature of Applicant

1960 Stone Pocatello Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Death certificate issued by State of Idaho 12/14/73 gives name of the deceased as Keith Wheeler Wolverton born 7/8/15. viwed by V.S. Father's name Thomas A. Wolverton

Patriarch Blessing issued by Edwin D. Harrison, Pocatello Stake 3/1/25 to Keith Wheeler Wolverton born 8 July 1915 in Robin, Idaho. viewed by V.S. Father's name Thomas Wolverton.

APR 4 1979

236-106-003-791

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Banock

City of Wayan

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

36896

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD Charles Elmer Stoor

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Dec 6, 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Charls August Stoor	FULL MAIDEN NAME	Georgy Irun graham
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	old contrey	BIRTHPLACE	utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive dec 6 (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Harris

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Wayan Idaho

Elis Kaesly Registrar

Filed Feb. 16 1916 Elis Kaesly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STOAR

DuPont 1915-323160

415-121-003-553

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Banock

City of Wayan

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36899

Primary Registration District No. 2048 Registered No. _____

FULL NAME OF CHILD Franklin Henry Daniels

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	November 21, 1915

FATHER		MOTHER	
FULL NAME	Stephen Albert Daniels	FULL MAIDEN NAME	Dafney Elaine Nelson
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	utah	BIRTHPLACE	utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born November Alive 21 (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Harris MD

Physician (Physician or Midwife)

Given names added from a supplemental report

_____ 19__

Address Wayan Idaho

Elis Kanly Registrar

Filed Feb 14 1916 Elis Kanly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 6 1943

DUP001915-263681

556-113-003-295

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

...DAHO
...L STATISTICS
...OF BIRTH

36903

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. _____

Primary Registration District No. 2046 Registered No. _____

FULL NAME OF CHILD Glenn John Newbold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	12 13 1915

FATHER		MOTHER	
FULL NAME	Jam'l M. Newbold	FULL MAIDEN NAME	Dora Kingsford
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Smithfield Uh	BIRTHPLACE	Weston, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was slr. at 39 M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. F. W. Reed M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Idaho

19

Eric Kaeley Registrar

Filed Feb 19 1915 Eric Kaeley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Fremont }

Certificate No. 36903

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Baby Newbold (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 13, 1915 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Glen John Newbold

Subscribed and sworn to before me this 31st. day of March, 19 75

Notary Public, residing at St. Anthony, Id.
My commission expires Jan. 5, 1976
(Seal)

Signed Glen and John Newbold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

342 E. 2nd. N., St. Anthony, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st. day of March, 19 75.

Notary Public, residing at St. Anthony, Id.
My commission expires Jan. 5, 1976
(Seal)

Signed
(Signature of Any Credible Person)

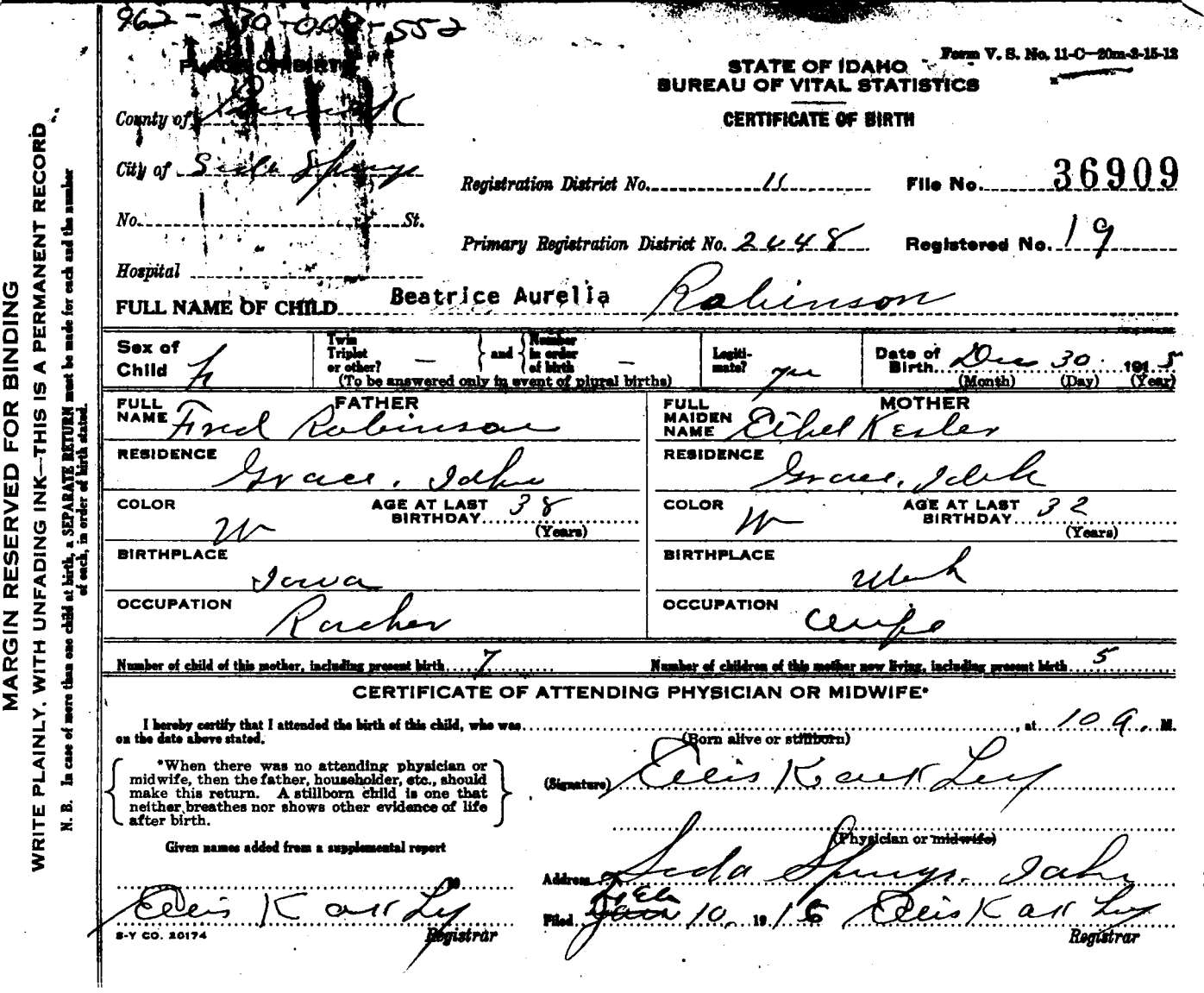
R-1, St. Anthony, Id.
(Street Address, City, State)

FORM DH 60-155 CL 3/27/75

Honorable Discharge from the U.S. Navy gives name asGlenn John Newbold, date of birth Dec. 13, 1913 at Cambridge, Idaho. dated Nov. 20, 1945. viewed by VS

APR 17 1975

Application fro Insurance from the Mutual Benefit Health and Accident Assoc. gives name as Glenn J. Newbold. date of birth Sept. 13, 1915. viewed by V. S.



962-230-008-552

PLACE OF BIRTH

County of Bear Lake

City of Soda Springs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 36909

Primary Registration District No. 2448 Registered No. 19

FULL NAME OF CHILD Beatrice Aurelia Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Dec 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Robinson	FULL MAIDEN NAME	Ethel Kesler
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaukley

(Physician or ~~midwife~~)

Given names added from a supplemental report

Address Soda Springs, Idaho

Filed ~~Jan~~ Feb 10 1916 Ellis Kaukley Registrar

Ellis Kaukley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-9-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 36909

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Aurelia Robinson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1915 (Date of Event) in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	omitted	Beatrice

Subscribed and sworn to before me this 27 day of October, 1970

Notary Public, residing at Grace, Idaho

My commission expires March 18, 1973

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD Grace, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of October, 1970

Notary Public, residing at Grace, Idaho

My commission expires March 18, 1973

(Seal)

Signed [signature]

(Signature of Any Credible Person)

RFD Grace, Idaho 83241

(Street Address, City, State)

FORM DH 60-155

1 cp pd rec # 1987 (R)

Family Bible Record gives name as Beatrice Aurelia Robinson born Dec. 30, 1915 to Fred Robinson and Ethel Kessler. Bible Record obviously old. NOV 25 1970
Viewed by V.S.

Church Record of birth gives name as Beatrice Aurelia Robinson born Dec. 30, 1915 in Soda Springs, Idaho. Father Fred D. Robinson and mother Ethel S. Kesler.
Viewed by V.S. Recorded Dec. 31, 1932

553-211-003-867

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Williams Berg Registration District No. 11 File No. 36913

No. ....., ... St.

Primary Registration District No. 2048 Registered No. .....

Hospital .....

FULL NAME OF CHILD Iris Margrita Nelson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec. 11 1915

FATHER	MOTHER
FULL NAME Frank Nelson	FULL MAIDEN NAME Maud Elizabeth Hopkins
RESIDENCE Williams Berg	RESIDENCE Williams berg
COLOR white	AGE AT LAST BIRTHDAY 37 (Years)
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 11 at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaerly Registrar

(Signature) M E Harris

Physician
(Physician or Midwife)

Address Grayson Idaho

Filed Feb 19 1916 Ellis Kaerly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Dep00 1915-328557

255-117-003-349

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Sago Idaho

Registration District No. 11 File No. 36914

No. ____ St.

Primary Registration District No. 2048 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Turner Campbell Bengata

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	now 17 1915

FATHER		MOTHER	
FULL NAME	moses Bengata	FULL MAIDEN NAME	anny a Turner
RESIDENCE	Campbell Idaho falls	RESIDENCE	Idaho falls
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	30 (Years) 1915	AGE AT LAST BIRTHDAY	21 (Years) 1915
BIRTHPLACE	Idaho	BIRTHPLACE	Sago Idaho
OCCUPATION	herding Sheep	OCCUPATION	+

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated. (Born alive or dead)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) anny a Turner

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address Sago Idaho

Filed Feb 19 1916

Ellis Kaercy
Registrar

Ellis Kaercy
Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36919

County of [illegible]ne

City of Moore

No. 419-117-007-419 St.

Hospital

Registration District No. 59 File No. 117

Primary Registration District No. 2139 Registered No.

FULL NAME OF CHILD Ivan Hole Marshall

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		[redacted]	Yes	Dec. (Month) Thur. (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar A. Marshall	FULL MAIDEN NAME	Grace G. Marshall
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Albany Oregon	BIRTHPLACE	Pleasant Grove Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned Alive (Born alive or stillborn), at 3.9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Lemmon

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Moore Idaho

Filed Feb 10 1916

Registrar

Registrar

S-Y CO. 20174

OCT 1 1957

693-120-026-319

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Jefferson

City of Menan

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 36929

Primary Registration District No. 2176 Registered No. 8

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Dec (Day) 20, 1915 (Year)
M.			

FATHER		MOTHER	
FULL NAME	Melvin Wilbur	FULL MAIDEN NAME	Lydia Carr
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb. 10 1916 Ray H. Fisher O.E.

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible]-026-312

PLACE OF BIRTH

County of Jefferson

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—15m-6-20-11

City of Menan

Registration District No. 98

File No. 36939

No. _____, _____ St.

Primary Registration District No. 2176

Registered No. 18

Hospital _____

FULL NAME OF CHILD LLOYD HENRY THOMPSON

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	Dec 21 1915

FATHER		MOTHER	
FULL NAME	B. R. Thompson	FULL MAIDEN NAME	Tillie Casper
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Va.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed Feb 10 1916 Ray H. Fisher

Registrar

Registrar

S-Y CO., 16670

[redacted]

APR 10 1942

DEC 23 1952

AUG 16 1963

FEB 7 1955

154-230-026-296

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 36943

Primary Registration District No. 2176

Registered No. 22

FULL NAME OF CHILD LAURA MATILDA ANDERSON

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— and — (To be answered only in event of plural births)		yes.	Dec 30 1915

FATHER		MOTHER	
FULL NAME	Niels Anderson	FULL MAIDEN NAME	Mary Brown
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 0:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 2-12 1916 Ray M. Fisher
Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA
County of SAN FRANCISCO } ss.

Certificate No. 36943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for LAURA MATILDA ANDERSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on DECEMBER 30th 1915 (Date of Event)
in RUDY SCHOOL DIST, RIGBY ROUTE TWO IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Laura Matilda Anderson

Subscribed and sworn to before me this 13th day of JUNE, 19 42

Notary Public, residing at 823 IRVING ST S.F.

My commission expires 6-13-1944
(Seal)

Signed X Mary Frances Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1467 45th AVE, SAN FRANCISCO, CALIF.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SAN FRANCISCO } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of JUNE, 19 42

Notary Public, residing at 823 IRVING STREET SF.

My commission expires 6013-1944
(Seal)

Signed X Susie C Beattie
(Signature of Any Credible Person Other Than Previous Year)

3A Downey St.
(Street Address, City, State)
San Francisco Calif

JUN 18 1942

JUN 2 2 1942

449 - 224-026-693

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 36949

Primary Registration District No. 217.6 Registered No. 28

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂	—	—	yes.	Dec 26 1915

FATHER

FULL NAME: Lee Munn

RESIDENCE: Lorenzo.

COLOR: W. AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Velma Wilcox

RESIDENCE: Lorenzo.

COLOR: W AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 9 M. on the date above stated.
(Born alive or stillborn)

(Signature) A. M. Palmer

(Physician or midwife)

Address ____

Filed 2-12-1916 Ray W. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-183-026-652

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 36950

Primary Registration District No. 2176 Registered No. 29

FULL NAME OF CHILD GEORGE A. SARGENT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— and —	1	yes	Dec 23 1915

	FATHER	MOTHER
FULL NAME	J. A. SARGENT	
FULL MAIDEN NAME		Elva Webster
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12, Noon on the date above stated.

(Signature) A. M. Palmer.

(Physician or midwife)

Address Rigby

Filed Feb. 12 1916 Ray H. Tooker Registrar

O.E.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BONNEVILLE }

Certificate No. 36950

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Donald Sargeant	George A. Sargent
Surname	Sargeant	Sargent

Subscribed and sworn to before me this 12th
day of MARCH, 19 42

Notary Public, residing at Ucon, Idaho

My commission expires April 13, 1945
(SEAL)

Signed Elva Sargent (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ucon Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of March, 19 42

Notary Public, residing at Ucon, Idaho

My commission expires April 13, 1945
(SEAL)

Signed John H. Sargent (Grandfather)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ucon Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR By _____
(REGISTRAR'S SIGNATURE)

967-228-026-265

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-6-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Registration District No. 98 File No. 36951

No. ____ St.

Primary Registration District No. 2176 Registered No. 30

Hospital ____

FULL NAME OF CHILD Vida Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Dec 28 1915

FATHER	MOTHER
FULL NAME Fred L. Rogers	FULL MAIDEN NAME Hannah E. Bone
RESIDENCE Rigby	RESIDENCE Rigby
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 2-12 1916 Ray N. Fisher Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 5 1965 Bureau of Vital Statistics

State of IDAHO } ss.
County of Jefferson

Certificate No. 36951

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Rogers (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1915 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 5, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vida Rogers

Subscribed and sworn to before me this 22 day of March, 1965

Notary Public, residing at Rigby Idaho

My commission expires 9-11-67

(Seal)

Signed Margaret R. Holland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R7d #1 Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of March, 1965

Notary Public, residing at Rigby Idaho

My commission expires 9-11-67

(Seal)

Signed Betty Morgan
(Signature of Any Credible Person)

R7d #1 Rigby Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-16-64. one copy pd. rec. #790.

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 2, 1924 gives full name as Vida Rogers, daughter of Fred L. Rogers and M. Elizabeth Pone, born Dec. 28, 1915 at Rigby Idaho - viewed by V.S.

APR 5 1965.

Application to the Gem State Mutual Life Ass., Pocatello, Idaho, dated Nov. 26, 1954 gives full name of applicant as Vida Rogers, - viewed by V.S. date of birth is given as Dec. 28, 1915, age 38 - viewed by V.S.

816-110-026-469

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 36952

Primary Registration District No. 216 Registered No. 31

FULL NAME OF CHILD died

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec 10 1915

FATHER		MOTHER	
FULL NAME	W. R. Hawks	FULL MAIDEN NAME	Sarah Bell Morgan
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Ray H. Fisher

(Physician or midwife)

Address ____

Filed 2-12 1916 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-108-026-555

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Registration District No. 98 File No. 36958

Primary Registration District No. 2176 Registered No. 32

Hospital ____

FULL NAME OF CHILD Wendell Amerett Maxwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Dec 8 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. L. Maxwell	Mary Everett
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	43
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 11:40 P. M.

(Signature) Ray H. Fisher

(Physician or midwife)

Address ____

Filed 2-12 1916. Ray H. Fisher Registrar

O.E.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

OCT 22 1943

719-213-026-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m—9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Registration District No. 98

File No. 36954

Primary Registration District No. 2176

Registered No. 33

FULL NAME OF CHILD Nellie Mae Parks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Dec 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Huston Parks.	FULL MAIDEN NAME	Mary Edna Connell
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 2-12 1916 Ray H. Fisher O.E. Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 36954

County of Riverside Date Filed November 6, 1973

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Parks (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 13, 1915 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 13, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Nellie Mae Parks

Subscribed and sworn to before me this 6th. day of November, 19 73

June R. Graham

Notary Public, residing at Riverside, Ca.

My commission expires March 20, 1977

(Seal)

Signed Mary E. Parks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9380 Magnolia Riverside, Ca.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Riverside

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th. day of November, 19 73

June R. Graham

Notary Public, residing at Riverside, Ca.

My commission expires March 20, 1977

(Seal)

Signed Ethel Parks

(Signature of Any Credible Person)

4135 Acacia St., Riverside, Ca., 92503

(Street Address, City, State)

FORM DH 60-155 CL 10/29/73

Marriage License and Certificate from Idaho gives groom's name as Charles Hall and the bride's name as Nellie Mae Parks. dated Mar. 26, 1934. Viewed by V. S.

DEC 20 1973

Hospital Certificate from Idaho Falls LDS Hospital gives child's name as Ronald Burke Hall born May 29, 1938. father's name given as Charlie Haus Hall and the mother's name as Nellie Mae Parks. Viewed by V. S.

653-101-026-312

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 36956

Primary Registration District No. 2176 Registered No. 35

FULL NAME OF CHILD Elmer George Welchman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes.	Dec 1 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Welchman	Clara M. Lake
RESIDENCE	Mud Lake, Ida.	Mud Lake
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 a. M. on the date above stated.

(Signature) Earl D Jones

(Physician or midwife)

Address Roberts

Filed 2-12 1916 Ray H. Fisher Registrar

O E

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1954

MAR 9 1946

319-227-026-412

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-3-15

CERTIFICATE OF BIRTH

36957

Registration District No. 98 File No. ____

Primary Registration District No. 2176 Registered No. 56

FULL NAME OF CHILD Charlotte Leona Carskadon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes.	Nov 27 1915

FATHER		MOTHER	
FULL NAME	Carey Fuston Carskadon	FULL MAIDEN NAME	Emma Rose Mace
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 9 M. on the date above stated.

(Signature) C. F. Carskadon
(Father of Child — no physician)
(Physician or midwife)

Address Roberts

Filed 2-12 1916 Ray H. Fisher
Registrar

OE

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1944

583-118-028-266

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37016

County of Kootenai

City of Council Alene

Registration District No. 29 File No. 4

No. ..... St.

Primary Registration District No. 1050 Registered No. 49

Hospital CDA Hospital

FULL NAME OF CHILD Robert Bowman Nycum

Sex of Child male | ~~Twin~~ ~~Triplet~~ or other? 1 and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Harry Wilson Nycum	FULL MAIDEN NAME	Nellie Bowman
RESIDENCE	Dalton Garden Ida.	RESIDENCE	Dalton Garden
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 yrs. (Years)	AGE AT LAST BIRTHDAY	31 yrs. (Years)
BIRTHPLACE	Mt. Carroll Ill	BIRTHPLACE	Savanna Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~W. H. Holden~~

F. Ward
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Council Alene Ida

Filed Dec 29 1918 1915 Max A. Dorland
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

766-215-028-219

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37020

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 3

Hospital Coeur d'Alene

FULL NAME OF CHILD Margaret Janice Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	1st	Yes	10-15-1935

FATHER	MOTHER
FULL NAME [redacted] Thomas Powell	FULL MAIDEN NAME Floy Margaret Barber
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Austin Wash.	BIRTHPLACE Austin Wash.
OCCUPATION Vet. Surgeon	OCCUPATION House-wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Whitehead

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8/29/36 Mae A. Dorland

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1943

713-118-028-418

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37021

County of Kootenai

City of Couurd'Alene

No. Garden St.

Hospital Couurd'Alene

Registration District No. 29 File No. 5

Primary Registration District No. 1050 Registered No. 4

FULL NAME OF CHILD William Arthur Galbraith

Sex of Child	~~Twin~~ ~~Triplet~~ or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	other		1	yes	Feb 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dr. William Galbraith	FULL MAIDEN NAME	Fannie Day
RESIDENCE	Post Falls Idaho	RESIDENCE	Post Falls Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Dandrige Tenn.	BIRTHPLACE	Grangeville Ida
OCCUPATION	Dentist	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. G. at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Wood
Phys.
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed 2/29 1916 Max A. Dorland
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-224-028-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37023

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 5

No. ..... St.

Hospital C. D. A. Hospital Primary Registration District No. 1050 Registered No. 6

FULL NAME OF CHILD Theresa Elsie Patricia McKenna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal	one	one	yes	Mch 24 1918

FATHER	MOTHER
FULL NAME Wm Francis McKenna	FULL MAIDEN NAME Myrtle E. Swanson
RESIDENCE 921 Wallace C d A Ida	RESIDENCE 921 Wallace C d A Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Montreal Canada	BIRTHPLACE Omaha Neb.
OCCUPATION Salesman	OCCUPATION Home-wife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Holden

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 7/29 1916 Mary A. Dorland

Registrar

2-Y CO. 24685

FEB 11 1960
MAY 23 1967

318-217-028-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37026

County of Kootenai

City of Coeur d'Alene

No. 910 Mullan Ave St.

Registration District No. 29 File No.

Primary Registration District No. 1050 Registered No. 30

Hospital

FULL NAME OF CHILD Kathryn Jean Taylor

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	Yes	Mar 7 1915

FATHER	MOTHER
FULL NAME Elisha M Taylor	FULL MAIDEN NAME Minnie Berry
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene, Ida
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Telegraph Operator	OCCUPATION Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Phyps. Phys.

(Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 7/29 19 16 Max A. Norland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-110-028-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 37027

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 4

No. ..... St.

Primary Registration District No. 1050 Registered No. 21

Hospital .....

FULL NAME OF CHILD Joseph Emmet Shields

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	Single (To be answered only in event of plural births)	7	Yes	Mar. 10 1915

FATHER		MOTHER	
FULL NAME	Wilbert W. Shields	FULL MAIDEN NAME	Veronica M. Kenna
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyer Phys.

(Physician or midwife)

Address Coeur d'Alene, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/29 1916 Mary A. Dorland Registrar

S-Y CO. 24698

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-207-028-318

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37028

County of Kootenai

City of Coeur D'Alene

No. ..... St.

Hospital .....

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 22

FULL NAME OF CHILD Agnes Loreta Cope

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	5	Yes	Mar. 7 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas S. Cope	FULL MAIDEN NAME	Mary Emma Taylor
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur D'Alene,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Ida

Filed Nov 29 1916 Max A Dorland
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1943

236-13-028-25-9

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of C. D'Alene.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 37029

Primary Registration District No. 1050 Registered No. 23

FULL NAME OF CHILD WILLIAM EUGENE STONE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Nov. 13 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel D. Stone.	Amelia Briese.
RESIDENCE	C. D. A.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Antigo. Wis.	High Seas.
OCCUPATION	Millwrights.	House W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 12:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John D. Wood

Phys.
(Physician or midwife)

Address Coeur D'Alene Ida.

Filed 2/29 1916 Maya. Dorland
Registrar

S-Y CO. 24655

DUP OF 1915-56012

DUP OF 1915-56012

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai } ss.

Certificate No. 37029

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Unnamed (Birth or Death)
for (Name on Original Certificate) who was born on 11/13/42 (Was Born or Died) (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	William Eugene Stone

Subscribed and sworn to before me this 19th day of November, 1942.

Notary Public, residing at

My commission expires
(Seal)

Signed John O Wood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Coeur d'Alene, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of November, 1942

Jas. A. Foster CLERK OF DISTRICT COURT
Notary ~~Public~~, residing at EX-OFFICIO AUDITOR & RECORDER
My ~~commission expires~~ Dayardath Bakke
(Seal) Deputy

Signed Mrs Amelia Stone.
(Signature of Any Credible Person Other Than Previous Year)

P.O. Box 827
1911 Lincoln Way, Coeur d'Alene, Idaho
(Street Address, City, State)

843-119-028-266

Form V. S. No. 11-C Rev. 1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37030

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 24

FULL NAME OF CHILD ~~[illegible]~~ Verl Hull.

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Nov. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hannibal H. Hull.	FULL MAIDEN NAME	Emma Lee Boutillier
RESIDENCE	Coeur d'Alene. Ida.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 33. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Bismarck. N. D.
OCCUPATION	Book-Keeper.	OCCUPATION	House W.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 5 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Feb. 27 1916

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Coos } ss.

Certificate No. 37030

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Earl Verl Hull (Name on Original Certificate) who born (Was Born or Died) on November, 19, 1915. (Date of Event)
in Coeur D Alene, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Life Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on August, 2nd, 1920. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Earl Verl	Verl Hull

Subscribed and sworn to before me this 10th
day of May, 1942., 19.

K. K. Knell
Notary Public, residing at Empire, Oregon.
My commission expires June, 23, 1944.
(Seal)

Signed Emma Hull, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Empire, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Coos } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th,
day of May, 19 42

K. K. Knell
Notary Public, residing at Empire, Oregon.
My commission expires June, 23, 1944.
(Seal)

Signed L. M. Roberson
(Signature of Any Credible Person Other Than Previous Year)

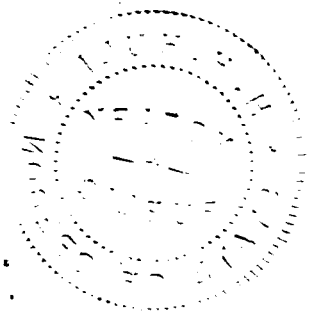
Empire, Oregon.
(Street Address, City, State)

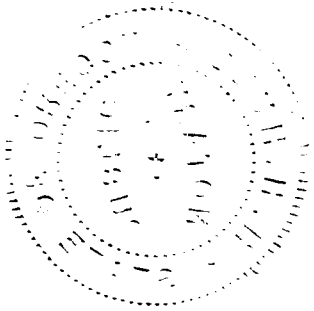
MAY 23 1942

MAR 15 1966

MAY 27 1942

SEP 18 1942





942-121-028-699

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of C D A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37031

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 25

FULL NAME OF CHILD Ralph Ray Imberg

Sex of Child: M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: Nov. (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Andrew William Imberg.	FULL MAIDEN NAME	Pearl E. Wright
RESIDENCE	C D A.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Castle Rock Minnesota	BIRTHPLACE	Omaha Nebraska
OCCUPATION	Dentist	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dwood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C D A. Idaho

Filed 2/29 1916 Max A. Dorland

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 28, 1940. E.W.

719-103-028-363

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37032

County of Kootenai

~~City of~~ Hayden Lake PO

No. ..... St.

Hospital .....

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 26

FULL NAME OF CHILD Melvin James Garner

Sex of Child: Male	Twin Triplet or other? Single and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec. (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frederic J. Garner	FULL MAIDEN NAME	Emily Lockwood
RESIDENCE	Hayden Lake, Ida	RESIDENCE	Hayden Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyer

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene, Idaho

Filed 2/29 1916 Max A. Dorland
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941

291-115-028-695

Form V. S. No. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37033

County of Kootenai

City of Coeur d'Alene.

Registration District No. 29 File No.

No. St.

Primary Registration District No. 1050 Registered No. 27

Hospital

FULL NAME OF CHILD Phillip Andrew Brandt

Sex of Child: M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: Dec. 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arvid W. Brandt.	FULL MAIDEN NAME	Jennie Fredrickson.
RESIDENCE	C D A.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 31. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Sweden.	BIRTHPLACE	Minnesota.
OCCUPATION	Telegraph operator.	OCCUPATION	H W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.55 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C D A. Idaho.

Filed 2/29 1916 Max A. Dorland

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1944

FEB 24 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]m-1-1-13

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37034

City of C D A.

655-107-028-864 Registration District No. 29 File No. 4

No. ..... St.

Primary Registration District No. 1050 Registered No. 28

Hospital .....

FULL NAME OF CHILD Francis Weeks.

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Dec. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Weeks.	FULL MAIDEN NAME	Charlotte Hodgson.
RESIDENCE	C D A	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Connecticut.
OCCUPATION	Contractor.	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Dwood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C D A. Idaho.

Filed 2/29 1916 Max A. Dorland
Registrar

Registrar

S-Y CO. 24655

JUN 26 1945

249-215-028-759

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37035

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 4

No. ..... St.

Primary Registration District No. 1050 Registered No. 29

Hospital .....

FULL NAME OF CHILD Helen Louise Burkey.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Dec. 15 1905 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul C. Burkey	FULL MAIDEN NAME	Ethel Geise
RESIDENCE	Coeur d'Alene	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address C. D. A. Idaho.

Filed 2/29 1916 Max A. Dollard

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 26 1943

MAY 26 1976

DECEASED

416-216-028-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene C.D.A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37036

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 39

FULL NAME OF CHILD Kathryn Marie Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Dec. 16 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard H. Dawson	FULL MAIDEN NAME	Grace M. Brennan
RESIDENCE	C.D.A.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Filer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address C.D.A. Idaho.

Filed 2/29 1916 Max A. Dorland
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card, #518-03-0333, Dec. 14, 1936 gives full name as Kathryn Marie Dawson - viewed by V.S. State of Idaho Marriage License and Certificate, July 3, 1937 at Post Falls, Idaho gives full name of groom as Samuel G. O'Donnell and full maiden name of bride as Kathryn Marie Dawson - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

Certificate No. 37036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dawson (Name on Original Certificate) who born (Was Born or Died) on Dec. 16, 1915 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert of Birth (Bible Record, Insurance Policy, Etc.) prepared on Copied '6 - 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kathryn Marie Dawson

Subscribed and sworn to before me this 10 day of July, 1946.
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires Nov. 22, 1948
(Seal)

Signed Richard H. Dawson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1112 Hastings Ave. Coeur d'Alene Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of July, 1946.
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires Nov. 22, 1948
(Seal)

Signed Christine M. Powers
(Signature of Any Credible Person)
1112 Hastings Ave Coeur d'Alene Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 4-2-59. one copy pd.

JAN 27 1961

693 - 219 - 028 - 718

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of C D A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37037

Registration District No. 29 File No. 11

Primary Registration District No. 1050 Registered No. 31

FULL NAME OF CHILD Dortha Elizabeth Wilbur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Dec. 19 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A. Wilbur.	Delia M. Payne.
RESIDENCE	Coeur d'Alene	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Mich.	Oregon.
OCCUPATION	Log Scaler.	H. W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Elwood

(Physician or midwife)

Address C D A. Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/29 1916 Max A. Dorland

Registrar

S-Y CO. 24655

10-28-41

DECEASED

893-119-028-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of C D A.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37038

Registration District No. 29 File No. 4

Primary Registration District No. 1050 Registered No. 32

FULL NAME OF CHILD Eldon Raymond Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Dec. 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Lawrence Hill.	FULL MAIDEN NAME	Dora M Krueger.
RESIDENCE	Coeur d'Alene.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.50 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Ida.

Filed 2, 29 1916 Max A. Dorlan

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.W.

MAY 9 1962

NOV 16 1950

238-123-034-458

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 37108

Primary Registration District No. 2015 Registered No. 20

FULL NAME OF CHILD Helmut Andrew Schnabel (dis)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Aug. 23 1915

FATHER		MOTHER	
FULL NAME	H. H. Schnabel	FULL MAIDEN NAME	Katherine Meyer
RESIDENCE	Kiamina	RESIDENCE	Kiamina
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Schnabel
Father of Child
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kiamina

Filed 2 - 23 1916 E. H. Elmore
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-111
006-369

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ham

City of Taylor

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37113

Primary Registration District No. 2147 Registered No. 469

FULL NAME OF CHILD Lester Joseph Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	1 (Month) — 11 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	Geo H. Adams	FULL MAIDEN NAME	Etta Lords
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 2 — 1 1915 — Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Custer } ss. MAR 14 10 53 AM '78

Certificate No. 37113

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Adams (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 11, 1915 (Date of Event)
in Taylor, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Notarized Certification (Bible Record, Insurance Policy, Etc.) prepared on March 8, 1978 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lester Joseph Adams
Mary Francetta Lords Adams		

Subscribed and sworn to before me this 8th day of March, 1978

Signed Mary Francetta Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Mackay, Idaho

My commission expires Lifetime
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Custer } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of March, 1978

Signed Irene C. McIntosh
(Signature of Any Credible Person)

Notary Public, residing at Mackay, Idaho

My commission expires Lifetime
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL 6/9/77

Certif of Ordination to the Holy Priesthood gives name as ~~Joseph Adams~~ Lester Joseph Adams ordained a priest on Feb 5, 1933.father , name as as George William Adams and mother's name as Mary Franette Lords. born at ~~k~~ Taylorsville,Idaho on Jan 11, 1915. Baptized on Aug 5, 1923. viewed by V. S.

APR 3 1978

Honorable Discharge from the U.S. Army gives nameas Lester J. Adams. born Jan 11, ~~191~~ 1916 date of separation as Dec 21, 1945. viewed by V. S.

355-125-006-879

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37114

County of Bingham

City of Gorham

Registration District No. 67 File No.

No. St.

Primary Registration District No. 214 Registered No. 408

Hospital

FULL NAME OF CHILD VERL WILLIS Triplet

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	1 25 1913

FATHER		MOTHER	
FULL NAME	Willis Triplet	FULL MAIDEN NAME	Ethel D. Hardy
RESIDENCE	Gorham	RESIDENCE	Gorham
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5-A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Outler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

19

Registrar

Filed 2-1-19 15 Edwin Outler
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 37114

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Verl Hardy Teeples (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 25th, 1915 (DATE OF EVENT) in Goshen, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by reported as below (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Verl Hardy Teeples	Verl Willis Teeples

Subscribed and sworn to before me this 23rd day of January, 19 42.

Clerk of District Court residing at Rexburg, Idaho.

My commission expires .....
(SEAL)

Signed Ethel Hardy Teeples
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

RFD#1, Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 129, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of January, 19 42.

Clerk of District Court residing at Rexburg Idaho

My commission expires .....
(SEAL)

Signed Willis Teeples
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

RFD#1, Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 2 1942

814-225-006-867

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 37115

Primary Registration District No. 214 Registered No. 467

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 - 25 - 1913

FATHER		MOTHER	
FULL NAME	John Austin Hammer	FULL MAIDEN NAME	Florence Elyza Hope
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P. M on the date above stated.

(Signature) Edwin Cutler M.D

(Physician or midwife)

Address Shelley

Filed 3 - 1 1913 Edwin Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

413-127-006-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 69 File No. 37116

No. ..... St.

Primary Registration District No. 2147 Registered No. 466

Hospital .....

FULL NAME OF CHILD Lewis Grant Mathews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 - 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. Grant Mathews	FULL MAIDEN NAME	Luella McBride
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 3 - 1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 8 1945

415-203-006-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37117

Primary Registration District No. 214) Registered No. 465

FULL NAME OF CHILD Frances Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 — 3 — 1915

FATHER		MOTHER	
FULL NAME	Francis M. Davis	FULL MAIDEN NAME	Mary E. Shelley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3—1—1915 Edwin Cutler Registrar

3-Y CO. 24655

FEB 12 1970

168-227-006-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67

Primary Registration District No. 2143

File No. 37118

Registered No. 464

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 — 7 — 1915

FATHER		MOTHER	
FULL NAME	Roy Johnson	FULL MAIDEN NAME	Henriette Madsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 3 — 1 — 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1968

619-110-006-453

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37119

Primary Registration District No. 2147 Registered No. 463

FULL NAME OF CHILD Eugene Reed Farrar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas J. Farrar	FULL MAIDEN NAME	Edith Pinckmellan.
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 3 — 1 1915 — Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1963

DECEASED

355-108-006-689

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37120

Primary Registration District No. 247 Registered No. 462

FULL NAME OF CHILD Amos Joel Teeples

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 8th 1915

FATHER		MOTHER	
FULL NAME	Jacob Teeples	FULL MAIDEN NAME	Elsie J. Whitmill
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	65	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3d 1915 Edwin Cutler
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/12/41. w.h.

893-112-006-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Registration District No. 69 File No. 37121

Primary Registration District No. 2147 Registered No. 461

Hospital .....

FULL NAME OF CHILD Lile Irvin Hillman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb. 12 1915

FATHER		MOTHER	
FULL NAME	H. D. Hillman	FULL MAIDEN NAME	Ethel Barber
RESIDENCE	Vernon Utah	RESIDENCE	Vernon Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-207-006-293

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37122

County of Bingham

City of Gashen

No. ..... St.

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 460

Hospital .....

FULL NAME OF CHILD Silva Sessions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	and	1	yes	Feb 7 1915

FATHER

FULL NAME T. Orlia Sessions

RESIDENCE Gashen

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Afton Wyo.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Violet Killian

RESIDENCE Gashen

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Plateau Utah

OCCUPATION farmers Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice T. Sessions

Midwife (Physician or midwife)

Address Shelley Idaho R. F. D. 1

Given names added from a supplemental report

..... 19.....

Filed Feb 17 1915 Edwin Cutler Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1970

295-210-006-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 37123

Primary Registration District No. 2147 **Registered No.** 623

FULL NAME OF CHILD .....

Sex of Child Female	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	**Date of Birth** Feb 10 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	R. N. Brewington	FULL MAIDEN NAME	Clio Rodgers
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

614-204-006-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-8-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Taylor

Registration District No. 69 File No. 3716

No. ____ St.

Primary Registration District No. 2147 Registered No. 479

Hospital ____

FULL NAME OF CHILD Doris Lillian Wadsworth.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 — 4 — 191 5

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Wadsworth	Eliza Goddard
RESIDENCE	Taylor	Taylor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 1—1 1916. Edwin Cutler
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

639-221-006-155

Form V. S. No. 11-C—25m-1-1-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37127

Primary Registration District No. 2147 Registered No. 477

FULL NAME OF CHILD Theo Elaine Oliver

Sex of Child: F

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: 3 (Month) - 21 (Day) 1915 (Year)

FATHER

FULL NAME: G. W. Oliver

RESIDENCE: Shelley

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Bessie Jensen

RESIDENCE: Shelley

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: H. K.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-1-19 Edwin Cutler Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 37127

Date Filed FEB 14 1977

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Oliver (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar 21, 1975 (Date of Event)
in Shelley, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Theo Elaine Oliver
birthplace omitted	omitted	Shelley
county	omitted	Bingham

Subscribed and sworn to before me this 16th day of February, 1977

Notary Public, residing at Shelley, Idaho
My commission expires 5-4-80
(Seal)

Signed Dean O. Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

570 N. Park, Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1977

Notary Public, residing at Shelley, Idaho
My commission expires 5-4-80
(Seal)

Signed Willard Gay Kelsey
(Signature of Any Credible Person)

422 Bat 32 Shelley Idaho 83274
(Street Address, City, State)

FORM DH 60-155 CL 2/11/77

Certif of Baptism and Confirmation from the LDS Church gives name as Theo Elaine Oliver daughter of ~~Axh~~ Arthur Oliver and Bessie Jensen. born Mar 21. year no given. at Shelley, Idaho. Baptized April 5, 1924. viewed v

MAR 24 1977

Marriage License affidavit gives names as Harold Fielding and Theo Oliver. dated Nov 12, 1938. viewed by V. S. (from Idaho)

child birth certif on file in Idaho gives name as Cay Ieon Fielding born Jan 30, 1945 in Shelley, Idaho father's name as Harold and mother's name as Theo Elaine Oliver. viewed by V. S.

849-224-006-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37128

Primary Registration District No. 2147 Registered No. 477

FULL NAME OF CHILD Effie Louisa Hurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	3 - 24 1915

FATHER		MOTHER	
FULL NAME	Creighton Hurst	FULL MAIDEN NAME	Mary Elizabeth Mitchell
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 4 - 1 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1961

SEP 17 1941

695-222-006-191

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69

File No. 37129

No. ..... St.

Primary Registration District No. 2147

Registered No. 476

Hospital .....

FULL NAME OF CHILD Ruth Fielding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	3 (Month) — 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas Fielding	FULL MAIDEN NAME	Amy Arave
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W — AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 4 — 1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-130-006-897

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-2-4-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37130

Primary Registration District No. 2147 Registered No. 475

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	3 — 30 — 1915

FATHER		MOTHER	
FULL NAME	Dawson Haycock	FULL MAIDEN NAME	Olive Higley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 4 — 1 — 1915 Edward Cutler
Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. E 9 File No. 37131

No. _____ St.

Primary Registration District No. 2247 Registered No. 474

Hospital _____

FULL NAME OF CHILD Don Killion

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 8 1915

FATHER		MOTHER	
FULL NAME	Delos Killion	FULL MAIDEN NAME	Cora Thorne
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3 — 1 1915 — Edwin Cutler
Registrar

S-Y CO. 24655

KILLIAN

DUP 00 1915- D52-3272

293-213-006-632

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodvill

No. _____ St.

Hospital _____

Registration District No. 69 File No. 37132

Primary Registration District No. 2147 Registered No. _____

FULL NAME OF CHILD Hazel Bichoff.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	3 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas P. Bichoff	FULL MAIDEN NAME	Ella Olson
RESIDENCE	Woodvill	RESIDENCE	Woodvill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	87 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 3d P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 4-1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

Dup of 413166

852-102-006-252

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37133

County of Bingham

City of Goshen Ida

Registration District No. 69

File No.

No. St.

Primary Registration District No. 2147

Registered No. 472

Hospital

FULL NAME OF CHILD Quincy Elmo Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			march 7 1915

FATHER		MOTHER	
FULL NAME	Quincy Hess	FULL MAIDEN NAME	Lilian Loretta Sessions
RESIDENCE	Goshen	RESIDENCE	Goshen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Basalt Ida	BIRTHPLACE	Goshen
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive mar 7 at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Shelley Ida R.D.-no 1

19

Filed mar 17 19 Edwin Cutler
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
SEAL OF VIT
CERTIFICATE
JAN 24 1956

915-118-006-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of River view

Registration District No. 69

File No. 37134

No. _____ St.

Primary Registration District No. 247

Registered No. ~~47~~ 476

Hospital _____

FULL NAME OF CHILD Lars Ervin Ranstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Mar 18 1915

FATHER		MOTHER	
FULL NAME	Lars Ranstrom	FULL MAIDEN NAME	Matilda Carlsen
RESIDENCE	River view	RESIDENCE	River view
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

Midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Shelley R D = 1

Filed 12-30 1915 Edwin Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

614-112
010-387

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIR[redacted]

County of Bam[redacted]

City of Taylor [redacted] Registration District No. 69 File No. 37135

No. ..... St. Primary Registration District No. 2147 Registered No. 470

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	F. A. Wadsworth	FULL MAIDEN NAME	Lydia Christensen
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Hooker Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeep

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Rappley midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 12-30 1915 Edwin Cutler Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-227
006-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 69 File No. 37136

No. ..... St.

Primary Registration District No. 2147 Registered No. 469

Hospital .....

FULL NAME OF CHILD Edna Marie Petersen

Sex of Child	Date Triplet or Quintet	and	Number in order of birth	Legitimate?	Date of Birth
girl	(To be answered only in event of plural births)				March 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A Petersen	FULL MAIDEN NAME	Edna A Johnson
RESIDENCE	Basalt, Idaho	RESIDENCE	Basalt Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mink Creek, Idaho	BIRTHPLACE	Well Rapids, So. Dakota
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E J Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley, Ida

Filed 12-30 1915 Edwin Cutler
Registrar

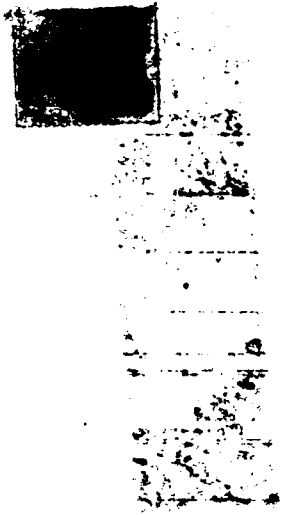
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942



819-202-006-627

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37137

Primary Registration District No. 2147 Registered No. 468

FULL NAME OF CHILD Jean Ardell Harker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Alferd Harker	FULL MAIDEN NAME	Mary E Osguthorpe
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Taylorsville Utah	BIRTHPLACE	East mill creek Utah
OCCUPATION	Farmer	OCCUPATION	Hauskeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 o'cl. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E J. Wadsworth

wife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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MAY 24 1966

369-220-006-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37138

Primary Registration District No. 2147 Registered No. 620

FULL NAME OF CHILD James Merlin Lords

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mch 20 1914

FATHER		MOTHER	
FULL NAME	J. C. Lords	FULL MAIDEN NAME	Agnes Cook
RESIDENCE	Idaho Falls Ida	RESIDENCE	Shelley Ida
COLOR	Vo	COLOR	Vo
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wish	BIRTHPLACE	Wish
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

819-106-006-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69 File No. 37139

No. ..... St.

Primary Registration District No. 2147 Registered No. 491

Hospital .....

FULL NAME OF CHILD Williams Brooks Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	4 — 6 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John R. Parker	Sarah E. Brooks
RESIDENCE	Jamestown	Jamestown
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	L. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at birth
(Born alive or stillborn)
on the date above stated.

(Signature) Edward Cutler M. D.
(Physician or midwife)

Address Shelley

Filed 5—1—1915 Edward Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-223-006-365

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Taylor

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37140

Primary Registration District No. 214 Registered No. 429

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4—25—1913

FATHER		MOTHER	
FULL NAME	Oliver Dunston	FULL MAIDEN NAME	Elvira Lords
RESIDENCE	Taylor Dunston	RESIDENCE	Taylor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 5—1—19 13 Edwin Cutler Registrar

S-Y CO. 24955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-105-006-689

PLACE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-38

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 37141

Primary Registration District No. 2147 Registered No. 498

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	4—5—1915

FATHER		MOTHER	
FULL NAME	Amaris Cranney	FULL MAIDEN NAME	Mary Whitesell
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1:30 A M on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Filed 5—7—1915 Edwin Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-209-006-168

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37142

Primary Registration District No. 2147

Registered No. 490

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	4 (Month) – 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Peter M. Johnson	FULL MAIDEN NAME	Ebba Olive Johnson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Shelley

Filed 5 – 1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-202-006-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelby

No. ..... St.

Hospital .....

Registration District No. 67

Primary Registration District No. 9147

File No. 37143

Registered No. 487

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4 — 2 — 1915

FATHER		MOTHER	
FULL NAME	Frank T. Smith	FULL MAIDEN NAME	Myrtle Anderson
RESIDENCE	Shelby	RESIDENCE	Shelby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elgin at 9 45 P M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelby

Given names added from a supplemental report.

..... 19.....

Filed 6 — 1 — 1915 Edwin Cutler
Registrar

..... Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

767-224-006-415

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Basalt Ida

Registration District No. 69 File No. 37144

No. _____ St.

Primary Registration District No. 2147 Registered No. ~~4~~ 456

Hospital _____

FULL NAME OF CHILD Neva ~~[illegible]~~ Pope

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			yes	apr 24 ~~26~~ 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. Leland Pope	FULL MAIDEN NAME	
RESIDENCE	Basalt Ida	RESIDENCE	Elva Doris Davis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wilford Ida
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive apr 26 at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Shelle Ida R.D. no. 1

Filed may 4 1915 Edwin Cutler
Registrar

Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 37144

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Neva Doris Pope (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1915 (Date of Event)
in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Neva Doris Pope	Neva Pope
Date	April 26, 1915	April 24, 1915

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Elva Gribble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

APR 21 1944

849-225-006-957

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37145

Primary Registration District No. 2147 Registered No. 485

FULL NAME OF CHILD Eva Marcia Quinn

Sex of Child Female | Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Apr 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James A Quinn	FULL MAIDEN NAME	Elizabeth Ingelstrom
RESIDENCE	Basalt Ida	RESIDENCE	Basalt Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minasota	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice L. Sessions

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida R.D. no 1

Filed May 6 1915 Edwin Cutler Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-118-006-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37146

Primary Registration District No. 2147 Registered No. 484

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Apr 18 1912

FATHER

FULL NAME: C. S. Nelson

RESIDENCE: Shelley

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: California

OCCUPATION: Blacksmith

MOTHER

FULL MAIDEN NAME: Bertha Clark

RESIDENCE: Shelley

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Longton Kansas

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 6:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ed. J. Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 19 15 Edwina Cutler Registrar

8-Y CO. 20174

[redacted]

396-223-006-133

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37147

Primary Registration District No. 247 Registered No. 463

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	apr 23 1915

FATHER

FULL NAME: Samuel Crofts

RESIDENCE: Shelley

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Huntington Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Roeland allen

RESIDENCE: Shelley

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Huntington Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 4. P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs E. J. Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Filed 6/1 1915 Edwin Cutts Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

219-224-006-626

Amended 11-20-63

(Be sure the information is complete and accurate)

State File No. 37148
Local Reg. No. 482
Reg. Dist. No. 69

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jamestown

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Flora b. (Middle): LaRue c. (Last): Harker

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 24, (Year) 1915

FATHER OF CHILD

7. FULL NAME a. (First): Joseph b. (Middle): H. c. (Last): Harker

8. COLOR OR RACE: White

9. AGE (At time of this birth): 50 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Nevada

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Emily b. (Middle): c. (Last): Oborn

13. COLOR OR RACE: White

14. AGE (At time of this birth): 43 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 10

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mrs. E.J. Wadsworth

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Shelley, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12-30-1915

20. REGISTRAR'S SIGNATURE: Edwin Cutler

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

PUBLISHED BY DIVISION OF VITAL STATISTICS, BOISE

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 18 1963 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 37148

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Harker (female child) (Name on Original Certificate) who was born (Was Born or Died) on April 24, 1915 (Date of Event)
in Jamestown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Flora LaRue Harker
Mother's Maiden Name	Emily Oboren	Emily Oborn

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of November, 1963.

Eugene E Black

Notary Public, residing at Shelley, Idaho
My commission expires April 18, 1964
(Seal)

Signed Alice Anderson
(Signature of Any Credible Person)

Route #1 Shelley, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10-30-63. one copy pd. rec. #12040.

Mother's Death Cert. on file: (Idaho Death) #143024, died March 24, 1945 gives full name of deceased as Emily Elizabeth Oborn Harker - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #283378 gives full maiden name of mother as Flora LaRue Harker - child born Aug. 25, 1939 - viewed by V.S.

L.D.S. Church Certificate of Blessing, June 6, 1915 gives full name as Flora LaRue Harker, daughter of Joseph Henry Harker and Emily Elizabeth Oborn, born April 24, 1915 at Shelley, Idaho - viewed by V.S.

113-205-006-317

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

Primary Registration District No. .....

File No. 37149

Registered No. 481

FULL NAME OF CHILD ANNIE JACOBSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jacob Jacobsen	FULL MAIDEN NAME	Mary Larsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Nebraska
OCCUPATION	Commissioniman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR ~~DEATH~~

State of ..... } ss.
County of ..... }

Certificate No. 37149

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Annie acobsen (no name given at time) (Name on Original Certificate) who was born (Was Born or Died) on April 5th 1915 (Date of Event)
in Shelley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts are shown by (no written record available) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Annie Jacobsen
Annie Jacobsen		

Subscribed and sworn to before me this 7th day of July, 19 43.

P A Staal

Notary Public, residing at Van Anda B.C.

My ~~commission expires~~ .....
(Seal)

Signed Mrs Mary Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Mrs Mary Jacobsen~~ Van Anda B.C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 16 1973

113-128-006-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37150

Primary Registration District No. 247 Registered No. 420

FULL NAME OF CHILD Delbert Maynard Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	Apr.	28	1916

FATHER		MOTHER	
FULL NAME	George Jackson	FULL MAIDEN NAME	Lottie Lyons
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-1 19 16 Edwin Cutler Registrar

B-Y CO. 20174

Own Child's Birth Cert. on file: (Idaho Birth) #251158 gives full name of father as Delbert Maynard Jackson - viewed by V.S.

RECEIVED
MAR 29 56
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 37150

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jackson (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1915 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Feburary 16, 1956 Baptized-October 21, 1923 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Missing	Delbert Maynard Jackson

Subscribed and sworn to before me this 12th day of March, 19 56.
Estella H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1958
(Seal)

Signed Ella Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 19 56.
Estella H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1958
(Seal)

Signed J W Robinson
(Signature of Any Credible Person)
Jerome, Idaho
(Street Address, City, State)

FORM DPH 55.155

MAY 6 1964

345-000-006-814

PLACE OF BIRTH

Form V. S. [illegible]-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cunningham

City of Woodvill

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37151

Primary Registration District No. 2147

Registered No. 508

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 5 — 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Cunningham	FULL MAIDEN NAME	Laura Hammer
RESIDENCE	Woodvill	RESIDENCE	Woodvill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	R.K.

Number of child of this mother, including present birth 6 ..... Number of children of this mother now living, including present birth 6 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed May 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2 BIRTH DAY

623-216-006-343

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37152

County of Bingham

City of Shelley

Registration District No. 69 File No.

No. St.

Primary Registration District No. 247 Registered No. 517

Hospital

FULL NAME OF CHILD Mildred Ples.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			yes	5 16 1915

FATHER		MOTHER	
FULL NAME	Wm Ples	FULL MAIDEN NAME	Juliette Huttle
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at M on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 1-1-16 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

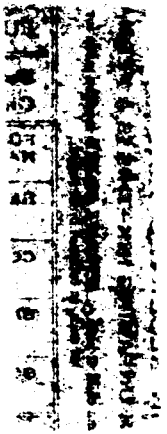
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

FEB 2 0 1975



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37153

County of Bingham

City of Shelley

Registration District No. 69 File No. 503

No. ..... St.

Primary Registration District No. 2147 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child: F

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: 4 (Month) — 14 (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME: J. P. Nielsen	FULL MAIDEN NAME: Elinor Haysard
RESIDENCE: Shelley	RESIDENCE: Shelley
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Harnessmaker	OCCUPATION: H. K.

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed Apr 19 18 E. Edwin Cutler
Registrar

..... Registrar

8-Y CO. 24656

DUP 001915-323098

Z - KI HOLM

695 - 212 - 006 - 396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Garalt

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. 37154

Registered No. 516

FULL NAME OF CHILD Evelyn Olive Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	4 - 12 19[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Loron Freeman	Emma Craft
RESIDENCE	Garalt	Garalt
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Oregon	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M D
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

....., 19.....

Registrar

Filed apr 19 15 Edwin Cutler
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 1 1 02 PM '77 Certificate No. 37154

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Freeman (female) (Name on Original Certificate) who was born (Was Born or Died) on April 12, 1915 (Date of Event)

in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Evelyn Olive Freeman

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 1977

Notary Public, residing at IDAHO Falls, Ida.

My commission expires Life term

(Seal)

Signed x Bernice E. Browning

(Signature of Any Credible Person)

2200 So. Lee, Idaho Falls Idaho 83401

(Street Address, City, State)

FORM DH 60-155

CL 1/13/77

FEB 24 1977

Baptismal record from the LDS Church gives name as Evelyn Olive Freeman daughter of Lorin Freeman and Emma Crofts. born April 12, 1915 at Basalt, Idaho. Baptized July 22, 1923. viewed by V. S.

Family Group record gives name as Evelyn Olive Freeman. born April 12, 1915 at Basalt, Idaho. father's name as Lorin Farr Freeman and mother's name as Edna Emma Crofts. viewed by V. S.

845-229-006-243 Amended child's given names, 10-02-02, RDF

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37155

Registered No. .....

FULL NAME OF CHILD Elva Mary Hunsaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	5 (Month) — 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lars Hunsaker	FULL MAIDEN NAME	Ethel Butler
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 6 — 1 1915 — Edwin Cutler

Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

SEP 16 2002 paid

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
02 SEP 27 PM 4:17

State of _____ } SS.
County of _____ }

Certificate No. 1915-37155

Date Filed Jun 1, 1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for **unnamed** Hunsaker (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 29, 1915 (Date of Event)

in Goshan Idaho (Bingham County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	**unnamed**	Elva Mary Hunsaker

JUDY BYINGTON NOTARY PUBLIC STATE OF IDAHO

Subscribed and sworn to before me this 19th day of Sept, 2002.

Notary Public, Judy Byington

Residing at Rigby, ID

My commission expires 10-4-2008

(Seal)

X Vernon K Hunsaker
Signature of Applicant

X 135 N 4600 E, RIGBY, ID 83442
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)

(Is not necessary XX)

State of _____ } SS.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate (#1937-259184), dated October 7, 1937, states mother's given names as Elva Mary.

Aetna insurance policy, dated March 30, 1978, states applicants full name as Elva Mary Hulse.

863-128-006-281

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37156

County of Bingham

City of Goshen

Registration District No. 67 File No.

No. St.

Primary Registration District No. 2147 Registered No. 499

Hospital

FULL NAME OF CHILD Paul Holland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	5-28 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas Berlin Holland	Lillie May Shaw
RESIDENCE	Goshen	Goshen
COLOR	W	W
AGE AT LAST BIRTHDAY	23 (Years)	22 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 6-1-1913 Edwin Cutler
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-211-006-285

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37157

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** .....

Primary Registration District No. 2147 **Registered No.** 498

FULL NAME OF CHILD Lois Evelyn Melville

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	5 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John H. Melville	FULL MAIDEN NAME	Docia C. Shelley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 6-1 1915 Edwin Cutler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-207-006-689

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69

File No. 37158

No. ..... St.

Primary Registration District No. 2147

Registered No. 497

Hospital .....

FULL NAME OF CHILD Lillian Beulah Breiter

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	6 (Month) — 7 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	O. C. Breiter	FULL MAIDEN NAME	Beulah Whittington
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	H.K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 20 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 6—1 1915 Edwin Cutler

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAH
BUREAU OF VITAL ST
DEPARTMENT OF PU

367-228-006-195

Form V. S. No. 11

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 37[illegible]

Primary Registration District No. 2147 **Registered No.** [illegible]

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) [illegible]

	FATHER		MOTHER
FULL NAME	Levi Cox	FULL MAIDEN NAME	Elnora Arva
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	4[illegible]
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Hooker Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. J. Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12 — 30 1915 Edwin Carter
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

331-127-006-313

PLACE OF BIRTH

Form V. S. No. 11-D—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Jamestown Registration District No. 69 File No. 37160

No. ..... St.

Primary Registration District No. 2147 Registered No. 496

Hospital .....

FULL NAME OF CHILD Eldon Catron Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	May 22 1916

FATHER		MOTHER	
FULL NAME	Lee Clark Jr	FULL MAIDEN NAME	Malinda Catron
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	[redacted]	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth
midwife
(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

Filed 12-30 1916 J. Edwin Carter
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 4 1967

APR 3 0 1970

OCT 2 4 1967

163-201-006-336

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37161

Primary Registration District No. 2147 Registered No. 494

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	W. T. Jolley	FULL MAIDEN NAME	Rodha Floyd
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Livery Business	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ee J. Wadsworth
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address Shelley Idaho

Filed 12-30 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 31 1966

386-128-006-491

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodruff

Registration District No. 67 File No. 37162

No. ____ St.

Primary Registration District No. 214 Registered No. ____

Hospital ____

FULL NAME OF CHILD Lyman Spencer Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	5-27-1915

FATHER		MOTHER	
FULL NAME	L. C. Thompson	FULL MAIDEN NAME	Etta Cyntha Draper
RESIDENCE	Woodruff	RESIDENCE	Woodruff
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A. M on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Filed 6—1—1915 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

145-208-006-113

Form V. S. No. 11-

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37163

Primary Registration District No. 2147 Registered No. 492

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 8 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	J. W. Ames	FULL MAIDEN NAME	Vivian A Jacobson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	~~Helper~~	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 6/1 1915 Edwin Oetler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

386-207-006-236

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 37164

Primary Registration District No. 2147 **Registered No.** 619

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1"	Yes	May 7 1915

FATHER		MOTHER	
FULL NAME	Lawrence Thorensenberg	FULL MAIDEN NAME	Alys Blomquest
RESIDENCE	Firth Ida	RESIDENCE	Firth Ida
COLOR	W	COLOR	Wd
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kas	BIRTHPLACE	Kan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Shelley

Filed 3/10 1916 Edwin Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWP001915-3341743

THORSTENBERG

NOT

249-121-006-856 amended 6/25/80

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 247

File No. 37165

Registered No. 615

FULL NAME OF CHILD Gordon Alma Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 21 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Burke	Asenth Heward
RESIDENCE	Shelley	Shelley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E McDuff

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3/10 1916 Edwin Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-23-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Utah } ss.

Certificate No. 37165
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Burk (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 21, 1915 (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Gordon Alma Burke
father s last name	Burk	Burke

Subscribed and sworn to before me this _____ day of _____, 19__

Notary Public, _____
Residing at Orem Utah
My commission expires _____
(Seal)

Gordon Alma Burke
Signature of Applicant

796 E 300 N Provo
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Utah } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June 1980

Notary Public, Mark G. Hathaway
Residing at 870 E. 3750 North, Provo, Utah 84601
My commission expires My Commission Expires 10-3-81
(Seal)

Mark G. Hathaway
Supporting Signature

870 E. 3750 North, Provo, Utah 84601
Street Address, City, State

JUN 26 1980

Certif of Blessing From the LDS Church gives nameas Gordon Alma Burke son of Alma Burke and Aseneth Heward bonr May 21, 1915 at Woodville, Idaho. Blessed July 4, 1915. viewed byV. S.

Certif of Baptism from the LDS Church gives nameas Gordon Alma Burke son of Alma Burke and ~~XX~~ Aseneth Heward. born May 21, 1915 at Woodville, Idaho. Baptized June 30, 1923. viewed by V. S.

234-117-006-492

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69

File No. 37166

No. ..... St.

Amended 9/28/77

Primary Registration District No. 2147

Registered No. 617

Hospital .....

FULL NAME OF CHILD Orlen Louis Stuart

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male Female	Miss		Yes	May 17 1915

FATHER		MOTHER	
FULL NAME	Louis A. Stuart	FULL MAIDEN NAME	Leophia Disney
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley Ida

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 37166

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stewart (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1915 (Date of Event)
in Shelley Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Stewart	Orlen Louis Stuart
father's name	Louis O. Stewart	Oliver Louis Stuart

Subscribed and sworn to before me this 14TH day of SEPT, 19 77

Notary Public, residing at PORTLAND, ORE.
My commission expires NOV. 6, 1979
(Seal)

Signed X Oliver Louis Stuart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3300 SILVERLEAF LANE SP 21, MILWAUKIE
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of CLACKAMAS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14TH day of SEPT, 19 77

Notary Public, residing at PORTLAND, ORE.
My commission expires NOV. 6, 1979
(Seal)

Signed Minnie L Stuart
(Signature of Any Credible Person)

3300 SE SILVERLEAF LANE - SP 21, MILWAUKIE
(Street Address, City, State)

FORM DH 89-155

CL 7/8/77 10 cpdrec # 1010

Discharge papers issued by the United States Army on 7 April 1946 gives name as Orlen L. Stuart. viewed by V.S.

Social Security Card #519-09-2563 issued July 1949 was issued to Orlen Louis Stuart. Viewed by V.S.

High School Record from Shelley High School dated 9/1/30 gives father's name as. O.L. Stuart. viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235 - 217-006-492

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37167

Primary Registration District No. 2147

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Twin	and	Yes	5-17-15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Louis A. Stewart	FULL MAIDEN NAME: Lophia Disney
RESIDENCE: Shelley	RESIDENCE: Shelley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kas.	BIRTHPLACE: Kas.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 p. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. E Roberts

Shelley, Idaho
(Physician or midwife)

Address _____

Filed 3-10-15 19____ Edwin Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO 38071

799-114-006-864

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 67 File No. 37168

No. ..... St.

Primary Registration District No. 2147 Registered No. 618

Hospital .....

FULL NAME OF CHILD Vane Harrison Priest

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	May 14 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Priest	FULL MAIDEN NAME	Mabel Young
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	✓ AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Pickett

Shelley Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3/10 1916 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-218-006-415

Form V. S. No. 11—25m-1-1-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 69 File No. 37169

No. ..... St.

Primary Registration District No. 2147 Registered No. 607

Hospital .....

FULL NAME OF CHILD Lucile Cousins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	6 — 15 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Cousins	Adelia Mangum
RESIDENCE	Woodville	Woodville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed June 19 15 Edwin Cutler
Registrar

..... Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-217-006-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37171

Primary Registration District No. 2147 Registered No. 504

FULL NAME OF CHILD Arcilee Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	6-17-1923

FATHER		MOTHER	
FULL NAME	J. R. Larsen	FULL MAIDEN NAME	Dora Bradley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	H. K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed June 19 15 Edwin Cutler Registrar

S-V CO. 24856

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 37171

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Arcilee Larson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 17, 1915 (DATE OF EVENT) in Goshen, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Certificate of Baptism (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1, 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Arcilee Larson	Arcilee Larsen
Father's Name	Jacob Raphael Larson	Jacob Raphael Larsen

Subscribed and sworn to before me this 26th day of February, 1942

Notary Public, residing at Boise

My commission expires Sept 19, 1942
(SEAL)

Signed Jacob Raphael Larsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

7510 Regan, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

815-128-006-261

PLACE OF BIRTH AMENDED 2/3/54

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverview

No. ..... St.

Registration District No. 69 File No. 37172

Hospital ..... Primary Registration District No. 2147 Registered No. 536

FULL NAME OF CHILD Roy Albert Hjelm
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month, Day, Year)
Male			Yes	May 28, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Albert Hjelm	FULL MAIDEN NAME: Signe Swainston
RESIDENCE: Riverview	RESIDENCE: Riverview
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Farmer's Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Alice T. Sessions

Midwife
(Physician or midwife)

Address Shelley, Idaho R. No. 1

Filed June 13, 1915 Edwin Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 3 - 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 37172
Date Filed 2 4 1954

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roy Albert Hjelm (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1915 (Date of Event) in Riverview, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Swedish Baptismal Cert (Bible Record, Insurance Policy, Etc.) prepared on June - 1918 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	June 4, 1915	May 28, 1915

Subscribed and sworn to before me this 30 day of January, 1954

Notary Public, residing at Firth Idaho
My commission expires Commission Expires Jan. 23, 1955
(Seal)

Signed Signe Hjelm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 1954

Notary Public, residing at Firth Idaho
My commission expires Commission Expires Jan. 23, 1955
(Seal)

Signed Eunice Nelson
(Signature of Any Credible Person)

Shelley Idaho Rte #1
(Street Address, City, State)

DPH 52.155

869-114-006-113

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69

File No. 37173

No. ..... St.

Primary Registration District No. 2147

Registered No. 592

Hospital .....

FULL NAME OF CHILD Russell Yorgexsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
		yes	June 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar C. Yorgexsen	FULL MAIDEN NAME	Marion Jacobson
RESIDENCE	Swan Lake Ida.	RESIDENCE	Swan Lake Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wisc
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 6 — 30 1915 — Edwin Cutler

Registrar

S-Y CO. 24656

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-107-006-213

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37174

Primary Registration District No. 2147 Registered No. 535

FULL NAME OF CHILD Dennis Wilford Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	6 – 7 1915

FATHER		MOTHER	
FULL NAME	Wilford M. Christensen	FULL MAIDEN NAME	Bardie Bates
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 7 – 1 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH JUL 1 1963

(County of [illegible])

MAY 6 1964

236-225-006-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodvill

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37175

Primary Registration District No. 2147 Registered No. 534

FULL NAME OF CHILD Mona Elizabeth Stoneberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	6 - 25 - 1915

FATHER		MOTHER	
FULL NAME	Gus Stoneberg	FULL MAIDEN NAME	Agda Carlson
RESIDENCE	Woodvill	RESIDENCE	Woodville
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 7 - 1 - 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 5 1973

155-124-006-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37176

Primary Registration District No. 2147

Registered No. 533

FULL NAME OF CHILD Doyle ~~Mostrom~~ Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Doyle S. Jensen	FULL MAIDEN NAME	Ruth J. Zimmerman
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 7-1 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/13/41 RMF

962-117-006-815

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37177

Primary Registration District No. 2147 Registered No. 532

FULL NAME OF CHILD Lawrence Hanny Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	6-17-1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Lawrence Robinson	FULL MAIDEN NAME	Betsey Violet Hanny
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 7-1-1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

169-118-C06-743

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37178

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 67 File No. .....

Primary Registration District No. 214 Registered No. 531

Hospital .....

FULL NAME OF CHILD John Detlef Jorgensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	6-18-15

FATHER		MOTHER	
FULL NAME	John Jorgenson	FULL MAIDEN NAME	Anna Louisa Jutke
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 P M on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Filed 7-1-1915 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Dep. # 1915 - 336891

962-110-006-463

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37179

County of Bingham

City of Jamestown

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** .....

Primary Registration District No. 2147 **Registered No.** 530

FULL NAME OF CHILD William

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	none			yes	June (Month) 10 (Day) 1916 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tempest Robinson	FULL MAIDEN NAME	Nellie Dotty
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12 - 30 1916 Edwin Cutler
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-110-006-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37180

Primary Registration District No. 2147 Registered No. 529

FULL NAME OF CHILD Glen Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	non		yes	June 10 1915

FATHER		MOTHER	
FULL NAME	Tempest Robinson	FULL MAIDEN NAME	Nellie Dotty
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ed J Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-30 1915 Edwin Carter Registrar

8-Y CO. 20174

385-222-006-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

[redacted] STICS

37181

County of Bingham

City of Basalt

Registration District No. 67 File No.

No. St.

Primary Registration District No. 247 Registered No. 628

Hospital

FULL NAME OF CHILD Clara Lavon Cheshire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 22 1913

FATHER

FULL NAME Geo Cheshire

RESIDENCE Basalt

COLOR white AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE S. L. City Utah

OCCUPATION mason

MOTHER

FULL MAIDEN NAME Sarah A Benett

RESIDENCE Basalt

COLOR white AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE England

OCCUPATION Housekeeper

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ed J. Wadsworth

Midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

Filed 12-30 1913 Edwina Cutler

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

MAR 21 1974

389-212-006-293

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley Ida

Registration District No. 69 File No. 37182

No. _____ St.

Primary Registration District No. 2147 Registered No. ~~[illegible]~~ 507

Hospital _____

FULL NAME OF CHILD Laura Louise Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			yes	June 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Holgar Christensen	FULL MAIDEN NAME	Laura J Killian
RESIDENCE	Shelley Ida	RESIDENCE	Shelley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive June 12 at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Shelley Ida R. D. no 1

Filed June 21 1915 Edwin Cutler
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-106-006-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 69 File No. 37183

No. ..... St.

Primary Registration District No. 2147 Registered No. 526

Hospital

FULL NAME OF CHILD Lynn Austin Dye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 6th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jos H. Dye	FULL MAIDEN NAME	Nellie D Childs
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. El. J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12-30 1915 Edwin Auller Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 37183

Date Filed Jan. 19, 1944

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lynn Austin Dye (Name on Original Certificate) who was born (Was Born or Died) on 6 June 1915 (Date of Event) in Basalt, Bingham Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record of J.H. Dye (Bible Record, Insurance Policy, Etc.) prepared on soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lynn Austin Dye

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26

day of [illegible], 1944

[illegible]

Notary Public, residing at Basalt, Idaho

My commission expires [illegible] 1945
(Seal)

Signed Nellie D. C. Dye
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 27 1944

743-106-006-614

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37184

Primary Registration District No. 2147 Registered No. 525

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	June 4 1915

FATHER		MOTHER	
FULL NAME	Wm M. Gutke	FULL MAIDEN NAME	Edith Wadsworth
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Taylor Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs. Ed. J. Wadsworth

midwife
(Physician or midwife)

Address Shelley Ida

Filed June 3d 1915 Edith Cutler
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING · WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-214-006-957

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt Ida

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37185

Primary Registration District No. 247 Registered No. ~~42~~ 524

FULL NAME OF CHILD Emma Myrtle Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1		yes	June 14 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Raymond Johnson	FULL MAIDEN NAME	Anna Ingelstrom
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City utah	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a Live June 14 at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida R.D. no 1

Filed June 22 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

618 - 202-006 - 912 Child's name added 5-4-89 MCM

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69

File No. 37186

No. ____ St.

Primary Registration District No. 2147

Registered No. 523

Hospital ____

FULL NAME OF CHILD ANNA IDA FARRER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	6 - 2 - 1915

FATHER	MOTHER
FULL NAME John Ernest Farrer	FULL MAIDEN NAME Minnie Rasmussen
RESIDENCE Jamestown	RESIDENCE Jamestown
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H.K.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 X M on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 7-1 1915 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-24-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 37186
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Farrer (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 2, 1915 (Date of Event)

in Jamestown (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
ANNA IdA FARRER		
Child's name	Baby Girl Farrer	Anna Ida Farrer

Subscribed and sworn to before me this 3rd day of May, 1989

X Notary Public, Sheryn Bennion
Residing at Sandy Utah
My commission expires 3-16-91
(Seal)

NOTARY PUBLIC
MY COMMISSION EXPIRES 3-16-90
SHERYN BENNION
2640 W 9000 So
West Jordan
Utah
STATE OF UTAH

X Anna F. F. Cox
Signature of Applicant

X 9036 Winthrope Dr
Street Address, City, State
West Jordan, Utah 84084

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS blessing certificate shows Anna Ida Farrer born June 2, 1915 in Bingham Co to John Ernest &Minnie Rasmussen and blessed July 4, 1915 by Bp. Christian Anderson. Viewed by VS.

MAY 4 1989

LDS Patriarch blessing shows Anna Ida Farrer born to John Ernest Farrer & Minnie Lenore Rasmussen on June 2, 1915 in Idaho Falls and blessed Feb 7, 1932 by Joseph B Keeler. Viewed by VS.

559-125-006-295

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37187

Primary Registration District No. 2147 Registered No. 522

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	6-25-1918

FATHER		MOTHER	
FULL NAME	Jas. L. Nielsen	FULL MAIDEN NAME	Florence Kingston
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	H. K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7:30 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 7-1-1918 Edwin Cutler
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

399-101-006-282

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. _____ St.

Hospital _____

Registration District No. 69 File No. 37188

Primary Registration District No. 2147 Registered No. 521

FULL NAME OF CHILD Donald C. Criddle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	6 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas E. Criddle	FULL MAIDEN NAME	Ethel Bybee
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	84 (Years)	AGE AT LAST BIRTHDAY	83 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Shelley

Filed 7-1 1915 Edwin Cutler Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1944

168-111-006-541

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Gasher

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37189

Primary Registration District No. 2147 Registered No. 520 ~~44~~

FULL NAME OF CHILD Everett Lee Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	1	Yes	Jan (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edwin M. Johnston	FULL MAIDEN NAME	Mary C. Nuagelson
RESIDENCE	Gasher Ida.	RESIDENCE	Gasher Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

Mid Wife (Physician or midwife)

Address Shelley Ida R#1

Filed Jan 23 1915 Edwin Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1944

FEB 3 - 1954

355-222-006-113

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37190

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69 File No. 44

Primary Registration District No. 247 Registered No. 519

FULL NAME OF CHILD Dorris Teeples

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jacob E. Teeples	FULL MAIDEN NAME	Harriet Jackson
RESIDENCE	Goshen	RESIDENCE	Gosh
COLOR	light	COLOR	light
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Holden Millard Co	BIRTHPLACE	Paradise Cache Co
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Lessons

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Idaho R.R. 1

Filed Feb 2 1915 Edwin Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1972

666-126-006-217

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69

File No. 37191

No. _____ St.

Primary Registration District No. 2147

Registered No. 611

Hospital _____

FULL NAME OF CHILD James Jack Woodward

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Woodward	FULL MAIDEN NAME	Ida Sage
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 45 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1942

513-222-006-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cringham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 67

File No. 37192

Primary Registration District No. 2147

Registered No. 612

FULL NAME OF CHILD VEDA AMANDA EATON

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 22 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Verona Eaton	FULL MAIDEN NAME	Myrtle Wardle
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

386-119-006-399

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37193

Primary Registration District No. 247

Registered No. 613

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rev. E. Lyons	FULL MAIDEN NAME	Emma E. Criddle
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep. # 1915 - DES1 - 1110

719-110-006-331

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 37194

Primary Registration District No. _____ Registered No. 614

FULL NAME OF CHILD _____

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: June (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	B. C. Jarvis	FULL MAIDEN NAME	Pearl Clark
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 1155 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

47-113-006-236

Amended July 23, 1963

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37195
Local Reg. No. 557
Reg. Dist. No. 69

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Joe b. (Middle): Earl c. (Last): Dial

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): July 13, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Sam b. (Middle): c. (Last): Dial

8. COLOR OR RACE: W

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ill.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): L. c. (Last): Stoddard

13. COLOR OR RACE: W

14. AGE (At time of this birth): 37 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 5

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Edwin Cutler

18b. ATTENDANT AT BIRTH: M. D. [XX] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Shelley

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8-1-1915

20. REGISTRAR'S SIGNATURE: Edwin Cutler

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23.

ISTRAR In the district where the birth occurred **WITHIN** 10 days after the date of birth of the
ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

RECEIVED
JUL 12 1963
Bureau of Vital Statistics

Certificate No. 37195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Earl Dial (Name on Original Certificate) was born (Was Born or Died) on July 13, 1915 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph Earl Dial	Joe Earl Dial

Subscribed and sworn to before me this 10th day of July, 1963.

Notary Public, residing at Shelley, Idaho
My commission expires Oct 24, 1966
(Seal)

Signed ✓
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July, 1963.

Notary Public, residing at Shelley, Idaho
My commission expires Oct 24, 1966
(Seal)

Signed Esther N. Deal
(Signature of Any Credible Person)

Shelley Box 336
Idaho
(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing, copy issued May 23, 1963, First Ward, Shelley Stake, L.D.S. Church signed by Lawrence B. Hansen, Clerk gives name as Joe Earl Dial born July 13, 1915. Blessed Sept 3, 1916. viewed by V.S.

Certified copy of application for license to marry, #75258, issued by the Clerk, County of Salt Lake Dec 17, 1962. original dated Dec 14, 1936 gives name as Joe Earl Dial. viewed by V.S.

168-118-006-815 Child's name added 4-1-93 MCM

Form V. S. No. 11-C-25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37196

Registered No. 556

FULL NAME OF CHILD WALLACE OSCAR JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	7 (Month) – 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	C. O. Johnson	FULL MAIDEN NAME	Gerda Hanson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	R.K.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 8 – 1 1915 – Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-15-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
MAR 13 3 09 PM '93

State of _____ } ss.
County of _____

Certificate No. 37196
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 18, 1915 (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Johnson	Wallace Oscar Johnson

Subscribed and sworn to before me this 8th day of March, 1993.

X Notary Public, Aleta Hans
Residing at Rigby Ida
My commission expires 8/20/93
(Seal)

X Wallace Oscar Johnson
Signature of Applicant

X 959 East 1300 North
Street Address, City, State
Shelley, Idaho 83274

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS baptism certificate shows Wallace Oscar Johnson born July 18, 1915 in Shelley to Carl O Johnson and Gerda T Hansen and baptized Oct 6, 1923 by Amos Harker. Viewed by VS MCM.

APR 1 1993

ID birth certificate shows Wallace Delmer Johnson born June 5, 1939 in Idaho Falls to Wallace Oscar Johnson age 23 and born in Shelley and Fae Dora Johnson, state file #281118. Viewed by VS MCM.

632-HF-006-252

PLACE OF BIRTH

AMENDED - OCTOBER 21, 1949

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37197

Primary Registration District No. 2147 Registered No. 555

FULL NAME OF CHILD Ronald Christen Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 18 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Christen O. Olsen	FULL MAIDEN NAME: Harriette J. Sessions
RESIDENCE: Goshen, Idaho	RESIDENCE: Goshen, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Hyrum, Utah	BIRTHPLACE: Afton, Wyoming
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Alice Sessions

Midwife
(Physician or midwife)

Address Shelley, Idaho -- Rt. 1

Filed July 28 1915 Edwin Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1965

FEB 20 1974

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Cowlitz

Certificate No. 37197

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arnold Christan Olsen (Name on Original Certificate) who was born (Was Born or Died) on 7-18-1915 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 7-18-1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Arnold Christan Olsen	Ronald Christen Olsen
Name of Father	Chritan O. Olsen	Christen O. Olsen
Name of Mother	Harriet J. Sessions	Harriette J. Sessions

Subscribed and sworn to before me this 19th day of Oct. 1949

W. A. Fremmell

Notary Public, residing at Longview, Wash.

My commission expires Aug. 28, 1950

(Seal)

Signed Christian Olsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3109 Juniper St. Longview, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Cowlitz

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Oct. 1949

W. A. Fremmell

Notary Public, residing at Longview, Wash.

My commission expires Aug. 28, 1950

(Seal)

Signed Harriet Olsen

(Signature of Any Credible Person)

3109 Juniper St. Longview, Wash.

(Street Address, City, State)

691-127
006-697

PLACE OF BIRTH

Form V. S. No. [illegible]-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

Registration District No. 69

File No. 37198

No. ..... St.

Primary Registration District No. 9147

Registered No. 554

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	July 27 (Month) (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Victor E Frandsen	FULL MAIDEN NAME	Luella Frandsen
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Wadsworth

M.D.

(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

Filed 12-30 1916 Edwin Cutler

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

389-214-006-852

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37199

Primary Registration District No. 947 Registered No. 553

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 14 1916

FATHER		MOTHER	
FULL NAME	E. J. Chapmans	FULL MAIDEN NAME	Clarissa Hess
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

Filed 12-30 1916 Edwin Cutler Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

366-131-006-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37200

Primary Registration District No. 2147 Registered No. 552

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	7 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Cooper	FULL MAIDEN NAME	Elizabeth Smith
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 8 — 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. 141-126-006-363 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37201

Primary Registration District No. 2147 Registered No. 551

FULL NAME OF CHILD Frank Ralph Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	7 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jos E. Adams	FULL MAIDEN NAME	Francis Cole
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W AGE AT LAST BIRTHDAY 53 (Years)	COLOR	W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Editor	OCCUPATION	H.K.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler
(Physician or midwife)

Given names added from a supplemental report.

Address Shelley

Filed 8-1 1915 Edwin Cutler
Registrar

8-V CO. 24088

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

PLACE OF BIRTH

County of Bingham

No. [illegible] Shelley Ida St.

If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG -3 1940

CERTIFICATE OF BIRTH

Registration District No. [illegible] State File No. 6290

Prim. Registration District No. [illegible] Local Registrar's No. 3720

FULL NAME OF CHILD Frank Ralph Adams

Sex: Male

If plural births: 4. Twin, triplet, or other: [illegible] 5. Number, in order of birth: [illegible]

6. Premature: [illegible] Full term: Yes

7. Legitimate? Yes

8. Date of birth 6-26, 1915 (Month, Day, Year)

FATHER

9. Full name Joseph Samuel Adams

10. Residence (usual place of abode) (If non-resident, give place and State) Shelley

11. Color or race White | 12. Age at last birthday 51 (years)

13. Birthplace (city or place) (State or Country) London England

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shelley Paper

16. Date (month and year) last engaged in this work 6-25, 1915

17. Total time (years) spent in this work 25

MOTHER

18. Full maiden name Frances Elizabeth Cole

19. Residence (usual place of abode) (If non-resident, give place and State) Shelley

20. Color or race White | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home

25. Date (month and year) last engaged in this work 6-25, 1915

26. Total time (years) spent in this work 26

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Mercurochrome 2%

28. Number of children of this mother (At time of this birth and including this child) 9th

(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn [illegible]

29. If stillborn, period of gestation [illegible] months or weeks

30. Cause of Stillbirth [illegible] During labor [illegible] Before labor [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Edwin Carter M.D., M. D.

or [illegible], Midwife

Address Shelley, Idaho

Give name added from a supplemental report [illegible]
(Date of)

Filed AUG -3 1940 193[illegible]

[illegible] Registrar.

Registrar.

799-131-006-228

Form V. S. No. 11-C—25m-1-1-15

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 37202

Primary Registration District No. 2147 Registered No. 606

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 81 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F M Priest	FULL MAIDEN NAME	Minnie Kyles
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-120-006-885

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37203

Primary Registration District No. 2147

Registered No. 607

FULL NAME OF CHILD Everett Leroy Lyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Lyon	FULL MAIDEN NAME	Salma Hynds
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Shelley

Filed 3/10 1916 Edwin Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1943

331-111-006-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 67

Primary Registration District No. 2197

File No. 37204

Registered No. 608

FULL NAME OF CHILD JOSEPH EMBRY CLARK

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 11 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A B Clark	FULL MAIDEN NAME	Anna Rex
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	N	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ia
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 49 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1959

615-209-006-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. 37205

Registered No. 609

FULL NAME OF CHILD _____

Sex of Child: Female

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: July 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. T. Warnack	FULL MAIDEN NAME	May Croft
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley
COLOR	AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Roberts

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Shelley

Filed 2/10 1916 Edwin Butler Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-205-006-345

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67

File No. 37206

Primary Registration District No. 2147

Registered No. 610

FULL NAME OF CHILD Beulah

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July 5 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Mitchell	FULL MAIDEN NAME	Clara Lindquist
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wish	BIRTHPLACE	Wish
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F G Robetto

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-229-006-493

Form V. S. No. 11-C—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69

File No. 37207

No. ..... St.

Primary Registration District No. 2147

Registered No. 595

Hospital .....

FULL NAME OF CHILD Anna Grace Anderson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	8-27 1915

FATHER		MOTHER	
FULL NAME	A. F. Anderson	FULL MAIDEN NAME	Ethel Dick
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	~~Utah~~ Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5-40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 9-1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1962

719-124-006-359

Form V. S. No. 11-C—25m-1-1-12

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67

File No. 37208

Primary Registration District No. 214

Registered No. 574

FULL NAME OF CHILD _____

Sex of Child M

Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 8-24 (Month) (Day) 191.5 (Year)

FATHER	MOTHER
FULL NAME Ray Partridge	FULL MAIDEN NAME Vera Perry
RESIDENCE Shelley	RESIDENCE Shelley
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION H. K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9-1-19 15 Edwin Cutler Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-204-006-861

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37209

County of Bingham

City of Firth

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** .....

Primary Registration District No. 2147 **Registered No.** 573

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 4 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	J. W. McMilliam	FULL MAIDEN NAME	Minnie Belley Yoak
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed 1 — 1 1916 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-124-096-381

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37210

Primary Registration District No. 2147 Registered No. 372

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	aug 24 1915

FATHER		MOTHER	
FULL NAME	H. P. Johnson	FULL MAIDEN NAME	Elizabeth Chapman
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ovid Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Mrs E J Wadsworth
Midwife
(Physician or midwife)

Address Shelley Ida

Filed 12 - 30 1915 Edwin Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

City of Basalt

No. 165-110-006-415 St.

Hospital

Registration District No. 69

Primary Registration District No. 2147

File No. 37211

Registered No. 571

FULL NAME OF CHILD Lewis Wayne Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph L Jones	FULL MAIDEN NAME	Gracie Davis
RESIDENCE	Moorland Ida	RESIDENCE	Mooreland Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Greenville Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1130 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. J. Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12 — 30 1915 Edwin Cutler
Registrar

S-Y CO. 20174

Registrar

Form V. S. No. U.C.-Obst.-5-M-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

7 29 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. JUL 32 8 25 AM '74 Certificate No. 37211

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Jones (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1915 (Date of Event)

in Basalt, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lewis Wayne Jones

Subscribed and sworn to before me this 29 day of July, 1974

[illegible]

Notary Public, residing at Basalt, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed [illegible] Mary Lee Jones

(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] 5205 Basalt Basalt Idaho 83705

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate = Raedene Jones born Dec. 2, 1942 at Twin Falls, Idaho , State file # 365134 gives fathers name as Lewis Wayne Jones .
Viewed by VS

AUG 1 1974

Marriage Certificate , County of Salt Lake , State of Utah
Lewis Wayne Jones and Isabell Hansen married December 2, 1941 by Harold S. Snow an Elder in The LDS Church.
Viewed by VS

689-114-006-767

Form V. S. No. 11-C—20m-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Monroe

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37212

Primary Registration District No. 2147 Registered No. 570

FULL NAME OF CHILD FARRELL LeROY WHITMILL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Aug 14 1915

FATHER		MOTHER	
FULL NAME	Henry a whitmill	FULL MAIDEN NAME	Delia Pope
RESIDENCE	Monroe Idaho	RESIDENCE	Monroe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. J. Wadsworth

midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

....., 19.....

Filed 12-30 1915 J. Edwin Cutler Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 37212

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Farrel LeRoy Whitmill (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Aug. 14th 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Farrell LeRoy Whitmill

Subscribed and sworn to before me this 6th
day of Apr., 1942

Notary Public, residing at Shelley, Ida

My commission expires
(Seal)

Signed Howard A Whitmill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of Apr., 1942

Notary Public, residing at Shelley, Ida.

My commission expires
(Seal)

Signed Howard Davies
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 9 1942

695-228-006-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69 File No. 37213

No. ..... St.

Primary Registration District No. 2147 Registered No. 569

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas. H. Fielding	FULL MAIDEN NAME	Eliza Mayberry
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	S. L. C. Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

183-121-006-163

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37214

Primary Registration District No. 247 Registered No. 568

FULL NAME OF CHILD Paul Wendell Ahlstrom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug 21 1915

FATHER		MOTHER	
FULL NAME	James Ahlstrom	FULL MAIDEN NAME	Matilda S Colley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Mt. Carmel
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E J Wadsworth

Midwife (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 — 30 1915 — Elwin Cutler Registrar

8-Y CO. 20174

SEP 4 1942

168-114-006-271

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 37215

Primary Registration District No. 2147 Registered No. 567

FULL NAME OF CHILD Harold Charles Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	8—14—1913

FATHER		MOTHER	
FULL NAME	G. P. Johnston	FULL MAIDEN NAME	Charlotte Sparks
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	AGE AT LAST BIRTHDAY (Years)	40
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Thalia

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7—1—1913 Edwin Cutler Registrar

S-Y CO. 24655

7-3-4.

415-214-006-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37216

County of Bingham

City of Woodruff

Registration District No. 67 File No.

No. St.

Primary Registration District No. 2147 Registered No. 566

Hospital

FULL NAME OF CHILD Mary Jane Mangum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8-14-1913

FATHER	MOTHER
FULL NAME Wm Brim Mangum	FULL MAIDEN NAME Lorna Thurston
RESIDENCE Woodruff	RESIDENCE Woodruff
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 30 P M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

.....19.....

Filed 9-1-1913 Edwin Cutler
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-101-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37217

Primary Registration District No. 2(4) Registered No. 581

FULL NAME OF CHILD ~~S~~ LORRAINE S. ~~S~~ Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	8 (Month) — 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Smith Johnson	FULL MAIDEN NAME	Olive L. Senn
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 9-1 1915 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ed States
artment of Commerce
eau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

LACE OF BIRTH
) County Bingham (b) City Shelley
) Street Address or R.F.D.No.
) Name of Hospital or Maternity Home: Shelley Idaho
) Mother's stay BEFORE delivery: In Hosp. or Mat. Home X days. IN THIS county years 23 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 23 yrs
(f) Mother's mailing address Shelley Idaho
3. RESIDENCE of FATHER (city, state) Shelley Ida

ULL NAME F CHILD Lorraine S. Johnson
5. Date of Birth (Month, day year) aug 1, 1915
ex Male
7. Twin or Trip'et
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 no
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Thomas Smithy Johnson
Color or Race White
12. Age at time of THIS birth 33 yrs.
Birthplace Hooper (City or town) Utah (State or foreign country)
Exact Occupation Concontractor, Gen
Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Olive Lavetta Senn
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the da
(born alive, stillborn)
nd at the place stated above, and that personal particulars were furnished by Mary Reynolds who
elated to this child as Aunt (Mother, etc.)
(Last name)

a) ..... (Date received) (b) ..... (Registrar's signature)
Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.
(D.O., Midwife, etc
and address Date

e of California
nty of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth NOT LIVING or CANNOT BE LOCATED.

....., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ..... (State relationship or acquaintance), whose birth certific
(Name of person on certificate above)
ears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts co
ed therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attend
birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Reynolds Signat
161 W-36 Ogden Utah P. O. Addr

Subscribed and sworn to before me on this 27th day of March 1942
(SEAL) James G. Knodle Notary Public, residing at Bell-Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

389-124-006-223

PLACE OF BIRTH

County of Bingham

City of Gorham

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 37218

Primary Registration District No. 2147 Registered No. 5-65-

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8-24-1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra Christensen	Rachel Mary Kellam
RESIDENCE	Gorham	Gorham
COLOR	W	W
AGE AT LAST BIRTHDAY	46 (Years)	32 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 3/4 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

....., 19.....

Filed 9-1, 1918 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-231-006-213

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37219

Primary Registration District No. 2147

Registered No. 577

FULL NAME OF CHILD RUTH ESTELLA WEEDING

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 31 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Weeding	FULL MAIDEN NAME	Wanda Salveson
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5:40 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Richert M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassiopeia

City of Shelley

No. 315-128-006-818 St.

Hospital

Registration District No. 69

Primary Registration District No. 2147

File No. 37220

Registered No. 598

FULL NAME OF CHILD Ivan Orson Landon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 28 1915

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Orson Landon		Pearl Hanson	
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was One (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

S-Y CO. 24655

JAN 3 0 1973

415-119-006-799

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37221

Primary Registration District No. 2147

Registered No. 599

FULL NAME OF CHILD Cecil Glen Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 19 1915

FATHER		MOTHER	
FULL NAME	Sam Davis	FULL MAIDEN NAME	Mary Pine
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 89 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Robert M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 37221

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Cecil Glenn Davis (Name on Original Certificate) who Was born (Was Born or Died) on August 19, 1915 (Date of Event) in Firth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name	Not named	Cecil Glenn Davis

Subscribed and sworn to before me this 2nd day of March, 19 61

George F. Solomon

Notary Public, residing at Glens Ferry, Idaho

My commission expires Feb. 1st 1968

(Seal)

Signed x Ina May Humphreys
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Hammett Ida. Box 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 fee paid - rec #10678

Certificate of Blessing gives name as Cecil Glen Davis son of Smauel H. Davis and May Rice born Aug. 19, 1915 at Basalt, Idaho. Blessed Nov. 7, 1915. Willima M. Dye, Bishop.

Viewed by V. S.

MAR 1 2 1965

Family Record book gives name as Cecil Glen Davis born Aug. 19, 1915 at Basalt, Idaho. Obviously old.
Viewed by V. S.

Documents gave name with just one n in Glen.

419-215-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF [redacted]
BUREAU OF VITAL [redacted]TISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 67

File No. 37222

Primary Registration District No. 2147

Registered No. 600

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Aug 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Martin	FULL MAIDEN NAME	Johanna Gardner
RESIDENCE	Firth	RESIDENCE	Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Vir.	BIRTHPLACE	Utah
OCCUPATION	R.R. Operator	OCCUPATION	Homework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2:39 M on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 3-10 1916 Edwin Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 FATHER BORN? NO NAME

194-209-006-255

Form V. S. No. 11-C—Mar-1-1-.

PLACE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37223

Primary Registration District No. 2147 Registered No. 601

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 9 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ellis Armstrong	FULL MAIDEN NAME	Minnie Kendall
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:29 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Robert M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3/10 1916 Edwin Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-104-006-466

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37224

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 67

File No. _____

Primary Registration District No. 2147

Registered No. 602

FULL NAME OF CHILD Wallace Boyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 4 1915

FATHER		MOTHER	
FULL NAME	Wallace Lowry Hine	FULL MAIDEN NAME	Ida Downs
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3/10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-205-006-814

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37225

Primary Registration District No. 2147 Registered No. 623

FULL NAME OF CHILD Beatrice Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 5 1915

FATHER		MOTHER	
FULL NAME	Nelson Cox	FULL MAIDEN NAME	Edna Hampton
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Shelley
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler Registrar

Registrar

S-Y CO. 24658

K

DECEASED

5-6-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... RECEIVED Certificate No. 37225

County of ..... MAY 19 1971 Date Filed .....

Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Cox (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1915 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Beatrice Cox

Subscribed and sworn to before me this 17 day of May, 1971

Carl A. Hall

Notary Public, residing at Shelley, Idaho

My commission expires 5-26-75

(Seal)

Signed Ida Cox

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

MAY 27 1971

Church Record signed by Roy Dredge, Ward Clerk gives name as Beatrice Cox born August 5, 1915 in Jameston, Idaho. Blessed Sept. 6, 1915 and Baptized August 2, 1924.
Viewed by V.S.

Certificate of Baptism and Confirmation from LDS Church, Jamestwon, Idaho gives

name as Beatrice Ide Cox daughter of Nelson and Ida Hampton. Born Aug. 5, 1915 at Jamestown, Idaho. Baptized Aug. 2, 1924 by Eli A. Cox and confirmed a memeber of the Church of LDS. Aug. 3, 1924 by Elder Eli A. Cox. Signed by Roy E. Fielding, Clerk. XX Viewed by V. S.

State of Idaho Public School Diplomas , Bingham County gives name as Beatrice Cox of District. No. 49. Diploma from Elementary School. Given at Blackfoot, Idaho. Dated May 9, 1930. Signed by Margaret E. Giesbrecht, County Superintendent of Public XXXXXX Instruction. Viewed by V. S.

849-105-006-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37226

County of Bingham

City of Shelley

No. ____ St.

Hospital ____

Registration District No. 67 File No. ____

Primary Registration District No. 234 Registered No. 624

FULL NAME OF CHILD John Aeton Quigg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 5 1915

FATHER		MOTHER	
FULL NAME	A. C. Quigg	FULL MAIDEN NAME	Ada E. Gibson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 00 M on the date above stated.

(Signature) F. W. Merrill M.D.

(Physician or midwife)

Address Shelley

Filed 3/10 1916 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1943

Name from card
8/13/43

432-201-006-691

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67

File No. 37227

Primary Registration District No. 2147

Registered No. 605

FULL NAME OF CHILD Precious Gladys McBride

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. McBride	FULL MAIDEN NAME	Emma ~~[illegible]~~ Fridgner
RESIDENCE	Shelley Ida	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wich	BIRTHPLACE	Wich
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Robert M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1967

693-209-006-249

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

Registration District No. 69

File No. 37228

No. ..... St.

Primary Registration District No. 2147

Registered No. 505

Hospital .....

FULL NAME OF CHILD FLORENCE Margaret Wilkie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 8 (Month) 9 (Day) 1915 (Year)
F			

FATHER		MOTHER	
FULL NAME	Richard Wilkie	FULL MAIDEN NAME	Bernice Burrell
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	H.K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10/16 19.... Edwin Cutler
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 22 1969

469 - 228-006-993

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodruff

Registration District No. 69 File No. 37229

No. ..... St.

Primary Registration District No. 2147 Registered No. 506

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	8 — 28 — 1917

FATHER		MOTHER	
FULL NAME	W. E. Morris	FULL MAIDEN NAME	Elizabeth Rosemary
RESIDENCE	Woodruff	RESIDENCE	Woodruff
COLOR	W	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY	32 (Years)
		BIRTHPLACE	Utah
		OCCUPATION	H. K.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address S. Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug. 19 15 Edwin Cutler
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-111-006-35-5

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37230

Primary Registration District No. 2147 Registered No. 509

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 — 11 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. T. Muller	Mary Ann Cook
RESIDENCE	Shelley	Shelley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M D
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed Aug 19 16 Edwin Cutler
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-111-006-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37231

Primary Registration District No. 2147 Registered No. 541

FULL NAME OF CHILD EDWIN CLARENCE MULL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	8-16-1913

FATHER		MOTHER	
FULL NAME	Elmer Mull	FULL MAIDEN NAME	Martha Lemmely
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Edwin at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed Aug 19 15 Edwin Cutler
Registrar

..... Registrar

8-Y CO. 24636

Cert. named from card 12/16/42 Z.J.

DEC 16 1942

966-119-006-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37232

Primary Registration District No. 2147 Registered No. 373

FULL NAME OF CHILD Francis Russell Rowberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9-19-1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm F. Rowberry	Edna Christensen
RESIDENCE	Shelley	Shelley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	England	Utah
OCCUPATION	Salesman	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/10/16 19..... Edwin Cutler Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/5/41. w.h.

AUG 20 19

469-216-006-469

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37233

Primary Registration District No. 2147 Registered No. 514

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	9-16-1915

FATHER		MOTHER	
FULL NAME	R. Morimoto	FULL MAIDEN NAME	Mrs R. Morimoto
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M D
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 19 [illegible] Edwin Cutler
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MORIMOTO

NOT
DUP OF 1915-108390

252-217-006-763

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37234

Primary Registration District No. 2147

Registered No. 549

FULL NAME OF CHILD Verna Elnora Sessions

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 17 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alferd Sessions	FULL MAIDEN NAME	Matilda Polson
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Heber Utah	BIRTHPLACE	Heber Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E J Wadsworth

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed 12-30 1915

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR ~~DEATH~~

State of Idaho } ss.
County of Bingham }

Certificate No. 37234

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Verna Elnora Sessions (Name on Original Certificate) who Born (Was Born or Died) on Sept 17th 1915 (Date of Event)
in Jamestown (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record Book (Bible Record, Insurance Policy, Etc.) prepared on time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Sessions	Verna Elnora Sessions
Verna Elnora Sessions		

Subscribed and sworn to before me this 5 day of July, 1945

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct 20, 1947

(Seal)

Signed Mother: Matilda Sessions
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of July, 1945

Notary Public, residing at Idaho Falls, Idaho

My commission expires Oct-20, 1947

(Seal)

Signed Elnora Cox
(Signature of Any Credible Person)

472 - 11 St Idaho Falls Idaho
(Street Address, City, State)

JUL 12 1984

163-223-006-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37235

Primary Registration District No. 2147

Registered No. 548

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A Jolley Jr	FULL MAIDEN NAME	Hannah Butler
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mt Carmel Utah	BIRTHPLACE	Escalanta Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. J. Wadsworth
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho

Filed 12-30 1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-127-006-316

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69

File No. 37237

No. ..... St.

Primary Registration District No. 2147

Registered No. 546

Hospital .....

FULL NAME OF CHILD Wallace Werner Parker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	9-27-1915 (Month) (Day) (Year)

PATHER		MOTHER	
FULL NAME	Amos Parker	FULL MAIDEN NAME	Hazle A. Lawson
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 10-1 1915 Edwin Cutler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1965

155-218-006-122

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37238

Primary Registration District No. 2147

Registered No. 550

FULL NAME OF CHILD Marion Wurona

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	9 (Month) 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Martin Jensen	FULL MAIDEN NAME	Albertina Abbertson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 18

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 10 — 1 1915 — Edwin Cutler
Registrar

Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWP 081915-325914

719 - 211-006-282

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 67

Primary Registration District No. 2147

File No. 37239

Registered No. 6-94

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 11 1916

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bird Page	Lena Bybee
RESIDENCE	Firth	Firth
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Ida	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Edwards M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-10 1916 Edwin Cutler Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-111-006-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. 37240

Registered No. 695

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 11 1914 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Wm Meehan	FULL MAIDEN NAME	Sarah Lozano
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 7209 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 3-10 1916 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-201-006-513

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 67 **File No.** 37241

Primary Registration District No. 2147 **Registered No.** 576

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 1 1915

FATHER		MOTHER	
FULL NAME	Rubber Hunting	FULL MAIDEN NAME	Ethel Eaton
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 9-5-19 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Robert Sr. D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-219-006-366

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. 37242

Primary Registration District No. 2147 Registered No. 5-12

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	10 — 19 — 1915

FATHER		MOTHER	
FULL NAME	D. J. Lords	FULL MAIDEN NAME	Ella Cook
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	AGE AT LAST BIRTHDAY	41 (Years)
COLOR	W	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Edwin Cutler, M. D.

(Physician or midwife)

Address Shelley

Filed Oct 19 15 Edwin Cutler Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1K

JAN 22 1971

695-114-006-395

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... *St.*

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37243

Registered No. 512

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
B		yes	10 (Month) 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Erastus B. Freeman	FULL MAIDEN NAME	Selma Cronay
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed Oct 19 15 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-205-006-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37244

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 3-18

FULL NAME OF CHILD Jane Gordon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F			yes	10 — 8

FATHER		MOTHER	
FULL NAME	Chas Gordon	FULL MAIDEN NAME	Mrs C. Gordon
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at full term on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 1—1—1916 Edwin Cutler
Registrar

..... Registrar

B-Y CO. 24655

NOV 17 1971

MAR 15 1956

815-210-006-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev-1-1-18

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37245

Primary Registration District No. 214 Registered No. 571

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	10 (Month) — 10 (Day) — 1917 (Year)

FATHER		MOTHER	
FULL NAME	Frank Hanks	FULL MAIDEN NAME	Leah Jensen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M D
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12 — 31 1917 Edwin Cutler
Registrar

S-Y CO. 24696

386-105-006-466

Form V. S. No. 11-C—20m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69 File No. 37246

No. ____ St.

Primary Registration District No. 214 Registered No. 590

Hospital ____

FULL NAME OF CHILD George Forrest Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	10 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo H. Thompson	Sarah Downs
RESIDENCE	Shelley	Shelley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. H.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report. ____ 19____

Filed 11-1-1913 Edwin Cutler Registrar

____ Registrar

S-Y CO. 24958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1966
MAR 30 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
Feb 9 11 33 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 37246

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thompson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 5, 1915 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	George Forrest Thompson

Subscribed and sworn to before me this 6 day of ....., 1976

Notary Public, residing at Idaho Falls, Ida

My commission expires 2-15-77

(Seal)

Signed Ivan K. Burrell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Born 1896 Idaho Falls Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida
County of Bonn } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of ....., 1976

Notary Public, residing at Idaho Falls, Ida

My commission expires 2-15-77

(Seal)

Signed X Jas M. Palmer

(Signature of Any Credible Person)

1616 Eagle Dr. Idaho Falls, Ida

(Street Address, City, State)

FORM DH 60-155

CL 3/29/76

Certif of Birth from the LDS Church gives name as ~~George~~ Forrest Thompson born Oct 5, 1915 at Shelley, Idaho. Entered on record Nov 7, 1915. Father' name given as George W. Thompson and Sarah Warren Downs. viewed by V. S. APR 20 1976

Honorable Discharge from the Armygives name as George F. Thompson born Oct 5, 1915 at Shelley,Idaho. Dated of separation Dec 31, 1945. viewed by V. S.

261-112-006-127

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

37247

County of Bingham

City of Jamestown

No. ..... St.

Hospital .....

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 589

FULL NAME OF CHILD Clifford Grant Swanson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes	10 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herman Swanson	FULL MAIDEN NAME	Emma Asphand (Asphand)
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 11 — 1 1915 — Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-128-006-743

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jamestown

Registration District No. 69 File No. 37248

No. ..... St.

Primary Registration District No. 2147 Registered No. 588

Hospital .....

FULL NAME OF CHILD John Irvin Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Christensen	FULL MAIDEN NAME	Amanda Gulke
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Fountain Green Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida.

Filed 12-30 1915 Edwin Cutler Registrar

..... Registrar

S-Y CO. 24656

DEC 16 1977

DECEASED

Died 9-30-03

Idaho

03-7586

595-204-000-253

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 62 File No. 37249

No.

Primary Registration District No. 2147 Registered No. 587

Hospital

FULL NAME OF CHILD Myrtle Marie Nielsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 4 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	Sixen C. Nielsen	FULL MAIDEN NAME	Emma S. Beck
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. E. J. Wadsworth
midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 30 1916 Edwin Cutler
Registrar

S-Y CO. 24696

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Columbia }

Certificate No. 37249

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Myrtle Marie Nielsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 4, 1915 (DATE OF EVENT)

in Shelley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Certificate of Blessing (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 7, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Myrtle Maris Neilson	Myrtle Marie Nielsen
father's name	S. C. Neilson	Soren C. Nielsen
birthdate	October 3, 1915	October 4, 1915

Subscribed and sworn to before me this 20th day of April, 19 42

Signed Emma Sophie Nielsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at St. Helens, Oregon

My commission expires Nov. 17, 1944
(SEAL)

St. Helens, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Columbia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of April, 19 42

Signed Soren Christian Nielsen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at St. Helens, Oregon

My commission expires Nov. 17, 1944
(SEAL)

St. Helens, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 1 1942

845-114-2006-815

PLACE OF BIRTH child's name added 9/17/2003tlc

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

Registration District No. 69

File No. 37250

No. _____ St.

Primary Registration District No. 2147

Registered No. 586

Hospital _____

FULL NAME OF CHILD George Andrew Hunt

Sex of Child: male

Twin, Triplet or other? } and { Number in order of birth } (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: Oct (Month) 14 (Day) 1915 (Year)

FATHER

FULL NAME: W. L. Hunt

RESIDENCE: Firth

COLOR: white

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Hooper Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edna Hansen

RESIDENCE: Firth

COLOR: white

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Ogden Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs O. J. Wadsworth

Mrs Wadsworth
(Physician or midwife)

Address Firth Idaho

Filed 12-30 1915 Edwina Cutler Registrar

S-Y CO. 24656

JAN 2 0 1972

9-8-03

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1915-37250

Date Filed 12-30-1915

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Andrew George Hunt (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 14, 1915 (Date of Event)

in Firth (Bingham) Idaho (Place of Event) are erroneous or were omitted.

CARRIE V. GRASTEIT
NOTARY PUBLIC - UTAH
DAVIS COUNTY
My Commission Expires November 14, 2004
230 South Main, Bountiful, UT 84010

ITEMS TO BE CORRECTED	FROM	
Full Name of Child	Blank	Andrew George Hunt

Subscribed and sworn to before me this 11th day of September, 2003.

Notary Public, Carrie V Grasteit Carrie V Grasteit Andrew G Hunt

Residing at Davis County

My commission expires 11-14-2004 (Seal)

Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

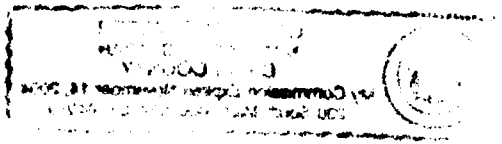
My commission expires _____ (Seal)

Supporting Signature

Street Address, City, State

CERTIFICATE OF BLESSING FROM LDS CHURCH GIVE NAME AS ANDREW GEORGE HUNT BORN OCT. 14, 1915 AT BASSALT, IDAHO. BLESSED ON NOV. 7, 1915. VIEWED BY VS

CERTIFICATE OF BAPTISM FROM LDS CHURCH GIVES NAME AS ANDREW G. HUNT BORN OCT. 14, 1915 AT FIRTH, IDAHO. BAPTIZED SEPT. 6, 1924. VIEWED BY VS



Amended 11-12-58

PLACE OF BIRTH

527-20-9006-384

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37251

Primary Registration District No. 2147 Registered No. 585

FULL NAME OF CHILD Vera Esplin
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 9, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Marion Esplin	FULL MAIDEN NAME: Cleminta Church
RESIDENCE: Basalt	RESIDENCE: Basalt
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Orderville, Utah	BIRTHPLACE: Panguitch, Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) E. J. Wadsworth

Midwife
(Physician or midwife)

Address Shelley, Ida.

Filed 12-30-1915 Edwin Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

'regon St te College Record, Sept. 12, 1955 - gives the Child's name and Father's name
orrect - viewed by V.S. Certificate of Blessing, Jan. 2, 1916 gives correct Father's
nd Child's names - viewed by V.S.
nother Child's birth cert.
ives correct Mother's name #387505 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Record of Membership of Vera Esplin Ballard(Esplin) for L.D.S. Church gives Mother's Maiden Name as Cleminta Church viewed by V.S. Certificate No. 37251

County of ..... ss. Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Esplin (Name on Original Certificate) who born (Was Born or Died) on Oct. 9, 1915 (Date of Event)

in Basalt (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Esplin	Vera Esplin
Father's Name	Amerinon Esplin	Marion Esplin
Mother's Name	Clementina	Cleminta Church

Subscribed and sworn to before me this ..... day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires 6/16/59

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... ss.

County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible] Idaho

My commission expires 6/16/59

(Seal)

Signed Dorothea Jorgensen

(Signature of Any Credible Person)

Kelley Idaho

(Street Address, City, State)

FORM DPH 55.155

NNCL 1-22-58 nm

614-226-006-844

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Basalt

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37252

Primary Registration District No. 247 Registered No. 384

FULL NAME OF CHILD Sarah Anona Wadsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 26 1915

FATHER		MOTHER	
FULL NAME	Arnold Wadsworth	FULL MAIDEN NAME	Sara Humphreys
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. E. J. Wadsworth

midwife
(Physician or midwife)

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler Registrar

8-Y CO. 24656

JAN 10 1942

JUN 4 1974

753-225-006-863

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37253

Primary Registration District No. 2147 Registered No. 589

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lester Peterson	FULL MAIDEN NAME	Viola Holm
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	[illegible] Utah	BIRTHPLACE	Wyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed 12-30 1915 F. Edwin Cutler
Registrar

S-Y CO. 24656

K

Dup of 1915-387350

815-115-010-844

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnieville

City of Taylor

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37254

Primary Registration District No. 2147

Registered No. 582

FULL NAME OF CHILD Elmo V. Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 15 1915

FATHER

FULL NAME Lorence Hansen

RESIDENCE Taylor

COLOR white

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Bloomington, Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Minnie Humphery

RESIDENCE Taylor

COLOR white

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Paris, Idaho

OCCUPATION Housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. E. J. Wadsworth
midwife
(Physician or midwife)

Address Shelley, Ida.

Filed 12-13 1915 Edwina Cutler
Registrar

2-Y CO. 24656

JAN 17 1951

DEC 15 1952

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. 635-129-006-437 St.

Registration District No. 69

File No. 37255

Primary Registration District No. 2147

Registered No. 580

Hospital

FULL NAME OF CHILD Rulon Floyd Oler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 29 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Albert Oler	FULL MAIDEN NAME	Nellie McGary
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	American Fork	BIRTHPLACE	Taylorsville
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address Shelley Ida

Filed 12-30 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 24656

L.D.S. Church Certificate of Blessing, Dec. 5, 1915 gives full name of child as Rulon Floyd Oler, son of Albert Oler and Nellie McGary, born Oct. 29, 1915 at Shalley, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Social Security Card, #519-05-9295, dated 9-13-37 gives full name as Rulon Floyd Oler -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. viewed by V.S.
County of .....

Certificate No. 37255

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Oler (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1915 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record, Discharge papers (Bible Record, Insurance Policy, Etc.) prepared on June 17 1962 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rulon Floyd Oler

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of July 1962

Annabell Mary Plunkett

Notary Public, residing at Las Vegas, Nevada

My commission expires 6-14-64

(Seal)

Signed Dan H. Plunkett
(Signature of Any Credible Person)

1480 South 7th Las Vegas, Nevada
(Street Address, City, State)

FORM DH 60-155 CL 5-29-62. one copy pd. rec. #11707.

JUL 9

AUG 3 1 1965

JAN 2 9 1970

269-202-006-719

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37256

Primary Registration District No. 2147

Registered No. ~~47~~ 579

FULL NAME OF CHILD Iris Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	yes	Oct 2 1915

FATHER		MOTHER	
FULL NAME	Isaac Sorensen	FULL MAIDEN NAME	Alverette E. Gardner
RESIDENCE	Goshen Ida	RESIDENCE	Goshen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Collage Wardretah	BIRTHPLACE	Annabell Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 2 at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Alice Tu-Sessions-Shelly R.F.

Filed Oct 12 1915 Edwin Cutler
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-104-006-815

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

Registration District No. 69

File No. 37257

No. ..... St.

Primary Registration District No. 2147

Registered No. 578

Hospital .....

FULL NAME OF CHILD Joseph Charles Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Oct. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Alma Curtis	FULL MAIDEN NAME	Chloe Arinda Hancock
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Payson Utah	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. J. Wadsworth
J. midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 1915 Edwin Cutler
Registrar

..... Registrar

S-Y CO. 24656

365-102-006-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37258

Registered No. 577

FULL NAME OF CHILD Joseph Walker Covert

Sex of Child M

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth 10 (Month) – 2 (Day) 191 5 (Year)

FATHER

FULL NAME Jas Covert

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 56 (Years)

BIRTHPLACE New Mexico

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Nellie Walker

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION H. K.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M.D.

..... (Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11 / 19 15 Edward Cutler Registrar

S-Y CO. 24955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-9-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 13 11 18 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No. 37258

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Covert (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1915 (Date of Event)
in Shelley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record and / church record showing baptism (Bible Record, Insurance Policy, Etc.) prepared on March 1, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	omitted	Joseph Walker Covert
Joseph Walker Covert		

Subscribed and sworn to before me this 31 day of December, 1976

Notary Public, residing at Pocatello, Idaho

My commission expires

(Seal)

Signed Mabel M Chandler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

335 N. 5th, Pocatello, Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 1976

Notary Public, residing at Pocatello

My commission expires 8/1979

(Seal)

Signed Robert J Miller
(Signature of Any Credible Person)

RT 4 Box 319 P
(Street Address, City, State)
Pocatello Idaho

n Correction corresp. (C)

FORM DH 60-155

Batpsmal record from the LDS Church gives namea s Joseph Walker Covert born Oct 2, 1915 at Shelley, Idaho. Baptized March 4, 1928 father's name as Joseph Covert and mother's name as Nelly Walker. viewed by V. S. JAN

Family record gives name as Joseph W. Covert born Oct 2, 1915 at Shelley, Idaho. Baptized 1928. viewed by V. S.

483-105-006-783

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37259

Registered No. 676

FULL NAME OF CHILD Maurice Arthur Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	12 - 5 - 1913

FATHER		MOTHER	
FULL NAME	Arthur Mitchell	FULL MAIDEN NAME	Fern Giles
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 3/4 M
(Born alive or stillborn)
on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 12-1-1913 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

FEB 21 1974

537-117-006468

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. _____ St.

Hospital _____

Registration District No. 27

Primary Registration District No. 2147

File No. 37260

Registered No. 564

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	11-17-1915

FATHER		MOTHER	
FULL NAME	John E. Elg	FULL MAIDEN NAME	Olga Maria Johnson
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-1-1915 Edward Cutler Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-212-006-795

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

Primary Registration District No. 2147

File No. 37261

Registered No. 563

FULL NAME OF CHILD Alice Eleanor Alger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	11-12-1915

FATHER		MOTHER	
FULL NAME	Joe Alger	FULL MAIDEN NAME	Alice Green
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19....

Filed 12-1-1915 Edwin Cutler Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4116 - 113-006-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37262

County of Bingham

City of Shelley

Registration District No. 69

File No.

No. ____ St.

Primary Registration District No. 2147

Registered No. 562

Hospital

FULL NAME OF CHILD Albert Earl Daw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	1 — 13 1913

FATHER		MOTHER	
FULL NAME	Fred Daw	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

....., 19....

Registrar

Filed 12 — 19 15 Edward Cutler

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 3 11 08 AM '76
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 37262
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Daw (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 13, 1915 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on October 28, 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Albert Earl Daw

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elizabeth Carpentier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1860 Santa Rosa Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 19 76

Notary Public, residing at Idaho Falls, Idaho
My commission expires 5/20/79
(Seal)

Signed Steven Carpentier
(Signature of Any Credible Person)

1860 Santa Rosa Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10/27/76

Certif of Ordination to the Holy Priesthood gives name as Albert Earl Daw dated March 28, 1937. father' sname as Charels F. Daw and mother's name as Clara Smith. born Nov 13, 1915 Bpatized Aug 14, 1927. viewed by V. S.

NOV 2 2 1976

Application to the Beneficial Life Insurance Co gives nameas Albert Earl Daw. bron Nov 13, 1915. dated May 12, 1942. vie ed by V. S.

695-207-006-236

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37263

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 561

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	1 — 7 191 5

FATHER		MOTHER	
FULL NAME	R. Evans	FULL MAIDEN NAME	Hettie Stone
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 30 M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

Filed 1-2 1915 Edwin Cutler
Registrar

..... Registrar

S-Y CO. 24655

154-104-006-815

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37264

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. _____

Registered No. 360

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	11-4-1913

FATHER		MOTHER	
FULL NAME	Jas Anderson	FULL MAIDEN NAME	Olga Y. Hansen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Miller M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2-1915 Edward Miller Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-108-006-289

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37265

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

File No. .....

Primary Registration District No. 2147

Registered No. 559

BYINGTON

FULL NAME OF CHILD Lawrence Bearley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	M. L. Bearley	FULL MAIDEN NAME	Mary Byington
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 12-1-1915 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 37265

APR 21 '45 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lawrena Beasley (Name on Original Certificate) who was born (Was Born or Died) on 11-8-1915 (Date of Event)
in Shelley Ida (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on 4-18-1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lawrence Beasley	Lawrence Byington Beasley
Lawrena Beasley		Lawrena Byington Beasley

Subscribed and sworn to before me this 18th day of April, 1945.
N. Christensen
Notary Public, residing at Shelley, Idaho.
My commission expires June 16, 1947.
(Seal)

Signed Mary S Beasley.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 18th day of April, 1945.
N. Christensen
Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1947.
(Seal)

Signed W. F. Mallory
(Signature of Any Credible Person)
Shelley, Idaho.
(Street Address, City, State)

415-205-006-897

Form V. S. No. 11-C—25m-1-1-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodvill

No. ..... St.

Hospital .....

Registration District No. 69

File No. 37266

Primary Registration District No. 2147

Registered No. 568

FULL NAME OF CHILD Elaine Davenport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	11 (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ezra S. Davenport	FULL MAIDEN NAME	Martha A. Higley
RESIDENCE	Woodvill	RESIDENCE	Woodvill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	O.K.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 12-30 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 24 4 02 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 37266

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Davenport (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1915 (Date of Event)

in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Elaine Davenport
Date of Birth	Nov. 5, 1915	Nov. 15, 1915

OFFICIAL SEAL
EDITH K. DAVIS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires ... 1979

Subscribed and sworn to before me this 14th day of Nov. 19 79

Notary Public, residing at 4125 Ball Rd, Cypress, Calif

My commission expires ... 79
(Seal)

Signed Stella Davenport Papie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9591 Graham #6 Cypress Ca. 90630
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Velda [illegible]
(Signature of Any Credible Person)

4661 Hyland Ave.
(Street Address, City, State)
[illegible]

FORM DH 60-155 CL 12/11/73 ret'd $1

Certificate of Baptism and Confirmation issued by the L.D.S.Church June 7, 1925 gives name as Elaine Davenport daughter of Ezra Davenport and Martha A. Higley born born March 4 November 15, 1915 at Woodville, Idaho. Baptized June 6, 1925 .
Viewed by V.S

Certificate of Award issued by School Dist # 51 April 1925 gives name as Elaine Davenport.
Viewed by V.S.

Statement regarding family records gives name as Elaine Davenport born November 15, 1915 in Woodville, Bingham County, Idaho. Original obviously old.
Viewed by V.S.

365-227-006-466

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 37267

Primary Registration District No. 2147 Registered No. 510

FULL NAME OF CHILD BLANCHE ELIZABETH COE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			11 - 27 1915

FATHER		MOTHER	
FULL NAME	Roy Coe	FULL MAIDEN NAME	Iva Moor
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Carpetner	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed Dec. 19 15 Edwin Cutler
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 37267

County of Orange } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 27th 1915 (DATE OF EVENT)

in Idaho Falls, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Certificate of Baptism (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 22nd ~~1924~~ 1924 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Blanche Elizabeth Coe

Subscribed and sworn to before me this 16th day of January, 1943

Augie P. Ragan

Notary Public, residing at Costa Mesa, Calif.

My commission expires

(SEAL)

Signed Mrs Iva Bell Coe

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1829 Orange Ave. Costa Mesa

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 23 1943

796-114-006-381

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodrill

No. _____ St.

Hospital _____

Registration District No. 69

File No. 37268

Primary Registration District No. 2147

Registered No. 511

FULL NAME OF CHILD Oscar Dewayne Gifford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	12 (Month) - 14 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	G. A. Gifford	FULL MAIDEN NAME	Florence E. Chaffin
RESIDENCE	Woodrill	RESIDENCE	Woodrill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 1-18 1916

Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 2

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 67

File No. 37269

No. ..... St.

Primary Registration District No. 2147

Registered No. 5-93

Hospital .....

FULL NAME OF CHILD Zelma Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) - 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. B. Mitchell	FULL MAIDEN NAME	Jane Shirts
RESIDENCE		RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mail carrier	OCCUPATION	H.K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 12 - 30 1915 Edwin Cutler

Registrar

Registrar

S-Y CO. 24656

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 2 1965

PLACE OF BIRTH

635-107-006-553

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 67

Primary Registration District No. 2147

File No. 37270

Registered No. 644

FULL NAME OF CHILD Glen Elroy Oler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	12 (Month) — 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jas Oler	FULL MAIDEN NAME	Emma D Nelson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M on the date above stated.

(Signature) Edwin Cutler M. D

(Physician or midwife)

Address Shelley

Filed 11—1—1915 Edwin Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

JUL 18 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 11 30 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 37270

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Oler (Name on Original Certificate) who was born (Was Born or Died) on December 7, 1915 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certificate of ordination March 3 1929 (Bible Record, Insurance Policy, Etc.) prepared on March 2, 1924 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Glen E. Oler

Subscribed and sworn to before me this 31st day of
May, 19 76

Notary Public, residing at Salt Lake City, Utah
My commission expires May 3, 1980
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ralph S. Oler
(Signature of Any Credible Person)

2184 Lancaster Lane Salt Lake City, Utah
(Street Address, City, State)

FORM DH 60-155

CL sent 5/24/76 nm.

JUN 3 1976

Certif of Baptism and Confirmation from the LDS Church gives name as Glen Elroy Oler son of James Oler and Annie D. Nelson. Born Dec 7, 1951 at Shelley, Idaho. Baptized March 1, 1924. viewed by V. S.

Certif of Ordination ~~f~~ to the Office of Deacon of the LDS Church gives name as Glen Elroy Oler son of James Oler and Annie H. Nelson. Baptized May 1, 1924. Ordained a Deacon on March 3, 1929. viewed by V. S.

443-125-006-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37271

County of Bingham

City of Shelley

Registration District No. 69 File No.

No. St.

Primary Registration District No. 2147 Registered No. 543

Hospital

FULL NAME OF CHILD Roy Mulberry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	12 25 1913

FATHER		MOTHER	
FULL NAME	Stanley Fay Mulberry	FULL MAIDEN NAME	Maud Johnson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

19

Registrar

Filed 1-1-1916 Edward Cutler
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

219-228, 006-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 1/13/75

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 37272

Primary Registration District No. 2147 **Registered No.** 542

FULL NAME OF CHILD Rhoda Mae Bailey

Sex of Child F	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** 12-28-1915 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Chas F. Bailey	**FULL MAIDEN NAME**	Rhoda Kinney
RESIDENCE	Shelley	**RESIDENCE**	Shelley
COLOR	W **AGE AT LAST BIRTHDAY** 48 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 35 (Years)
BIRTHPLACE	Utah	**BIRTHPLACE**	Idaho
OCCUPATION	Farmer	**OCCUPATION**	H.K.

Number of child of this mother, including present birth 8 **Number of children of this mother now living, including present birth** 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address Shelley

Filed 1-1 1916 Edwin Cutler *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
ARCHIVES

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 2 - 1975 Bureau of Vital Statistics

State of Oregon } ss. Certificate No. 37272

County of Lane Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Baley (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1915 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Baley	Rhoda Mae Bailey
mother's maiden name	Rhoda Kenney	Rhoda Kinney
father's last name	Baley	Bailey

Subscribed and sworn to before me this 9 day of December, 1974

December 9, 1974

Notary Public, residing at Cottage Grove, Ore.

My commission expires AUG 3 1977

(Seal)

Signed Marie Watters

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1004 Villard Ave., Cottage Grove, Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of December, 1974

, 19

Notary Public, residing at Cottage Grove, Ore.

My commission expires AUG 3 1977

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/27/74 nm

Certif. of Blessing from LDS Church gives name as X Rhoda Mae Bailey daughter of Charles F. Bailey and X Rhoda Kinney. Boen Dec. 28, 1915.at Basalt, Idaho. Was Blessed June 4, 1916. viewed by V. S.

JAN 13 1975

Certif. of birth from the LDS Church gives name as Rhoda M. Bx Bailey born Dec. 28, 1915 at Basalt, Idaho. father's name given as Charles F. Bailey and the mother's nameas Rhoda Kinney. Entered on record June 4, 1916. viewed by VS

485-116-006-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37273

Primary Registration District No. 2147 Registered No. 541

FULL NAME OF CHILD Norman Ernest Dye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	12 (Month) - 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Walter E. Dye	FULL MAIDEN NAME	Sarah M. E. Croft
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H K

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 1 / 1 1916 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-123-006-259

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. 37274

Registered No. 640

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	12 (Month) - 23 (Day) 1915 (Year)

	FATHER		MOTHER
FULL NAME	C. M. Chinnan	FULL MAIDEN NAME	Amelia Berg
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	H.K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Shelley

Filed 1-1 1916

Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-228-006-796

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodvill

No. ..... St.

Hospital .....

Registration District No. 69 File No. 37276

Primary Registration District No. 2147 Registered No. 538

FULL NAME OF CHILD Verona Huntsman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Evon Wesley Huntsman	FULL MAIDEN NAME	Elnora Gifford
RESIDENCE	Woodvill	RESIDENCE	Woodvill
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed 12-30 1915 Edwin Cutler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-101
028-445

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Cataldo

No. ..... St.

Hospital .....

Registration District No. 123 File No. 37283

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Worthington Francis Dresskell.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	41 (To be answered only in event of plural births)	Yes	12 (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Kealy Dresskell.	FULL MAIDEN NAME	Geneva Dresskell,
RESIDENCE	Boise Ben.	RESIDENCE	Cataldo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Penn.
OCCUPATION	Surveyor	OCCUPATION	School teacher

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 2/2 1916 Geo S Lesher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751-112
040-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 37284

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Sigurd Glen Peaterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy	1	Yes	11 (Month) 12 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Sigurd Peaterson	FULL MAIDEN NAME	Ethel Wilcott
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wis.
OCCUPATION	Saw Mill	OCCUPATION	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 3/2 19 16 Geo. S Lesher
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CWP 06 1915-335436

314-206-040-85

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 37285

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Mable Anzonettie Lambert

Sex of Child: G | Twin, Triplet or other? and Number in order of birth: 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 11 (Month) 6 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME: Daniel Edward Lambert	FULL MAIDEN NAME: Maude Pearl Hearnig
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Oregon
OCCUPATION: Mill Man	OCCUPATION: H. W

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. R. Mason

(Physician or midwife)

Address Kellogg

Filed 3/2 19 16 Geo. D. Lasher Registrar

8-Y CO. 24655

3[illegible]-120-[illegible]-[illegible]6

(Be sure the information is complete and accurate)

Amended 11-20-64

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37286
Local Reg. No.
Reg. Dist. No. 123

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kingston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: P.O. Kingston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Raymond b. (Middle): Mattias c. (Last): Lahde

4. SEX: Boy

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) (Day) (Year): 11 - 20 - 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Matt b. (Middle): c. (Last): Lahde

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Finland

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lilly b. (Middle): c. (Last): Aro

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mont.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kellogg, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/2/1916

22. REGISTRAR'S SIGNATURE: Geo. S. Lesher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

...r BLACK Record Typewriter in Completing ... Certificate. Print Information Neatly and ...
...n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
...SION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane

RECEIVED NOV 9 1964 Bureau of Vital Statistics

Certificate No. 37286

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Raymont Mattias Lahde (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1915 (Date of Event)
in Kingston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Raymont	Raymond

Subscribed and sworn to before me this 27 day of October, 19 64

Notary Public, residing at Spokane, Washington
My commission expires Aug. 14, 1968
(Seal)

Signed [signature] - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Smelterville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of October, 19 64

Notary Public, residing at Spokane, Washington
My commission expires Aug. 14, 1964
(Seal)

Signed Amalia Hill God-Mother
(Signature of Any Credible Person)

Smelterville, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10-6-64. one copy pd. rec. #5149.

Honorable Discharge from U.S. Army, Sept. 10, 1945 gives full name as Raymond M Lahde, born Nov. 20, 1915 at Kingston, Idaho - date of induction Aug. 22, 1942 - viewed by V.S.

The Independent Order of Foresters, Insurance, date of issue-Oct. 14, 1955 gives full name of insured as Raymond Matt Lahde, age 40, cert. No. 1254711-O - born Nov. 20, 1915 at Kingston, Idaho - beneficiary is given as Opal Neoma Lahde, wife - viewed by V.S.

689-224-040-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Calaldo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 37287

Primary Registration District No. 2241 Registered No. .....

FULL NAME OF CHILD Ethel Violet Whiteman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Y	3	Yes	11 (Month) 24 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Francis Henry Whiteman	FULL MAIDEN NAME	Ella May Hughes
RESIDENCE	Calaldo	RESIDENCE	Calaldo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mich
OCCUPATION	Lumberman	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCoy

Filed 3/2 1916 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1945

693-126-040-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37288

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 18

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Thomas Shaw Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	3	Yes	12 (Month) 26 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Wilson	FULL MAIDEN NAME	Jane E. Shaw.
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCloff

Filed 3/2 19 16 Geo. T. Lesker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-211-040-214

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **37290**

Registration District No. 123 File No. 19

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Bertha Etta Shiplette.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	Yes	12 11 1915

FATHER		MOTHER	
FULL NAME	Clayton Shiplette	FULL MAIDEN NAME	Pauline E. Bauman
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	W. Virginia	BIRTHPLACE	Wardner, Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 3/2 1916 Geo. S Lesher
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1942

319-113-040-266

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 37291

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD Alvin L. Larson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			1	yes	12 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis A. Larson	FULL MAIDEN NAME	Francis Bootcher
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash.
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Kellogg

Filed 3/2 1915 Geo. S Lesher
Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1951

DUP061915-341202

699-120-040-595

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 37292

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Eddie William Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	2	yes	12 20 1915

FATHER		MOTHER	
FULL NAME	William Wright	FULL MAIDEN NAME	Hilda Niemi
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 3/2 1916 Geo S Lesher

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 31 1942

255-110-040-395

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37293

County of Shoshone

City of Union, Ida

Registration District No. 123 File No. 23

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Irvin Chester Irvin Chester Kiefer.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Boy	4	Yes	Nov (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Tom Kiefer.	FULL MAIDEN NAME	Mattie Lien
RESIDENCE	Union	RESIDENCE	Union
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

attended By Dr Burgess (Physician or midwife)

Given names added from a supplemental report. not here now.

..... 19 ..... Address Kellogg

..... Registrar Filed 3/2 1916 Geo. J. Leber Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C.C. 4,1.7,41, W.N.

849-220-007-316

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 37328

Primary Registration District No. 2022 Registered No. 14

FULL NAME OF CHILD Feronza Fay Hurt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 20 1915

FATHER		MOTHER	
FULL NAME	Ollie R. Hurt	FULL MAIDEN NAME	Margarite B Lawson
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman MD

(Physician or midwife)

Given names added from a supplemental report

Dr K. neglected to hand this in — 19 ..... Registrar

Address Hailey Ida

Filed Mar 10 19 16 Robert H Wright Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1951

312-102-030-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE

Form V. S. No. 11-C—25m-1-1-18

37374

County of Lemhi

City of Salmon (Ulysses)

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No. 7

Hospital

FULL NAME OF CHILD Chilton Cleal Casey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 2 1915

FATHER	MOTHER
FULL NAME: Frank T Casey	FULL MAIDEN NAME: Julia T Barton
RESIDENCE: Ulysses Ida	RESIDENCE: Ulysses Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Merchant	OCCUPATION

Number of child of this mother, including present birth: 2 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank T Casey

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Filed 3/10/16 19..... Edith D. Herndon
Registrar

..... Registrar

B-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/21/41 L. E.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi

City of Ulysses

No. ..... St.

Born at home.

(If born in hospital or institution give name.)

STAT[redacted]HO
DEPARTMENT [redacted]C WELFARE
BUREAU O[redacted]ATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Chilton Cleal Casey

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth June 2, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Francis Theodore Casey	18. Full maiden name Julia Frances Barton
10. Residence (usual place of abode) (If non-resident, give place and State) Ulysses, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ulysses, Idaho
11. Color or race white | 12. Age at last birthday 48 (years)	20. Color or race white | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Old Mines, Missouri Washington, County	22. Birthplace (city or place) (State or Country) Fenton, Missouri St. Louis County
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. general store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work June, 2, 1915 | 17. Total time (years) spent in this work 1¼ yrs.	25. Date (month and year) last engaged in this work June 2, 1915 | 26. Total time (years) spent in this work 4 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) F T Casey, M. D.
Midwife

Give name added from a supplemental report ..... (Date of)

Address W. W. Simmonds, Clerk of the District Court in and for Lemhi County, Idaho

Filed ....., 193.. By Claver Edwards Deputy

Registrar. Registrar.

231-112-050-214

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41

File No. 87375

Primary Registration District No. 2116

Registered No. 8

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 12 1915

FATHER		MOTHER	
FULL NAME	Wallace W. Slavin	FULL MAIDEN NAME	Fannie Radbitz
RESIDENCE	Carmen Idaho	RESIDENCE	Carmen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wis
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born dead (Born alive or stillborn) on the date above stated, at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. D. Whitwell

(Physician ~~or midwife~~)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Mch. 9 1916 Estrid D. Henson Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 381-111-033-314

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]dison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 37428

Primary Registration District No. 2178

Registered No. 23

FULL NAME OF CHILD Kenneth Lambert Charles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	Yes.	Oct. (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Allie David Charles.	FULL MAIDEN NAME	Luella Lambert
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. D.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 A. M on the date above stated.

(Both alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Ensman M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rexburg, Idaho

Filed 2-12 1916 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

Certified Copy issued Jan. 10, 1941. E.W.

DDS 112-033-113

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 37429

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD John Jacob Skelton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	✓	Yes	Oct. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Steven Skelton	FULL MAIDEN NAME	Ella Jacobs
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	HD

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N A Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 2-12 1916 G G Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1976

366-126-033-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 37430

Primary Registration District No. 2178 Registered No. 25

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles F. Cook	FULL MAIDEN NAME	May Thornton
RESIDENCE	Thornton, Ida.	RESIDENCE	Thornton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 P M on the date above stated.
(Born alive or stillborn)

(Signature) M Herisman M.D.

(Physician or midwife)

Address Rexburg, Idaho

Filed 2-12 1916 G G Espe
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 15-380477

561-207-033-343

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 37431

Primary Registration District No. 2178 Registered No. 26

FULL NAME OF CHILD Ruby Alice Noakes

Sex of Child Female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov. 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Milton Noakes	FULL MAIDEN NAME	Alice Elizabeth Luthy
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Locomotive Fireman	OCCUPATION	H.D.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 2-12 1916 G. G. Esp.

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-221-033-369

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 37432

Primary Registration District No. 2178 Registered No. 27

FULL NAME OF CHILD Nina Marie Gravestock

Sex of Child female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Nov (Month) 21 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert T. Gravestock	FULL MAIDEN NAME	Etna Lorimer
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Telephone Technician	OCCUPATION	H. D.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:05 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 2-12 1916 G. G. Espe

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 28 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Colorado
County of Delta } ss.

Certificate No. 37432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Gravestock (Name on Original Certificate) who born (Was Born or Died) on Nov. 21, 1915 (Date of Event) in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ~~[illegible]~~ marriage record prepared on ~~[illegible]~~ Sept. 15, 1937 (Give Date) are: Social Security Record (Bible Record, Insurance Policy, Etc.) viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	544-38-0640 viewed by vital stat.	
Child's Name	Unnamed	Nina Marie Gravestock

Subscribed and sworn to before me this 24th day of October 19 57

Notary Public, residing at Hotchkiss, Colo.
My commission expires March 23, 1958
(Seal)

Signed Mrs Bert Bridges (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hotchkiss, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of Delta } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of October 19 57

Notary Public, residing at Hotchkiss, Colo.
My commission expires March 23, 1958
(Seal)

Signed James M. Taylor
(Signature of Any Credible Person)

Hotchkiss, Colo.
(Street Address, City, State)

FORM DRH-55-155

NN 10-18-57 1 copy paid

NOV 7 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. 433-226-1033-418 St.

Hospital

Registration District No. 100

Primary Registration District No. 2178

File No. 37433

Registered No. 28

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Nov. 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander McCullouch	FULL MAIDEN NAME	Ethel Mayo.
RESIDENCE	Rexburg, R.D. 1	RESIDENCE	Rexburg R.D. 1
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Rexburg, Idaho

Filed 2-12 1916 G. G. Espe

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

245-212-033-365 Registration District No. 100 File No. 37434

No. ..... St.

Primary Registration District No. 2178 Registered No. 29

Hospital .....

FULL NAME OF CHILD Mae Sundberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Dec. 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clinton A. Sundberg	FULL MAIDEN NAME	Harriett May Covington
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic Arts Technician	OCCUPATION	HD.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Ida

Filed 2-12 1916 G. G. Espe

Registrar

Registrar

S-Y CO. 24655

NOV 1 4 1972

294-213-033-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 37435

Primary Registration District No. 2178 Registered No. 30

FULL NAME OF CHILD Hazel MaryAnn Simmons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		✓	yes	Dec. 13, 1915

FATHER	MOTHER
FULL NAME Richard A. Simmons	FULL MAIDEN NAME Nellie May Smith
RESIDENCE Lyman	RESIDENCE Lyman
COLOR white AGE AT LAST BIRTHDAY 19 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION N. D.

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Crismon M. D.

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-12 1916 G. L. Cooke Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 25 1965 Bureau of Vital Statistics

State of IDAHO
County of Jerome, } ss.

Certificate No. 37435

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Simmons (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1915 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church Records (Bible Record, Insurance Policy, Etc.) prepared on JUNE 1st 1924 & FEB. 6 - 1916. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Hazel Mary Ann Simmons

Subscribed and sworn to before me this 24th day of August, 1965

Notary Public, residing at Jerome,
My commission expires 6/1/68
(Seal)

Signed Chas R Simmons (FATHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 5th Ave East, Kroma, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Jerome, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1965

Notary Public, residing at Jerome, Idaho
My commission expires 6/1/68
(Seal)

Signed Ray Shaw
(Signature of Any Credible Person)

137 2nd Ave East, Jerome, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 8-19-65. one copy pd. rec. #19603.

L.D.S Church Cert. of Blessing, Feb. 6, 1916 gives full name as Hazel Mary Ann Simmons, daughter of Asceal Simmons and Nellie Mae Smith, born Dec. 13, 1915 at Lyman, Idaho - viewed by V.S.

AUG 30 1965

L.D.S. Church Cert. of Baptism and Confirmation, May 31, 1924 gives full name as Hazel Mary Ann Simmons, daughter of Aseal R Simmons, her and Nellie Mae Smith, born Dec. 13, 1915 at Lyman, Idaho - viewed by V.S.

231-118-033-753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 37436

Primary Registration District No. 2178 Registered No. 31

FULL NAME OF CHILD Grant Edwin Blackburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 18th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josiah Blackburn	FULL MAIDEN NAME	Eliza Antonette Peck
RESIDENCE	Lyman Ida	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HD

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg, Idaho

Filed 2-12 1916 G. G. Estee

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR ~~DEATH~~

State of Idaho } ss.
County of Jefferson

Certificate No. 37436
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Grant Edwin Blackburn (Name on original certificate) who Was Born (Was born or died) on Nov. 18-1915 (Date of event)
in Lyman Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on 11-27-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date of birth	Nov. 7, 1915	Nov. 18, 1915

Subscribed and sworn to before me this 27th
day of November, 1941

Notary Public, residing at Rupert Idaho.
My commission expires Nov 20, 1943
[SEAL]

Signed Edgar A Blackburn
(Signature of parent or attendant if correcting ~~a birth record~~ of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

367-128-031-553

PLACE OF BIRTH

County of Lewis

City of Russell

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-[redacted]

Registration District No. 47 File No. 37491

Primary Registration District No. 2124 Registered No. 7

FULL NAME OF CHILD Eugene Nelson Cox

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Dec 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Cox	FULL MAIDEN NAME	Stella Nelson
RESIDENCE	Russell, Ida	RESIDENCE	Russell, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McTaish

Physician (Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 3-1 1916 J P Jones Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-221-003-259

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 11 37488

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Joan Buckley

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
female	other	and	Yes	Dec 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W. Buckley	FULL MAIDEN NAME	Elizabeth Remington
RESIDENCE	Bancroft, Idaho	RESIDENCE	Bancroft, Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Brigham, Ut	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Clark
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft, Idaho

Filed 12-24 1915 R. V. Smith
Registrar

S-Y CO. 24655

NOV 2 0 2017

APR 2 3 1954

789-126-014-452

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ✓ *St.*

Hospital ✓

Registration District No. 7 **File No.** 37497

Primary Registration District No. 1006 **Registered No.**

FULL NAME OF CHILD John. W. Phillips

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	Nov-26-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John. L. Phillips	FULL MAIDEN NAME	Elizabeth Unsworth
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Signal dept O. S. L.	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov-26-1915 at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida.

Filed Nov 10 1916 Dr S D Colong

Registrar

Registrar

Anna Hatfield Deputy

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

493 - 226-010-453

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 37523

Primary Registration District No. 2170 Registered No. 42

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 26 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Milner	Albertina Melquest
RESIDENCE	Idaho Falls, Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Iowa	Oakland, Neb.
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. C. Hollisler

(Physician or midwife)

Address Idaho Falls Idaho

Filed Mch 4 1916 [illegible] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STA

CERTIFICATE OF BIRT

249-119-010-659

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 37524

Primary Registration District No. 2103 Registered No. 41

FULL NAME OF CHILD .....

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 8/19/15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Wm M. Smith	FULL MAIDEN NAME	Lehla A. Weirman
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Franklin, Ohio	BIRTHPLACE	Denver, Colo.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Mar 4 1916 C. G. Kimmard

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-129-010-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. 37526

Primary Registration District No. 2103 Registered No. 39

FULL NAME OF CHILD Russell Robert Richer

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 29 - 15 (Month) (Day) (Year) 191

FATHER		MOTHER	
FULL NAME	Geo Richer	FULL MAIDEN NAME	Nancy Seedall
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho Falls, Ida.	BIRTHPLACE	Kaysville, Utah.
OCCUPATION	City Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T C Hollister

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Idaho

Filed Nov 4 1916 W Fernand

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1971

391-119-010-465

PLACE OF BIRTH

County of Bannock

City of Idaho Falls

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 37527

Primary Registration District No. 2102 Registered No. 38

FULL NAME OF CHILD Charles Samuel Crabtree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 19 1915

FATHER	MOTHER
FULL NAME Ray Crabtree	FULL MAIDEN NAME Barbara J. Donaldson
RESIDENCE Idaho Falls, Ida.	RESIDENCE Idaho Falls, Ida.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Salt Lake City, Utah.	COLOR White
OCCUPATION Salesman	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Montello, Mich
	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) T. C. Hollister

(Physician or midwife)

Address Idaho Falls Idaho

Filed Nov 1 19 16 C. E. Hammond Registrar

S-Y-CO 38071

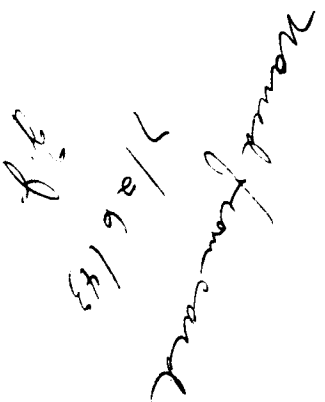
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1976

JUL 26 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-115-010-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF [redacted]L STATISTICS
CERTIF[redacted] OF BIRTH

County of Bonneville

City of Poplar

No. _____ St.

Hospital _____

Registration District No. 73

File No. 37528

Primary Registration District No. 2110

Registered No. 37

FULL NAME OF CHILD Reesor M. Lawrence

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) 15 (Day) 15 (Year) 191

FATHER		MOTHER	
FULL NAME	C. M. Lawrence	FULL MAIDEN NAME	Edna Reesor
RESIDENCE	Poplar, Ida	RESIDENCE	Poplar, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Columbia City, Ind.	BIRTHPLACE	Ubly, Mich.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Hollister, (Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Idaho Falls Idaho

Filed Mar 4 1916 [signature] Registrar

Registrar

S-Y-CO 38071

JUN 8 1961

JUN 6 1968

265-106-010-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. _____ St.

Hospital _____

Registration District No. 73 File No. 37529

Primary Registration District No. 2113 Registered No. 36

FULL NAME OF CHILD Renoldo Truman Soelberg

Sex of Child Male | Twin Triplet or other? ___ and Number in order of birth ___ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 6 — 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos. C. Soelberg	FULL MAIDEN NAME	Helena Andersen
RESIDENCE	Ammon, Ida	RESIDENCE	Ammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Allborg, Denmark	BIRTHPLACE	Mantua, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister (Physician ~~or midwife~~)

Address Idaho Falls Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Mar 4 1916 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1970

633-115-010-369

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 37530

Primary Registration District No. 2112 Registered No. 35

FULL NAME OF CHILD Henry John Oltmanns

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	7/15/15 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Oltmanns	FULL MAIDEN NAME	Margaret Tornaden
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Council Bluffs Ia.	BIRTHPLACE	Idaho Falls, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Mar 4 1916 M Freeman

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1966

266-215-010-412

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 37531

Primary Registration District No. 2150 Registered No. 34

FULL NAME OF CHILD LOIS AMANDA BOWMAN

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 8/15/15 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Bowman	FULL MAIDEN NAME	Ethel Maston
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Hubble, Neb.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Hollister
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed Mar 4 1916 [signature]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Missouri } ss.
County of Greene }

Certificate No. 37531

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bowman (Name on Original Certificate) who was born (Was Born or Died) on August 15, 1915 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Springfield, Missouri School record (Bible Record, Insurance Policy, Etc.) prepared on September 9, 1930 - entered (Give Date) are:
Ins. Policy Jan. 1, 1941 Viewed by Vital Statistics school

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Missing	Lois Amanda Bowman

Subscribed and sworn to before me this 6 day of April 1956
Notary Public, residing at Springfield Mo
My commission expires June 6 1958
(Seal)

Signed R E Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
534 W Lynn Springfield Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Greene }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of April 1956
Notary Public, residing at Springfield Mo
My commission expires June 6 1958
(Seal)

Signed Ollie May Evans
(Signature of Any Credible Person)
1880 N Main St Springfield Mo
(Street Address, City, State)

DPH 52.155

JUN 13 1955

319-123-010-249

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bonneville

City of Shelton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 37543

Primary Registration District No. 2110 Registered No. 22

FULL NAME OF CHILD CLAUDE CARLYLE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Dec 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claud Carlyle	FULL MAIDEN NAME	Maggie Smith
RESIDENCE	Shelton	RESIDENCE	Shelton
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Reg by Ltr

Filed Feb 16 1916 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AM 26 9 45 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bonneville } ss.

Certificate No. 37543

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Carylile (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1915 (Date of Event)
in Shelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by military discharge papers (Bible Record, Insurance Policy, Etc.) prepared on August 18, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Claude Carlyle
Father's last name	Carylile	Carlyle

Subscribed and sworn to before me this 20th day of December, 19 77

Notary Public, residing at Idaho Falls, Idaho
My commission expires 6/25/78
(Seal)

Signed Alexander Carlyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

278 West 17th St., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Correction corresp. 11-29-77 (C)

- Certificate of Discharge issued by the United States Naval Service gives name as Claude Carlyle 876 0797 Seaman, Second Class of the U. S. Naval Reserve has been discharged this day from U. S. Naval Hospital, San Diego, California of the U. S. Naval Service under honorable conditions. Date this 18th day of August 1944 at San Diego, California. P. W. Jacobs, Capt. u. S.N Commanding
  Viewed by V.S.
  Social Security Card issued by the Social Security Adm, gives name as Claude Carlyle. Card issued January 5, 1938.
  Viewed by V.S.
  Public School Diploma issued by the Bonneville County SchoolDistrict gives name as Claud Carlyle and graduated May 15, 1929, from the Idaho Falls High School Dist. # 14.
  Viewed by V.S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of m
one child at birth a Separate Return must be made for each, and the number of each, in order of birth

No. 655-202-044-7799 S

Registration District No. 86 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. 2112 Local Registrar's No. 12

2. FULL NAME OF CHILD Helen Josephine Weeks

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 2, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Cecil L. Weeks	18. Full maiden name: Alta G. Griggs
10. Residence (usual place of abode) (If non-resident, give place and State): Wilder, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Wilder, Ida.
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 35 (years)	21. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Boise, Idaho	22. Birthplace (city or place) (State or Country): Middleton, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Livestockman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: woolgrower	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11.20 AM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ernest O. Finney, M. D.

or Physician ~~Midwife~~

Address Weiser, Idaho

Give name added from a supplemental report .....
(Date of)

Filed 3-10-1916, 193 W. R. Hamilton
Registrar.

Registrar.

996-127-044-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser Ida

No ——, —— St.

Hospital ——

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 86 File No. 37559

Primary Registration District No 2112 Registered No. 24

FULL NAME OF CHILD Emery Eugene Irwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 19(Year)
M.	—	—	Yes	12 27 15

FATHER	MOTHER
FULL NAME Wm. H. Irwin	FULL MAIDEN NAME Lavenia Irwin
RESIDENCE Weiser Ida	RESIDENCE Weiser Ida.
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Macon Mo.	BIRTHPLACE Clark Co. Ill.
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Vincent O. Freeman

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed 3-10 16 W. R. Hamilton

Registrar

.....

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17326

296-127-022-281

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Spencer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 19 File No. 37594

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 27 1915

	FATHER		MOTHER
FULL NAME	James A Brower	FULL MAIDEN NAME	Alice Sharp
RESIDENCE	Spencer Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Oakley Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 27 M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Spencer Ida

Filed Mar 10 1916 W D Wall

..... Registrar

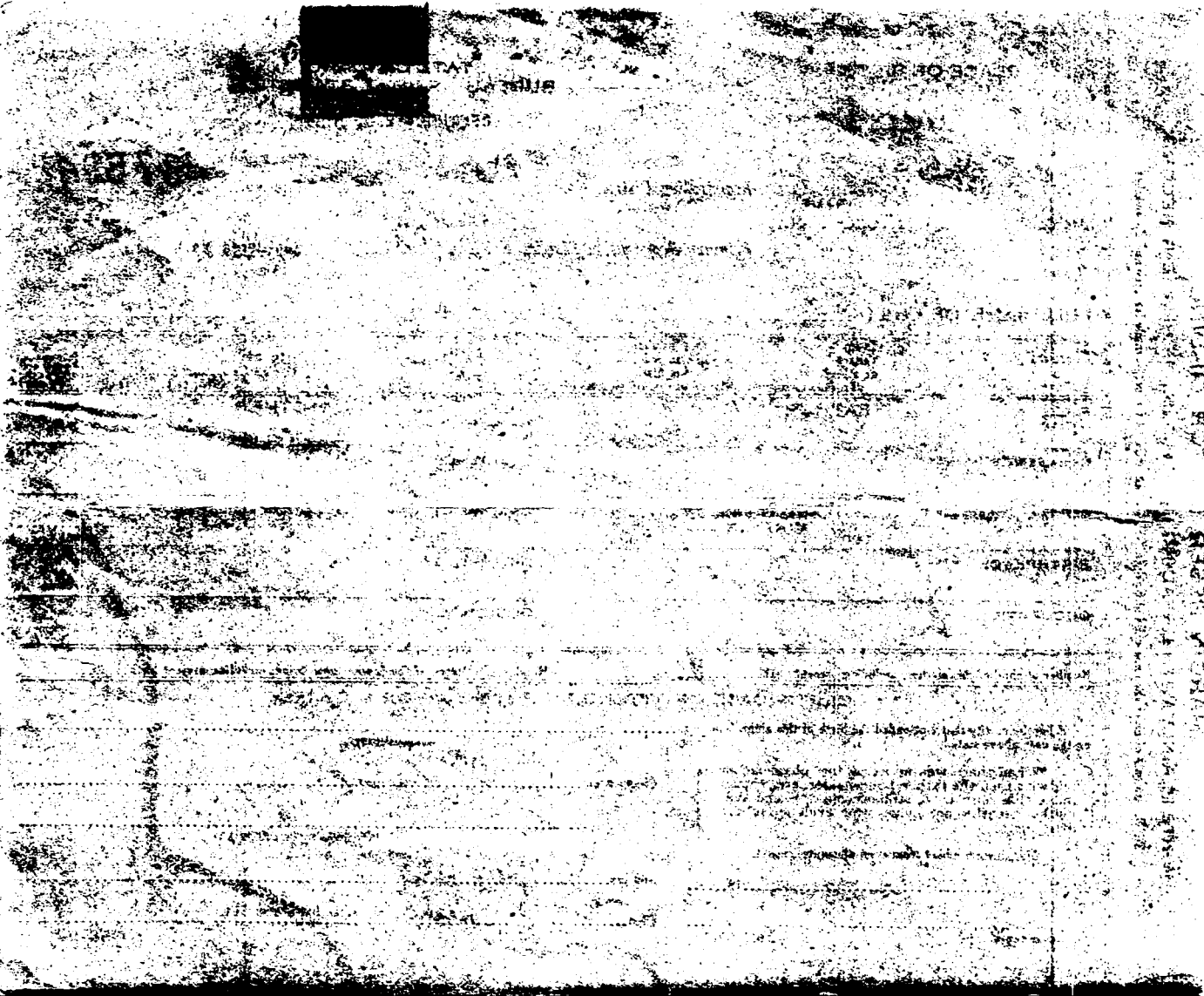
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



569-128-022-75-4

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

Registration District No. 99

File No. 37598

Primary Registration District No. 2177

Registered No. _____

FULL NAME OF CHILD not named (died)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 27 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D W Norris	FULL MAIDEN NAME	Ida Pemberton
RESIDENCE	Chilcothe Mo	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Black Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 none

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Ewart

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Mar 10 1916 W D Ewart Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-108-003-449

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 37624

Primary Registration District No. 2048 Registered No. 66

FULL NAME OF CHILD Duane Nash Dolbeer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B		yes	Dec 8 1915

FATHER		MOTHER	
FULL NAME	Emerzoin Nash Dolbeer	FULL MAIDEN NAME	Minnie Durine
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mendon N Y	BIRTHPLACE	Eldred Pa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

Address Bancroft

Filed Mch 19 1916 Eric Kasley
Registrar

Eric Kasley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-128-003-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bank

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 11 File No. 37625

Primary Registration District No. 2048 Registered No. 65

FULL NAME OF CHILD James Andrew Cornelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B			Dec 28 1915

FATHER		MOTHER	
FULL NAME	James E Cornelson	FULL MAIDEN NAME	Mary Ellen Jinkens
RESIDENCE	Bancroft Ida	RESIDENCE	Bancroft Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft

Eric Kapp
Registrar

Filed Mch 19 1916 Eric Kapp
Registrar

S-Y CO. 24655

JUL 5 1956

MAY 12 1956

437-121-003-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. _____ St.

Hospital _____

Registration District No. 11

File No. 37630

Primary Registration District No. 2048

Registered No. 60

FULL NAME OF CHILD William ~~Rose~~ Allen McGregor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Welch McGregor	FULL MAIDEN NAME	Leonora Bennett
RESIDENCE	Perry Idaho	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Perry Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Treasureton Idaho

Ellis Kaukly Registrar

Filed Mch 10 1916 Ellis Kaukly Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1942

C.C. 4, 16, 41, M.R.

863-219-003-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 37641

Primary Registration District No. 2048 Registered No. 49

FULL NAME OF CHILD Elaine Holbrook

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin (To be answered only in event of plural births)	4th	Yes	Dec 19 1915

FATHER		MOTHER	
FULL NAME	Jonathan Carl Holbrook	FULL MAIDEN NAME	Mamie Call
RESIDENCE	Chesterfield, Idaho	RESIDENCE	Chesterfield, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Clark (Physician or midwife)

Address Bancroft, Idaho

Given names added from a supplemental report.

..... 19.....

Ellis Kanley Registrar

Filed March 10 1916 R. J. Smith Registrar

Ellis Kane

B-Y CO. 24688

JUN 7 1965

MAR 5 1966

863-219-003-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. _____ St.

Hospital _____

Registration District No. 11 File No. 37642

Primary Registration District No. 2048 Registered No. 48

FULL NAME OF CHILD Wilma Holbrook

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		5th	Yes	Dec (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jonathan Earl Holbrook	FULL MAIDEN NAME	Mamie Call
RESIDENCE	Chesterfield, Idaho	RESIDENCE	Chesterfield, Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bountiful, Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Clark
(Physician or midwife)

Address Bancroft, Idaho

Given names added from a supplemental report.

Elis Karley 19__ Registrar

Filed 12-24 1915 R. T. Smith Registrar

Elis Karley

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1965
MAR 3 1966

153 - 126 - 065 258

Amended 6-30-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37646
Local Reg. No.
Reg. Dist. No. 11

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Bannock	a. STATE: Idaho — b. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lava Hot Springs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lava Hot Springs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location)	d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Floyd		Avery

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Dec. 26, 1915

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Jesse	E.	Avery

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Emma		Bell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Idaho	2	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
Amy L. Toone	M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Lava Hot Springs, Ida.	20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED
March 10, 1916	Ellis Kackley	BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

...K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...t in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 19 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 37646

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Floid Avery (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1915 (Date of Event)
in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Floid Avery	Floyd Avery

Subscribed and sworn to before me this 8th day of April, 1965

Notary Public, residing at Lava Hot Springs, Ida.
My commission expires June 6, 1966
(Seal)

Signed Floyd Avery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of April, 1965

Notary Public, residing at Lava Hot Springs
My commission expires Jan. 10, 1968
(Seal)

Signed [signature] (Signature of Any Credible Person)

Box 95 Lava Hot Springs, Idaho (Street Address, City, State)

FORM DH 60-155

CL 4-6-65. one copy pd. rec. #11983.
one copy pd. rec. #13032. total of 2 copies pd.

Photo copy of Grade Transcript from Marsh Valley High School, Wayne Nielsen, principal = school years of 1930-1934 gives full name of student as Floyd Avery, born Dec. 26, 1915 at Lava Hot Springs, Idaho - viewed by V.S.

Certificate of Marriage, State of Nevada, County of Ormsby, married Feb. 12, 1960 at Carson City, Nevada, gives full name of groom as Floyd Avery and full name of bride as Dean Crain - viewed by V S

155-228-003-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED June 18, 1946

County of Bannock

City of Lava Hot Springs

No. ..... St.

Registration District No. 11 File No. 37647

Hospital ..... Primary Registration District No. 2047 Registered No. 43

FULL NAME OF CHILD Thora Avery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		4	Yes	Dec. 28 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Jessie James Avery	FULL MAIDEN NAME: Alice Delila Avery
RESIDENCE: Lava Hot Springs, Ida.	RESIDENCE: Lava Hot Springs, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Ellis Kackley
Registrar.

(Signature) Amy L. Toone

Midwife
(Physician or midwife)

Address Lava Hot Springs, Ida.

Filed March 10 1916 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of Santa Clara } ss.

Certificate No. 37647
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Thora Avery (Name on Original Certificate) who Born (Was Born or Died) on 12/28/1915 (Date of Event) in Lava, Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Iolla Avery	Thora Avery

Subscribed and sworn to before me this 14 day of January, 1946
[signature]
Notary Public, residing at Gilroy, Calif
My commission expires 8/31/48
(Seal)

Signed Alice Delila Avery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of January, 1946
[signature]
Notary Public, residing at Gilroy
My commission expires 8/31/46
(Seal)

Signed Angie Avery
(Signature of Any Credible Person)
San Miguel, Calif
(Street Address, City, State)

JUN 1948

JUN 19 1948

419-231-042-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

File No. 37672

Primary Registration District No. 1185

Registered No. .....

FULL NAME OF CHILD Bessie Adeline Marlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Loran Webster Marlow	FULL MAIDEN NAME	Alma Allen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Florida	BIRTHPLACE	Oregon
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec. 31 1915 at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Henry Dunn, M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Id.

Filed 1-20 1916 H. Coughlin
Registrar

Registrar

5-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1960

JAN 28 1965

253-217-011-895

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 37705

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD Josephine Matilda Beck.

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug. 17 1915. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Engelbert Beck	FULL MAIDEN NAME	Matilda Stiebbe
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry
COLOR	white	AGE AT LAST BIRTHDAY (Years)	42	COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Filed Feb 1 1916 E E Fry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 25 19[illegible]

113-129-011-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 37708

No. ____ St. Primary Registration District No. 1156. Registered No. ____

Hospital ____

FULL NAME OF CHILD Joseph Earl Jacobs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Dec. 31 1915

FATHER		MOTHER	
FULL NAME	Jno. A. Jacobs.	FULL MAIDEN NAME	Mabel V. Chapman
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn.	BIRTHPLACE	Canada
OCCUPATION	Stationary Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A M. on the date above stated.
(Born alive or stillborn)

(Signature) E E Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed Dec. 31 1915 E E Fry
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-125-011-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 37709

No. _____ St.

Primary Registration District No. 2156. Registered No. _____

Hospital _____

FULL NAME OF CHILD Walter Herbert White.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Dec. 25 1915. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis A. White	FULL MAIDEN NAME	Alma Anderson
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White AGE AT LAST BIRTHDAY 32. (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	S. Dak.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Bonners Ferry, Ida.

Filed Dec. 26 1915 E. E. Fry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 8 1974

255-121-011-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Naples

No. ..... St.

Hospital .....

Registration District No. 79

File No. 37710

Primary Registration District No. 2156.

Registered No. .....

FULL NAME OF CHILD Harlan Elonis Kennison

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 21 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Kennison	FULL MAIDEN NAME	Amy E. Dobson
RESIDENCE	Naples, Ida.	RESIDENCE	Naples, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dakota.	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida

Filed Dec. 21 1915.

E. E. Fry

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1942

MAY 2

PLACE OF BIRTH 613-223-001-264

Amended November 7, 1958

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37711

County of Ada

City of Kuna

No. ____ St.

Registration District No. 124 File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Marjorie Georgia Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Dec. 23 15

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

FATHER		MOTHER	
FULL NAME	George Robert Walker	FULL MAIDEN NAME	Hazel Duella Bodine
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 5:00 A. M. on the date above stated.

(Signature) F. L. McCauley, M.D.

(Physician or midwife)

Address Kuna, Idaho

Filed Dec 1925

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

Jan. 2 15

F. L. McCauley
Local Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 37711

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marjorie Georgia Walker (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1915 (Date of Event)
in Kuna, Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	male	Female

Subscribed and sworn to before me this 7 day of November, 1958.
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Marjorie G. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1005 E Park Blvd. Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of November, 1958.
Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Mrs Hazel Carstens
(Signature of Any Credible Person)
1017 Michigan Ave.
(Street Address, City, State)
Boise Idaho

FORM DPH 55. 155

962-230-001-319

Amended 8-17-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37712
Local Reg. No.
Reg. Dist. No. 124

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kuna
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Dorothy
b. (Middle): Adna
c. (Last): Robison

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 30, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Calvin
b. (Middle):
c. (Last): Robison

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Brooks, Iowa

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Vida
b. (Middle):
c. (Last): Carpenter

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Nebr.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. L. McCauley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kuna, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 2, 1916

22. REGISTRAR'S SIGNATURE: F.L. McCauley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the Registrar in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 26 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 37712

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorthy Edna Robison (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1915 (Date of Event)

in Kuna, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorthy Edna Robison	Dorothy Adna Robison

Subscribed and sworn to before me this 21 day of April, 1965

Notary Public, residing at Santa Rosa Calif.

My commission expires My Commission Expires June 12, 1965 (Seal)

Signed Vida Robison (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

232 Aileen Ave Santa Rosa, Calif. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of April, 1965

Notary Public, residing at Santa Rosa Calif.

My commission expires My Commission Expires June 12, 1965 (Seal)

Signed Aileen Wright (Signature of Any Credible Person)

224 Aileen Ave. Santa Rosa, Calif. (Street Address, City, State)

FORM DH 60-155

CL 3-22-65. one copy pd. rec. #11533.

Cert. Copy of Own Child's Birth Cert., State of California, gives full name of child as Tommy Lou Reeves, born Sept. 20, 1938 at Porterville, California, to Thomas Floyd Reeves and Dorothy Adna Robinson - copy issued June 28, 1965 - doc. accepted as we are correcting first and middle name only - viewed by V.S.

Family Register, appears old and unaltered, of Calvin Robison and Vida Lorena Carpenter-gives one child's full name as Dorothy Adna, born Dec. 30, 1915 - viewed by V.S.

551-218-001-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37713

County of Ada

City of Kuna, RFD

Registration District No. 124 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		8th	yes	Nov 18 1915

FATHER	MOTHER
FULL NAME A. E. Evans	FULL MAIDEN NAME Clara M. Burns
RESIDENCE Kuna R.F.D	RESIDENCE Kuna R.F.D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Dunkard, Green Co. Pa	BIRTHPLACE Cottageville, Jackson Co. W. Va
OCCUPATION Farmer	OCCUPATION Home-wife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley M.D.

Kuna Idaho
(Physician or midwife)

" "
Address

Given names added from a supplemental report.

Nov 20th 1915

F. L. McCauley
Local Registrar

Filed Dec 1915

Registrar

8-Y CO. 24655

363-222-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37714

County of Ada

City of Kuna R F D Registration District No. 124 File No.

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Elma, Grace Colson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	2nd	yes	Dec 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Colson	Inez Burgess
RESIDENCE	Moro Idaho	Moro Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Parma, Idaho	Windom Kans
OCCUPATION	Farmer	House-wife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11 30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) F. L. McCauley

(Physician or midwife)

Address Kuna Idaho

Filed 19

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Dec 24 1915

F. L. McCauley

Registrar

Local

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1948

791-108-001-491

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 124 **File No.** 37715

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD John Albert Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 8 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas W. Gray	FULL MAIDEN NAME	Dora Drain
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Clearmont Mo.	BIRTHPLACE	Clearmont Mo.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Nov 9 1915

F. L. McCauley Local Registrar

Address Kuna Idaho

Filed Nov. 1915 ..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-9-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-117-001-249

PLACE OF BIRTH

County of Ada

City of Kuna

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 37716

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Hartzell Ray Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	First	No	Aug 17 1915

FATHER		MOTHER	
FULL NAME	Hartzell, Ray	FULL MAIDEN NAME	Kittie Smith
RESIDENCE	unknown	RESIDENCE	Kuna, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Dayton Ohio	BIRTHPLACE	Spencer Nebr.
OCCUPATION	Common Laborer	OCCUPATION	Servant

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F L McCauley M.D

(Physician or midwife)

Address Kuna, Idaho

Given name added from a supplemental report.

Aug 27th 1915

F L McCauley
Registrar

Filed 9-22 1915

Registrar

S-Y CO. 24655

Local Registrar

DUP OF 1915-363691

864-118-001-318

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Kuna

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 37717

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Maurice Young

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male		8th	yes	Oct 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Maurice A Young	FULL MAIDEN NAME	Anna E Taylor
RESIDENCE	R.F.D. Kuna Idaho	RESIDENCE	R.F.D. Kuna Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Six Mile Run Pa	BIRTHPLACE	Six Mile Run Pa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley M.D.

Kuna Idaho
(Physician or midwife)

Given named added from a supplemental report.

Oct 27th 1915

F. L. McCauley Local Registrar

Address _____

Filed Oct 19 15

Registrar

S-P-CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 25 1967

993-117-001-669

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital —

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 37718

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ray George Richey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		First	Yes	Aug 17 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Guy Richey	FULL MAIDEN NAME	Nina E. Fordney
RESIDENCE	Kuna Idaho	RESIDENCE	Kuna Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Pa	BIRTHPLACE	Portland, Ore.
OCCUPATION	Liveryman	OCCUPATION	House-wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Aug 17th 1915

F. L. McCauley Local — Registrar

Address Kuna, Idaho

Filed 9-22- 1915

Registrar

CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 11 1969

JUN 18 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

549-201-004-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37737

County of Bear Lake

City of Fish Haven

Registration District No. 52

File No.

No. St.

Primary Registration District No. 2136

Registered No.

Hospital

FULL NAME OF CHILD Melba Violet Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Dec 12th 1916

FATHER

FULL NAME Ernest Raymond Smith

RESIDENCE Fish Haven Idaho

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Fish Haven

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Winnifred Christensen

RESIDENCE Fish Haven Idaho

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Bloomington Bear Lake Co Idaho

OCCUPATION

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at M.

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr Ernest Raymond Smith did not arrive in time (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 4/1/ 1916

Registrar

S-Y-CO 38071

Registrar

156-205-018-336

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. Kolaspoka

Hospital

Registration District No.

File No. 37765

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Nina May Jewell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Walter Jewell	FULL MAIDEN NAME	Bertie Pearl Lloyd
RESIDENCE	Orofino Ida.	RESIDENCE	Orofino Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Dillon Mont	BIRTHPLACE	Coffax Wn
OCCUPATION	Deputy Sheriff	OCCUPATION	House Wife

Number of child of this mother, including present birth two (2) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Address Orofino, Idaho

Filed Sept 6 1915 J M Fairly Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dep of 1915-332991

983-120-042-515

PLACE OF BIRTH

Amended 4-1-81

County of Twin Falls

City of Amsterdam

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

Registration District No. 40

File No. 37787

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Arie Rylaarsdam

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Tony Rylaarsdam	FULL MAIDEN NAME	Helikje Vander Valk
RESIDENCE	Amsterdam	RESIDENCE	Amsterdam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Netherlands	BIRTHPLACE	Netherlands
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R D Joldersma

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rogerson

Filed Apr. 6 1916 W. A. Parrett
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Skagit } ss.

Certificate No. 37787
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Arie Rylaarsdam (Name on Original Certificate) who was born (Was Born, Died, etc.) on January 20, 1916 (Date of Event)

in Twin Falls County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Date of birth	January 20, 1916	November 20, 1915
Place of birth	Southern	Amsterdam

Subscribed and sworn to before me this 23rd day of March, 1981.

Notary Public, Dorothy E. Smith

Residing at Mount Vernon, WA. 98273

My commission expires 1-5-84

(Seal)

Gertie Rylaarsdam
Signature of Applicant

2041 Gunn Rd., Mt. Vernon, WA 98273
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 2-27-81

1 copy pd

Baptism Record issued by Grangeville Christian Reformed Church shows birthdate as Nov. 20, 1915, Baptized Jan. 30, 1916, (by Rev. Frank. Einfeld, present Pastor.)

APR 1 1981

Viewed by V.S.
Certificate of birth of child born 12-13-59, shows father's age 44 as of that date, making year of birth 1915.
Viewed by V.S.
Obituary notice in paper issued in Jan of 1981, gives birthdate of Arie Rylaarsdam as 11-20-1915 in Amsterdam, Idaho

Certified copy of voter's registration gives name as Arie Rylaarsdam born November 20, 1915. Issued by Skagit County, Washington, Registered October 4, 1956.
Viewed by V.S.

892-226-042-245

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 37789

County of Twin Falls.

City of Rogerson Registration District No. 40

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Charlotte Hibbard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Aug. 26, 1915

	FATHER	MOTHER
FULL NAME	Clare W. Hibbard	FULL MAIDEN NAME Olivia Smith
RESIDENCE	Rogerson, Ida.	RESIDENCE Rogerson, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE Missouri.
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Barrett

Physician (Physician or Midwife)

Address Hollister Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Aug. 26 1915 W. A. Barrett
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PERMANENT RECORD

1785

254-120-042-313

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Hollister Registration District No. 40 File No. 37790

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Edison Knudson,

Sex of Child	Male	~~Twin, Triplet,~~ or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Aug. 20, 1915 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Martin N. Knudson	FULL MAIDEN NAME	May Caldwell
RESIDENCE	Hollister, Ida,	RESIDENCE	Hollister, Ida,
COLOR	White	AGE AT LAST BIRTHDAY 37 (Years)	White
BIRTHPLACE	Norway	BIRTHPLACE	So. Omaha, Neb.
OCCUPATION	Farmer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Hollister, Ida.

Filed Aug. 20 1915 W. A. Parrett

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

695-231-023-433

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Gem

City of ~~[illegible]~~ County

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 37816

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Merle Emily Freudenthaler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Dec 31, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustav Freudenthaler	FULL MAIDEN NAME	Leta McCoy
RESIDENCE	Emmett	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Okl	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

Filed 3/20 1916 J. L. Reynolds Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 37816

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Merle Emily Freudenthaler

Subscribed and sworn to before me this 7 day of July, 19 44

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Leta Freudenthaler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 7 1944

745-102-016-767

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Strevell

No. ..... St.

Hospital At Home

Registration District No. 119

File No. 37842

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Francis Gunnel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Sept 2 1916 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Gunnel	FULL MAIDEN NAME	Anna Poppleton
RESIDENCE	Strevell Idaho	RESIDENCE	Strevell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed April 4 1916 C. I. Sater

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1947

868-112-007-255

PLACE OF BIRTH

STATE OF IDAHO

Form V.S. No. 11-C—15m 4-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Hospital ____

Registration District No. 21

Primary Registration District No. 2045

File No. 37883

Registered No. 18

FULL NAME OF CHILD Gary Bryan York.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	One			Yes	Nov. 12- (Month) (Day), 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Gordon York	Alice Ariel Bennett
RESIDENCE	Carey Idaho	Corry Pa.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Carey Custer County Kansas	
OCCUPATION	Bar Tender	School Teacher

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 12-1915 (Born alive or stillborn) at 1-00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh, M.D.

Carey Ida.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Registrar

Filed Mar 30 19 16 Robert H. Wright

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1942

296-713-007-132

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ____, ____ St.

Registration District No. 21

File No. 37884

Primary Registration District No. 2075

Registered No. 19

Hospital

FULL NAME OF CHILD Claude D. Brooks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Oct. 13, 1915

FATHER		MOTHER	
FULL NAME	Elmer Brooks	FULL MAIDEN NAME	Rosa Albrethsen
RESIDENCE	Carey	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Carey Idaho	BIRTHPLACE	Carey Idaho
OCCUPATION	Farmer	OCCUPATION	Horse wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Oct 13 (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Baugh M.D.

(Physician or Midwife)

Address Carey Ida

Given names added from a supplemental report

....., 19.....

Filed Mar 16 1916 Robert H. Wright

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 25 1941

367-228
031-449

PLACE OF [redacted]

County of Lewis

City of Vo[redacted] F.D.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 60 File No. 37909

Primary Registration District No. 2129 Registered No. 9

FULL NAME OF CHILD Ruby Bell Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Nov (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Loren Levi Cox	FULL MAIDEN NAME	Hazel Irene Murphy
RESIDENCE	Vollmer	RESIDENCE	Vollmer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Madison Neb.	BIRTHPLACE	—
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Loren L. Cox

(~~Physician or~~ midwife)

Address Vollmer Idaho

Given names added from a supplemental report.

..... 19.....

Filed Apl 7 1916 R E Dunlap MD

Registrar

Registrar

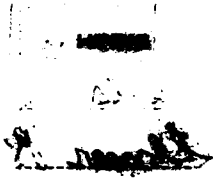
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941



MAY 5 1944

466-122-002-253

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of New Meadows

Registration District No. _____ File No. 37979

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD William Edgar Downs

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 5 (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	William Edgar Downs	FULL MAIDEN NAME	Bertha Selby
RESIDENCE	New Meadows - Ida	RESIDENCE	New Meadows Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Car Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R S W Whiteman MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

R S W Whiteman
Registrar

Address New Meadows Ida

Filed 5/11/16 19__ R S W Whiteman MD
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1943

491-212-014-434

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 38008

No. ..... St.

Primary Registration District No. 2005

Registered No. 215

Hospital

FULL NAME OF CHILD Mildred Geraldine Helen Draper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Apr 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. E. Draper	FULL MAIDEN NAME	Helen McMaster
RESIDENCE	Caldwell R.D. 1	RESIDENCE	Caldwell Idaho Rt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kalamazoo Co Mich	BIRTHPLACE	New Brookville Pa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Draper

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho Rural 1

Filed 3-29- 1916 John S. Meyer

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 21 1954

SEP 2 4 1947

DECEASED

449-125-014-259

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 38009

No. ..... St.

Primary Registration District No. 2005

Registered No. 216

Hospital .....

FULL NAME OF CHILD Chas Elmer Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5th	yes	Ap (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	E. Irvin Murphy	FULL MAIDEN NAME	Nellie Berry
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I was not there when it was born but know it was born alive

I hereby certify that I attended the birth of this child, who was ..... at A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Hamer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Middleton Idaho

Filed 3-29-1916 John S. Meyer

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-115-014-789

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 38010

Primary Registration District No. 2005 Registered No. 217

FULL NAME OF CHILD Lorin Crockett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		3rd	yes	June 15 1915

FATHER

FULL NAME: Walter S Crockett

RESIDENCE: Middleton Ida

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lumma Phillips

RESIDENCE: Middleton Ida

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) J. W. Hamer M. D.

(Physician or midwife)

Address Middleton Idaho.

Filed 3-29-1916 John S. Meyer
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1942

239-213-014-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-15

CERTIFICATE OF BIRTH

38011

County of Canyon

City of Middleton Registration District No. 3 File No.

No. St. Primary Registration District No. 2005 Registered No. 918

Hospital

FULL NAME OF CHILD Beulah Celice Kline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	January 13th 1916

FATHER	MOTHER
FULL NAME Harold Leith Kline	FULL MAIDEN NAME Glenna M. Williams Kline
RESIDENCE Middleton Ida.	RESIDENCE Middleton Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nick Colorado	BIRTHPLACE Marion Ohio
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Mrs Rena Kline
(Physician or midwife)

Address Caldwell Idaho

Filed May 31st 1916 John T. Meyer
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

556-109-014-917 No. ____ St.

Registration District No. 3 File No. 38012

Primary Registration District No. 2005 Registered No. 219

Hospital ____

FULL NAME OF CHILD James Samuel Newman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and	First	Yes	Aug. 9 1915

FATHER	MOTHER
FULL NAME L. Earl Newman	FULL MAIDEN NAME Winnie E. Ragsdale
RESIDENCE Middleton Ida.	RESIDENCE Middleton Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Farmer	BIRTHPLACE Buffalo Missouri.
OCCUPATION Middleton, Ida.	OCCUPATION House Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) J. W. Hamer M. D.

(Physician or midwife)

Address Middleton, Idaho

Filed 4-6- 1916 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S Y-CO 38071

MAY 25 1967

Amended 2-19-57

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 38013

355-227-04-295
No. _____ St.

Primary Registration District No. 2004

Registered No. 220

Hospital Echo

FULL NAME OF CHILD Dorothy Lenaghen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		7th	yes	Oct 27 1915

FATHER	MOTHER
FULL NAME: Fred H. Lenaghen	FULL MAIDEN NAME: Lavada Breshears
RESIDENCE: Middleton Idaho	RESIDENCE: Middleton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: New York	BIRTHPLACE: Missouri
OCCUPATION: Machinist	OCCUPATION: House Wife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) Jno. Hamer M.D.

(Physician or midwife)

Address Middleton Idaho

Filed 3-29-1916 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 38013

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Dorothy Lenaghen (Name on Original Certificate) who was born (Was Born or Died) on October 27, 1915 (Date of Event) in Middleton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on #289348 Jan. 26, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Bible Record- Appears Very Old. Viewed by V. S.	
Child's Middle Name	Not Given	Echo

Subscribed and sworn to before me this 22 day of January, 1957
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Theresa M. Bachmann
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1201 No. 16th St. Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of January, 1957
Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept 28, 1960
(Seal)

Signed Martha LaVada Lenaghen
(Signature of Any Credible Person)
1201 No. 16th St. Boise
(Street Address, City, State)

FORM DRU-55 ...

FEB 2 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-101-014-119

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 38014

No. _____ St.

Primary Registration District No. 2005

Registered No. 221

Hospital no

FULL NAME OF CHILD Cecil Leroy Payne

Sex of Child male

Twin Triplet or other? and Number in order of birth 5th (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Leroy Payne	FULL MAIDEN NAME	Lauras Maud Jarvis Payne
RESIDENCE	Middleton, Idaho	RESIDENCE	Middleton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Guthrie Co. Iowa	BIRTHPLACE	Custer Co. Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hauser M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Middleton Idaho

Filed 3-29-1916 John S. Myers Registrar

S-Y-CO 38071

994-117-014-119

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 38015

Primary Registration District No. 2005 Registered No. 222

FULL NAME OF CHILD Doyle Franklin Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Nov 17 1915

FATHER		MOTHER	
FULL NAME	Oscar H Zimmerman	FULL MAIDEN NAME	Arelia Jarvis
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.9 M. on the date above stated.

(Signature) J. W. Hamer

(Physician or midwife)

Address Middleton. Idaho.

Filed 3-29-16 John L. Meyers
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1960

214-124-016-434

Form V. S. No. 11-C—25m-1-1-16

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Mountain Idaho

Registration District No. 117 File No. 38042

No. ..... St.

Primary Registration District No. 2196 Registered No. 480

Hospital .....

FULL NAME OF CHILD William Harlo Saunders

Sex of Child	Twin Triplet of Quint	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		Fifth	Yes	Oct 24 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Saunders	FULL MAIDEN NAME	Jessie McDonald
RESIDENCE	Mountain Idaho	RESIDENCE	Mountain Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Bonnecourt Kans
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 24 1915 at 1-40 P M on the date above stated.

(Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J Ross MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mountain Idaho

Filed Apr 6th 1916 Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-230-0[illegible]-49

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[illegible] OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 38043

Primary Registration District No. 2196 Registered No. 481

FULL NAME OF CHILD Louise Cox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Aug 30 1915

FATHER

FULL NAME Ray Cox

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Holden Mo.

OCCUPATION Cont. Lathing & Plastering

MOTHER

FULL MAIDEN NAME Evelyn Louise Wright

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Knoxville Tennessee

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Hunter

Burley Idaho.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

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Registrar

Filed April 6th 1916. Dr. J. C. Patterson

Registrar

S-Y-CO 38071

DEC 1 - 1970

NOV 27 1943

246-104-016-246

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38045

County of Cassia

City of Burley

No. Normal St.

Registration District No.

File No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Harry Montford Buffat

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Dec 4 1915

FATHER	MOTHER
FULL NAME Emile J Buffat	FULL MAIDEN NAME Ella Buffat
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Knoxville Tenn	BIRTHPLACE Knoxville Tenn
OCCUPATION Highway Dist. Supt	OCCUPATION Home

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dr J. M. Minter (Dead), at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

19

Registrar

Filed April 6th 1916 Dr. J. C Patterson

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

418-21-016-335

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

Hospital _____

Registration District No. 117

File No. 38046

Primary Registration District No. 2196

Registered No. 484

FULL NAME OF CHILD Edith Dayley

Sex of Child F.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Dec. 11th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. G. Dayley	FULL MAIDEN NAME	Della Clemens
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Arizona
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. M. Minter (deceased) M.D. (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Burley, Ida.

Filed April 1st 1916 Dr. J. C. Patterson Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-102-009-168 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Careywood

Registration District No. 78 File No. 38060

No. ..... St.

Primary Registration District No. 2155 Registered No. 942

Hospital

FULL NAME OF CHILD Ralph Stanley Breeden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Russell Finnis Breeden	FULL MAIDEN NAME	Susie Johnson
RESIDENCE	Careywood Idaho	RESIDENCE	Careywood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Green County Missouri	BIRTHPLACE	Genesee, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Three Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7.15 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Sandpoint

Filed April 7 1916 M McKinnon

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

522-123-019-415

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

County of Custer

City of Challis

No. _____ St.

Hospital _____

Registration District No. _____ File No. 38141

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Wayne Ebberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Ebberts	FULL MAIDEN NAME	Josie Mavity
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kelley
M. D.
(Physician or midwife)

Given names added from a supplemental report.

Apr. 10 1916

H. C. La Mell
Registrar

Address [redacted]

Filed Apr. [redacted] La Mell
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1978
APR 2 1 1986

JAN 19 1945

659-229-022-285

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 38173

No. ____, ____ St.

Primary Registration District No. 2177 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ruth Ferney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	July 29, 1915

FATHER		MOTHER	
FULL NAME	George Alexander Ferney	FULL MAIDEN NAME	Bernice Florence Kinney
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or Midwife)

Address St. Anthony, Ida

Filed Apr 10 1916

Given name added from a supplemental report

1 ____ 19____

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 6 1942

766-121-010-312

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 38212

No. _____ St.

Primary Registration District No. 2100 Registered No. 67

Hospital _____

FULL NAME OF CHILD Hyrum Ramond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 21 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Ezekiel Goodson	FULL MAIDEN NAME	Annie Laboram
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Meddow Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Sana Idaho

Filed Apr 12 1914 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-210-010-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. 38229

Registered No. 77

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 10 (Day) 1914 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clapp	FULL MAIDEN NAME	Ida Burk
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Apr 12 1916 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-129-010-454

Form V. S. No. 11-C—25m-1-1-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 38230

Primary Registration District No. 2100 Registered No. 78

FULL NAME OF CHILD Elden D. Westergard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter H Westergard	FULL MAIDEN NAME	Sarah Adell Denning
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive at 5 25 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Apr 13 1916 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1967

Amended 11-17-30

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C Rev. 1-1-18

County of Bonneville

City of Idaho Falls

No. R F D #1 St.

155-103-010-866

Hospital

Registration District No. 73

Primary Registration District No. 2107

File No. 38231

Registered No. 77

FULL NAME OF CHILD Eldon Hilbert Jensen April 3 1911

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 3 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Jensen	Ellen Howard
RESIDENCE	Idaho Falls R I-D #4	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Hyrum Utah	
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or midwife)

Address Terreton Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Apr 12 1911

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1970

DELAYED

993-119-044-363

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 38260

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		no	12 (Month) 19 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Udney Richardson	FULL MAIDEN NAME	Alice Elizabeth Collier
RESIDENCE	Helix Oregon	RESIDENCE	Midvale I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale I

Filed Apr 9 1915 H. Marshall
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-231-044-279

PLACE OF BIRTH

Form V. S. No. 11-C—25m-5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 38263

No. ____ St.

Primary Registration District No. 2154

Registered No. ____

Hospital ____

FULL NAME OF CHILD Almeda Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 31 1915

FATHER		MOTHER	
FULL NAME	Thomas T Williamson	FULL MAIDEN NAME	Ida Bell Smith
RESIDENCE	Midvale Id	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) F A Schmitz

Physician
(Physician or midwife)

Address Midvale Id.

Filed Apr 8 1916 W. H. Marshall M.D.
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

W H Marshall
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1969

493-112-008-499

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Roseberry

No ....., ... St.

Hospital .....

Registration District No .....

File No. 38296

Primary Registration District No. 15

Registered No. 58

FULL NAME OF CHILD Roger Mickels

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 12 1915

FATHER		MOTHER	
FULL NAME	Arnold Mickels	FULL MAIDEN NAME	Ada Driscol
RESIDENCE	Roseberry	RESIDENCE	Roseberry
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Noggle

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Cascade Ida

Filed Apr 9 1916 Ruth McDonald Deptg Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall

863-105-008-585 Registration District No. 15 File No. 38300

No. ——— St.

Primary Registration District No. ——— Registered No. 51

Hospital ———

FULL NAME OF CHILD Walter Moore Holt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 5 1915

FATHER		MOTHER	
FULL NAME	Herbert Rowland Holt	FULL MAIDEN NAME	Beatrice Viola Nye
RESIDENCE	McCall Ida	RESIDENCE	McCall Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Birmingham England	BIRTHPLACE	Menomonie Wis.
OCCUPATION	Cook	OCCUPATION	

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 5 1915 (Born alive [redacted]), at 4 00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McCall

Nurse

([redacted] midwife)

Given names added from a supplemental report.

Address McCall

..... 19.....

Filed Apr. 20 1916 Ruth McDonald

Registrar

Registrar

S-Y-CO 38071

345-128-09-862

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38309

County of Custer

City of Mackay

No. ..... St.

Hospital Residence

Registration District No. 36

Primary Registration District No. 2153

File No. .....

Registered No. .....

FULL NAME OF CHILD Earl Tunison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 28 1915

FATHER		MOTHER	
FULL NAME	Earl Tunison	FULL MAIDEN NAME	Naomi Hosford
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38	COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Challis Ida
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Las Baker

(Physician or midwife)

Address Mackay Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Apr 13 1916 J. R. Marietta Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUL 20 1971

795-103-019-299

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Chilly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 38310

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		Two	Yes	Nov 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. R. Pierce	FULL MAIDEN NAME	Della May Briar
RESIDENCE	Chilly Ida.	RESIDENCE	Chilly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House mfr.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mackay Ida.

Filed Apr. 13 1916 R. Marie Drew

Registrar Registrar

S-Y CO. 24656

DUP CO 1915-306281

859-123-005-342

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 38314

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD William Fred Hergert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hergert	FULL MAIDEN NAME	Mary Lust
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hergert
Father of Child
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries Idaho

Filed 3-10 1916 H L Mulcahy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

JAN 29 1957

415-212-005-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Genesa

City of

No. St.

Hospital

Registration District No.

File No. 38318

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Dorthy annie Daniels.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 12 Dec 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Eura Tomas Daniels.	FULL MAIDEN NAME Eva Creola
RESIDENCE	RESIDENCE
COLOR AGE AT LAST BIRTHDAY 28 (Years)	COLOR AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE [illegible]	BIRTHPLACE [illegible]
OCCUPATION ranching & running Saw Mill	OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dr ~~alive~~ MC (Born alive or stillborn), at home M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Dr M Car
(Physician or midwife)

Given names added from a supplemental report.

Eura T Daniels 1915

Flummer Idaho.
Registrar

Address Flummer Idaho

Filed Dec 1915

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 - 1953

SEP 23 1952

395-201-003-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38386

County of Bannock

City of Pocatello

No. 16-7 N. Lincoln St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 966

Hospital

FULL NAME OF CHILD Leona Elizabeth Cready

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Jan (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	H. B. Cready	FULL MAIDEN NAME	Sarah Barfuss
RESIDENCE	16-7 N. Lincoln	RESIDENCE	16-7 N. Lincoln
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Park Valley City
OCCUPATION	Engin	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:00 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Woodley

H. S. Woodley (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 2-18-1916 O. P. Hinty Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

331-228-003-269

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38387

County of Bannock

City of Pocatello

No. 631 So Main St.

Registration District No. 81 File No. 20

Primary Registration District No. 2161 Registered No. 967

Hospital

FULL NAME OF CHILD Helen Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar 28 1915

FATHER		MOTHER	
FULL NAME	Arthur Clark	FULL MAIDEN NAME	Emma Sorgatz
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Pocatello, Idaho	BIRTHPLACE	Pocatello, Idaho
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Wooley

H S Dearing
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 2-18-1916 O B Steely
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/11/41 L. B.

SEP 11 1959
SEP 19 1966

155-207-003-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L D.

County of Bannock

City of Pocatello

No. 120 N. Lincoln

Registration District No. 84

File No. 28388

Primary Registration District No. 2161

Registered No. 968

Hospital

FULL NAME OF CHILD Dorothy Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr 7 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter J. Jensen	FULL MAIDEN NAME	Alice King
RESIDENCE	120 No Lincoln	RESIDENCE	120 No Lincoln
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Poca Ida	BIRTHPLACE	Logan Utah
OCCUPATION	Mail Clerk - Post Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:25 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 2-18-1916 O. J. B. Scott Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1963

336-226-003-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38389

County of Bannock

City of Pocatello

Registration District No. 84 File No. 20

No. 1005 No. Garfield

Primary Registration District No. 2161 Registered No. 969

Hospital

FULL NAME OF CHILD Margery Elizabeth Clothier

Sex of Child Female	Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April (Month) 26th (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Clothier	FULL MAIDEN NAME	Edna C. Dann
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Philadelphia, Pa.	BIRTHPLACE	Binghampton, N. Y.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Jan 8, 1916 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1952

659-121-003-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 352 So. 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38390

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 470

FULL NAME OF CHILD Thomas Stewart Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	May 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dan Ferguson	FULL MAIDEN NAME	Pearl Jenkins
RESIDENCE	352 So. 8	RESIDENCE	352 So. 8
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Arimo, Ido
OCCUPATION	Thormist (Ferguson) Jenkins	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 2-18- 1916 O B Hicks
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 15 1948

PLACE OF BIRTH

APR 1 1955

133-223-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

L D

38391

County of Bannock

City of Pocatello

No. 436 E Halidays

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 971

Hospital

FULL NAME OF CHILD Alice Prucilla Allred.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	36610	Yes	June 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Allred	FULL MAIDEN NAME	Maura Hammond.
RESIDENCE	436 E. Haliday	RESIDENCE	436 E Haliday
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Spaur City, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Teamster	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Neeley

H S Neeley
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18- 19 16 O B Steel
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-5-1966

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

1966

County of

818-127-003-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

38392

County of Bannock

City of Pocatello

No. 217 So. Art. St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 993

Hospital

FULL NAME OF CHILD William Scott Hayes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	June 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilf Hayes	FULL MAIDEN NAME	Geny Scott
RESIDENCE	217 So Arthur	RESIDENCE	217 So ~~Hayes~~ Arthur
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pocatello, Ida	BIRTHPLACE	Carthage Ill.
OCCUPATION	Pool Billiard Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Weeley

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

19

Filed 2-18-1916 O B Seely

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

JUL 3 1969

DECEASED

693-101-003-613

Form V. S. No. 11-C—[illegible]-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 825 E. Fremont St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38393

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 973

FULL NAME OF CHILD Walton Buriah Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. B. Wilkins	FULL MAIDEN NAME	Eva Walton
RESIDENCE	825 E. Fremont	RESIDENCE	825 E. Fremont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colewill Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 2-18- 1916 O B Reilly

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1953

353-103-003-251.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

38394

County of Bannock

City of Pocatello

No. 554 No. Main St.

Registration District No. 84

File No. 20

Primary Registration District No. 2161

Registered No. 974

Hospital

FULL NAME OF CHILD WILLIAM HARDY Telfer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James Telfer	FULL MAIDEN NAME	Sarah Sears
RESIDENCE	Minadoka Idaho	RESIDENCE	Minadoka, Idaho
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. W. Woolley

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18- 1916

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
a) County Bannock (b) City Pocatello
c) Street Address or R.F.D. No. 614 N. Main St
d) Name of Hospital or Maternity Home:
Private Home
e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Town Minidoka
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

FULL NAME OF CHILD William Hardy Telfer

5. Date of Birth of Child (Month, day, year) July 3rd, '15

Sex Boy | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy | 9. Legitimate?

FATHER OF CHILD

FULL NAME James Telfer
Color or Race White
12. Age at time of THIS birth 43 yrs.
Birthplace Warwick (City or town) Scotland (State or foreign country)
Exact Occupation Ranch & Farming
Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lennie M. Sears Telfer
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho, County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears item 4, above, that I am now 54 years of age, that I have known this person for 54 years, and that Dr. Wolley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Lennie M. Sears Telfer Signature
Casey Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) Alice Allport Notary Public, residing at Casey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by 1942, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent ~~to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-107-003-153

Form U. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38395

County of Bannock

City of Pocatello

No. 452 Fairview Addition St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 975

Hospital

FULL NAME OF CHILD Jack Howard Flemming

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 7 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Leo Robert Flemming	FULL MAIDEN NAME Gertrude Leona Anthes
RESIDENCE 452 Fairview	RESIDENCE 452 Fairview
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Elk City Kansas	BIRTHPLACE Wahoo Neb.
OCCUPATION Railroad	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 2-18- 1916 O B Lively
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1942

695-211-003-000

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1106 N. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38396

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 976

FULL NAME OF CHILD Emma Winn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July 11 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME E. C. Winn	FULL MAIDEN NAME
RESIDENCE 1106 N. Hayes	RESIDENCE 1106 No Hayes.
COLOR White AGE AT LAST BIRTHDAY 46 (Years)	COLOR White AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE Utah	BIRTHPLACE Iowa
OCCUPATION Watchman	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. S. Thoorey

H S Thoorey (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Pocatello Idaho

Filed 2-18- 1916 O T Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 0 8 1996

Z no no Ther

962-214-003-291

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 323 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38397

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 977

FULL NAME OF CHILD Florence Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July 14 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Roberts	FULL MAIDEN NAME	Anna Bradley
RESIDENCE	323 N Main	RESIDENCE	323 N Main
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Richfield Kansas	BIRTHPLACE	Pueblo Colo.
OCCUPATION	Auto & Machine Shop	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. L. Woolley Mcaney

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed 2-18-1916 O. B. Steedy

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-116-003-331

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38398

County of Bannock

City of Pocatello

No. 410 S. Arth. St.

Hospital

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 978

FULL NAME OF CHILD Jesse Allan Stackhouse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	July (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. C. Stackhouse	FULL MAIDEN NAME	Jenny Clark
RESIDENCE	410 So. Arthur	RESIDENCE	410 So. Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	St. Anthony Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 2-18-1916 O. B. Sherry
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1961

993-221-003-547

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

38399

County of Bannock

City of Pocatello

No. 949 N. Gar St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 979

Hospital

FULL NAME OF CHILD Lenora Riley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H. Riley	FULL MAIDEN NAME	Annie Edgeley
RESIDENCE	949 No Garfield	RESIDENCE	949 N. Gar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. L. Theolley

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18- 1916 O B Reilly

Registrar

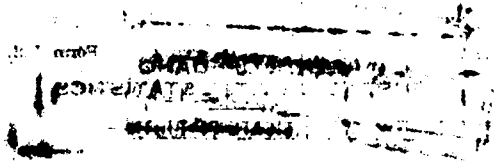
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-221-003-553

[redacted] Form V. S. No. 11-C—20m-3-15

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38400

County of Bannock

City of Pocatello

No. 757 So. 9 St.

Hospital

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 980

FULL NAME OF CHILD Madeline Marie Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Peterson	FULL MAIDEN NAME	Ida Nelson
RESIDENCE	757 So Ninth Ave	RESIDENCE	757 So 9
COLOR	U	COLOR	U
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	R. Roadway	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. J. Thaddy

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed 2-18-1916 O. F. Kelly

Registrar

Registrar

S-Y CO. 20174

[redacted]

JAN 17 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Sacramento } ss.

Certificate No. 38400

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Petersen (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Madeline Marie Peterson

Subscribed and sworn to before me this 3rd day of February, 1972

Notary Public, residing at Sacramento, Calif.
My commission expires 7-7-74
(Seal)

Signed [illegible] Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1553 46th St Sacramento, Calif. 95819
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 1972

Notary Public, residing at Pocatello, Idaho
My commission expires 7-7-75
(Seal)

Signed Emma Norby Kelly
(Signature of Any Credible Person)
1066 East Elm
(Street Address, City, State)
Pocatello, Idaho 83201

FORM DH 60-155 CL 1/17/72 nm

APR 27 1973

Application to the Metropolitan Life Insurance Co. gives name as Madeline M. McComber. Bron July 21, 1915. dated Feb. 26, 1952. Viewedby V. S.

Notification of birth from Idaho gives file no as 315816 . gives name as Karen Marie McComber born June 13, 1941. Father's name given as Elmer Alonzo McComber abd the mother's name as Madeline Marie Peterson. Viewed by V. S.

38401

38401

City of Pocatello

No. Fargo Apts St.

Hospital Poca. Emer.

Registration District No. 84

Primary Registration District No. 2161

File No. 20

Registered No. 981

FULL NAME OF CHILD Fred Hardy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 19 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H H Hardy	FULL MAIDEN NAME	Dolye Hershey
RESIDENCE	Fargo Apts	RESIDENCE	Fargo Apts.
COLOR	W.	COLOR	
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Medicine Lodge Kansas.	BIRTHPLACE	Idaho Falls - Idaho
OCCUPATION	Telegraph Mgr	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Idaho

Filed 2-16- 1916 O B Steely

Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK—THIS IS A PE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be m of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OTHER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Pocatello Registration District No. 84 File No. 20

No. 35 N Hav St. Primary Registration District No. 2161 Registered No. 982

992-225-003-395

Hospital

FULL NAME OF CHILD ~~Jean Erby~~ JEAN MARIE IRBY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. ~~Erby~~ IRBY	FULL MAIDEN NAME	Myrtle ~~Erby~~ TINDELL
RESIDENCE	35 No Harrison	RESIDENCE	35 N. Harrison
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Boise Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. S. Woolley Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18- 1916 O B Seely

Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 38402

County of Weber } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jean	Jean Marie
Surname	Erby	Irby
Mother's name	Erby	Tindell

Subscribed and sworn to before me this 13 day of July, 1943

Notary Public, residing at Ogden ut

My commission expires Oct 10-1944

(Seal)

Signed Myrtle V. Spackman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1943

H. E. Plake

Notary Public, residing at

My commission expires

(Seal)

Signed Walter R. Spackman

(Signature of Any Credible Person Other Than Previous Year)

1282-25 St. Ogden

(Street Address, City, State)

AUG 24 1973

386-112-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38403

County of Bannock

City of Pocatello

No. 820 N. Grant St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 984

Hospital

FULL NAME OF CHILD Baby Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept. 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	O H Thompson	FULL MAIDEN NAME	Ellen Hansen
RESIDENCE	820 No Grant	RESIDENCE	820 No Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Logan Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H Smith Wagley

H Swanney
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Box 78 Pocatello Idaho

Filed 2-18- 1916 O P Hilty
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

339-219-003-157

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38404

County of Bannock

City of Pocatello

No. Whitman & 6th St.

Hospital

Registration District No. 814 File No. 20

Primary Registration District No. 2161 Registered No. 985

FULL NAME OF CHILD Helen Annetta Clift

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept 19 1916 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Chester Clift	FULL MAIDEN NAME Bertha Aepplie
RESIDENCE Corner Whitman & Sixth	RESIDENCE Whitman
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Wis.
OCCUPATION Real Estate	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Smith Woolley

H. S. Woolley (Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18-1916 O. F. Smith Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1965

APR 1 1942

214-102-003-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38405

County of Bannock

City of Pocatello

No. ~~Tyler~~ R.F.D. #1.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 986

Hospital

FULL NAME OF CHILD Mervin David Badgley.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Badgley	FULL MAIDEN NAME	Addie Harvey
RESIDENCE	R F D. #1.	RESIDENCE	R F D. #1.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Waverly

H. S. Waverly
(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 2-16-1916 O B Smith
Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-208-003-793

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Inkom

No. ..... St.

Hospital .....

Registration District No. 84 File No. 38406

Primary Registration District No. 2161 Registered No. 987

FULL NAME OF CHILD Ida Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 8 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wilford Hall	FULL MAIDEN NAME	Ada Gilbert
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairview Ida.	BIRTHPLACE	Fairview Ida
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss M. Scadden
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-18- 1916 O. B. Steely
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JAN 29 1971

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered in case of Twin Triplet or other)	Mother in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 191...
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, [illegible] on the date above stated.

(Signature or affiliation)

(When there was no attending physician or midwife, then the father, or the mother, should make the return. A [illegible] is one of the mother breathes for the [illegible] after birth.)

(Signature)

(Physician or midwife)

Given names added from supplemental report.

Address

Filed 19

Registrar

Registrar

B-Y CO. 24888

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

M. B. In case of more than one child at birth, a separate birth and one made for each and the number of each, in order of birth, should be made.

365-224-003-957

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38407

County of Bannock

City of Pocatello

No. 1133 N. Main St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 988

Hospital

FULL NAME OF CHILD Ivan Elaine Loveland.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct. 24 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Loveland	FULL MAIDEN NAME	Sarah Ingelstrom
RESIDENCE	1133 N. Main	RESIDENCE	1133 N. Main
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Garden City Utah	BIRTHPLACE	Basalt Ida.
OCCUPATION	Clerk P.O.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Wooley

H. S. Wooley
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 2-18-1916 O B Beety
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

413-130-003-453

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

38408

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 605 S. Harrison St.

Hospital

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 989

FULL NAME OF CHILD DeWitt Mace

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct 30 (Month) 1915 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Wallace Mace	FULL MAIDEN NAME	Florence DeWitt
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	St. Louis Mo.	BIRTHPLACE	Billings Mont
OCCUPATION	Salesman (Travelling)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 30/15 at 11:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed Mar 30, 1916 O B Steely
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-201-003-957

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38409

County of Bannock

City of Pocatello

No. 1133 N. Main

Hospital

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 990

FULL NAME OF CHILD Leah Lyons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov (Month) 1 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John J. Lyons	FULL MAIDEN NAME	Regina Ingalstrom
RESIDENCE	1133 N. Main	RESIDENCE	1133 N. Main
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Salt Lake, Utah
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

H. S. Woolley (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 2-16-1916 O. B. Henry Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-102
003-453

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 605 S. Hoover

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-19

CERTIFICATE OF BIRTH

38410

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 991

FULL NAME OF CHILD Charles LeRoy Brothers

Sex of Child: Male | Twin, Triplet or other? — | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Dec 2nd (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Herbert E Brothers	FULL MAIDEN NAME	Elaine Olcott
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Baraboo, Wis.	BIRTHPLACE	Virginia City Mont
OCCUPATION	Night Watchman O&K	OCCUPATION	Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 2/15 at 3:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M D
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

..... 19.....

Filed Mar 31, 1916 O P Keeley
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-203-003-314

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38411

County of Bannock

City of Pocatello

No. 822 E Fremont St.

Hospital

Registration District No. 84

File No. 20

Primary Registration District No. 2161

Registered No. 992

FULL NAME OF CHILD Leona Velira Terry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Mr C Attie Terry	FULL MAIDEN NAME	Elvina Campbell
RESIDENCE	822 E Fremont Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fairview Utah	BIRTHPLACE	Rigby Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 125 N 2nd Ave. Pocatello, Ida.

Filed Jan 20, 1916 O B Steele Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38412

City of Pocatello

No. 628 E. Whitmore St.

Registration District No. 84

File No. 20

Primary Registration District No. 2161

Registered No. 993

Hospital

FULL NAME OF CHILD Fannie Evelyn Maut

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		yes	Dec 12 1915

FATHER		MOTHER	
FULL NAME	Newton Osbourne Maut	FULL MAIDEN NAME	Myrtle Howells
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Camden N. J.	BIRTHPLACE	Spanish Fork, Utah
OCCUPATION	Car supply clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kay

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10, 1916 O. B. Steele

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38413

City of Pocatello — Registration District No. 54 — File No. 20

No. 222 No. Main St. — Primary Registration District No. 2161 — Registered No. 994

Hospital

FULL NAME OF CHILD Gerald Jay Snyder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	12 - 22 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion W Snyder	Mary Belle Moser
RESIDENCE	Pocatello	Pocatello
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Iowa	Iowa
OCCUPATION	R R Engineer	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

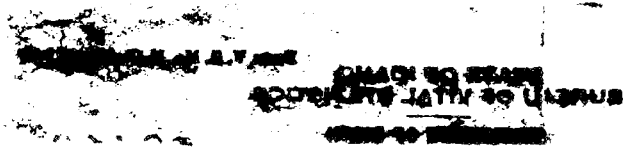
(Signature) J M Kay

(Physician ~~or midwife~~)

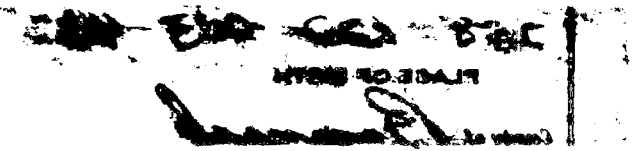
Address Pocatello Idaho

Filed Jan 10, 1916 O B Turner Registrar

S-Y CO. 20174



SEP 14 1942



FEB 19 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of _____ Registration District No. 84 File No. 2

No. _____ St. Primary Registration District No. 2161 Registered No. [illegible]

Hospital _____

FULL NAME OF CHILD Mark Lee Caton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		One	Yes.	Dec 2 (Month) ([illegible])

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William R. Caton	Mary Lukens
RESIDENCE	Pocatello, Idaho.	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27
BIRTHPLACE	Bromaugh, Missouri	Oregon, Mo.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. A. Wright

Pocatello, Idaho, [illegible]

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 8, 1916 [illegible]

..... Registrar

8-Y CO. 20174

SEP 17

243-129-003-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~CERTIFICATE OF BIRTH~~

38415

County of Bannock

City of Pocatello

No. 7 So. 8 St.

Hospital

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 996

FULL NAME OF CHILD SHERMAN LaMAR SUTTON ~~[illegible]~~

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. J. Sutton	FULL MAIDEN NAME	Emma Brown
RESIDENCE	758 So. 8.	RESIDENCE	758 So. 8.
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Paris - Idaho	BIRTHPLACE	Providence Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1030 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Thorpe

H S Thorpe
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Filed 2-18-1916 O. B. Huntz
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 38415

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Sherman LaMar Sutton (Name on Original Certificate) who born (Was Born or Died) on December 29, 1915 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on December 29, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Sherman LaMar Sutton

Subscribed and sworn to before me this 6 day of Sept, 1944.

Notary Public, residing at Logan, Utah

My commission expires June 12 - 1946 (Seal)

Signed W Durrd J Sutton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

125 So. 3 W. Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Sept., 1944.

Notary Public, residing at Logan, Utah

My commission expires APRIL 15 1946 (Seal)

Signed Henry R. Cooper
(Signature of Any Credible Person Other Than Previous Year)

312 N Center St. Logan, Utah
(Street Address, City, State)

JAN 6 1956

354-230-003-942

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 925 W Fremont St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38416

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 997

FULL NAME OF CHILD Elaine Muriel Templeton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec. 30th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Y. Tell Templeton	FULL MAIDEN NAME	Adelaide Mary Russell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Statesville N.C.	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Loco Fireman	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 30/15 (Born alive or stillborn), at 4 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Feb 20, 1916 O. J. Dicey

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1954

213-131-003-213

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 837 W Benton St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

38417

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 998

FULL NAME OF CHILD John Victor Bateman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Dec 31st 1915

FATHER		MOTHER	
FULL NAME	Thomas Bateman	FULL MAIDEN NAME	Margaret Jane Bateman (Nora)
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Sweetheman	OCCUPATION	H W

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 31/15 (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feby 29 1916 O V Teeter
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 29, 1940. E.W.

466-231-003-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38418

County of Bannock

City of Pocatello

No. 646 W. Sublette St.

Registration District No. 84 File No. 20

Primary Registration District No. 2161 Registered No. 999

Hospital

FULL NAME OF CHILD Hilda Sarah Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1	Yes	Dec (Month) 31 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm I Moore	FULL MAIDEN NAME	Lena Folkers
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Holland
OCCUPATION	(Steel Car) Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A M.
(Born alive ~~or stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Jan 19 1916 O B Steely
Registrar

S-Y CO. 20174

493-203-003-518

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38521

County of Bannock

City of Pocatello

No. 304 So. 8 St.

Hospital

Registration District No. 84 File No. 22

Primary Registration District No. 2161 Registered No. 1102

FULL NAME OF CHILD Grace Eleanor Mittry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	April 3 1915

FATHER		MOTHER	
FULL NAME	Geo Mittry	FULL MAIDEN NAME	Salma Nahra
RESIDENCE	304 So. 8	RESIDENCE	304 So. 8
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. Moseley

(Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 3-2-1916 O B Steele

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1943
OCT 7 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

County of [illegible]

City of [illegible]

No. [illegible]

[illegible] District No. 106 File No. 38532

[illegible] Registration District No. 2184 Registered No. 8

Hospital

FULL NAME OF CHILD Eva Ewert Harri

Sex of Child Male	Twin Triplet or [illegible] and Number in order of birth [illegible] in event of plural births)	Legitimate? yes	Date of Birth Dec (Month) 30 (Day) 1915 (Year)

FULL NAME Henry [illegible]		FULL MAIDEN NAME Aliisa Heikkila	MOTHER
RESIDENCE Kooskia - Idaho		RESIDENCE Kooskia - Idaho	
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)	COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Finland		BIRTHPLACE Finland	
OCCUPATION Farmer		OCCUPATION Housewife	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Harri

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed Feb 28 1916 J. M. Verbeekmers
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted] OF IDAHO
[redacted]VITAL STATISTICS
[redacted]ATE OF BIRTH

Form V.S. No. 11-C-[redacted]

City of New Meadows

No. 313-226-002-719 St.

Registration District No. _____

File No. 38807

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Euda Marguerite Sater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Jan. 26th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Giles Greenberg Sater	FULL MAIDEN NAME	Lula Melvilla Parks
RESIDENCE	New Meadows	RESIDENCE	New Meadows ~~Weiser~~, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Weiser, Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A.M. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R.S. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Council Ida

Filed 5/11/16 19 R.S. Whiteman M.D.

Registrar

R.S. Whiteman

Registrar

S-Y CO. 24655

20 1942

DELAYED

995-204-002-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38612

County of Adms

City of Tamarack

No. X St.

Hospital X

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Bertha Melve Rinehart

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	1		Yes	June 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Rinehart	FULL MAIDEN NAME	Vervoun E. Larson
RESIDENCE	Tamarack	RESIDENCE	Tamarack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Longvalley	BIRTHPLACE	Logan Utah
OCCUPATION	Common labor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bertha Melve Rinehart

Dr. Whiteman (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

R. W. Whiteman Registrar

Address Charles Rinehart

Filed April 1916 Tamarack Idaho Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1971

Dep # 1915 34604

296-113-002-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38613

County of Adams

City of New Meadows

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Albert ~~Donald~~ Donald Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	8 13 1915

FATHER		MOTHER	
FULL NAME	Albert Doless Brown	FULL MAIDEN NAME	Alice Minnie Brown
RESIDENCE	New Meadows	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	~~Titusville~~ 40 (Years) Pa
BIRTHPLACE	Linville Iowa	BIRTHPLACE	Titusville Pa
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

R. S. Whiteman
Registrar

Address Council, Ida.

Filed 6/11/16 19__ R. S. Whiteman M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 2, 1940. E.W.

853-216-002-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38617

County of Adams

City of New Meadows

Registration District No. _____ **File No.** _____

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD Augusta Heck.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	3 16 1915

FATHER		MOTHER	
FULL NAME	Frank Heck.	FULL MAIDEN NAME	May Morgan
RESIDENCE	New Meadows Ida.	RESIDENCE	New Meadows Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Iowa.	BIRTHPLACE	Missouri
OCCUPATION	Rancher.	OCCUPATION	Divife.

Number of child of this mother, including present birth 7th. Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:00 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

R. S. Whiteman
Registrar

Address New Meadows.

Filed 5/11/16 19__ R. S. Whiteman M.D.
Registrar

S-V CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1942

JAN 29 1942

DELAYED

569-231-028-153

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

County of [illegible]

City of Coeur D'Alene

Registration District No. 29

File No. 5 38625

No. _____ St.

Primary Registration District No. 1050

Registered No. 24

Hospital _____

FULL NAME OF CHILD Evaline Marie Norelius

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	Yes	Dec 31 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Norelius	FULL MAIDEN NAME	Alella Bell Anthony
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Coeur D'Alene Idaho

Filed 4-12 1916 A Hughes

Registrar

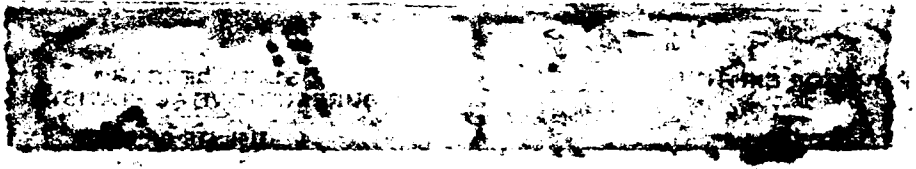
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 16 1942

635-[illegible]-028-212

PLACE OF BIRTH

Form V. [illegible] No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of [illegible]

CERTIFICATE OF BIRTH

City of Coeur D'Alene

Registration District No. 2a

File No. 538626

No. ..... St.

Primary Registration District No. 1050

Registered No. 23

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Fletcher, Francile Elizabeth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	One	Yes.	July (Month) 2 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Francis Fletcher	FULL MAIDEN NAME	Jessie ~~Louise~~ Basler
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 3 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Coeur D'Alene Idaho

Filed 4-12 1916 A. Hughes

Registrar

R-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 22 1957

MAR 2 1961

363-123-028-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital Coeur d'Alene Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 5 38630

Primary Registration District No. 1050 Registered No. 19

FULL NAME OF CHILD Robert Eugene Cochennett

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	✓	Yes	Aug 23 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Cochennette	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Glengary Idaho	RESIDENCE	Glengary Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Green Bay Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Idaho

Filed 4-12 1916 A. Hughes

Registrar Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-226-028-734

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 538631

No. ..... St.

Primary Registration District No. 1050 Registered No. 18

Hospital .....

FULL NAME OF CHILD Caroline Elizabeth Seever.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	One	Yes.	Aug. 26th 1915

FATHER	MOTHER
FULL NAME Charles Ernest Seever	Maiden Name Caroline Theresa Plumb
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Wisconsin
OCCUPATION Mail Carrier	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8-30 A. M., on the date above stated.
(Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden
Physician
(Physician or midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report.

..... 19.....

Filed 4-12 1916 A. Hughes
Registrar

..... Registrar

S-V CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-230-028-864

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Lanteria

City of Coeur D'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2a

File No. 538632

Primary Registration District No. 1050

Registered No. 15

FULL NAME OF CHILD Aileen Myrtle Howland

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		One	yes	Dec 30 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Wm Howland	FULL MAIDEN NAME	Lucy Bell House
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur D'Alene Idaho

Given names added from a supplemental report.

..... 19.....

Filed 4-12 1916 A Hughes

..... Registrar

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1 1942

819-221-028-459

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D Alene

Registration District No. 29 File No. 5 38633

No. ..... St.

Primary Registration District No. 1050 Registered No. 16

Hospital .....

FULL NAME OF CHILD Baby Haraldson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	one	Yes	Dec 21 1915

FATHER

FULL NAME John Haraldson

RESIDENCE Coeur d Alene

COLOR White — AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Lena DeRoshia

RESIDENCE Coeur d Alene

COLOR White — AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Michigan

OCCUPATION Housework

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

(Signature) W H Haraldson MD

(Physician or midwife)

Address Coeur D'Alene Idaho

Filed 4-12 1916 A Hughes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

362-203-028-285

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lawrence

City of Atlas

No. _____ St.

Hospital _____

Registration District No. 29 File No. 5 38634

Primary Registration District No. 1050 Registered No. 17

FULL NAME OF CHILD Mary Louise Lossing

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Sept 3 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melford Lossing	FULL MAIDEN NAME	Mary Blanche Sheldon
RESIDENCE	Atlas	RESIDENCE	Atlas. Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Mill Man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Idaho

_____ 19__

Filed 4-12 1916 A Hughes
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-121
010-413

PLACE OF BI[redacted]

STATE OF IDA[redacted]
BUREAU OF VITAL [redacted]
CER[redacted]

38771

County of Bon[redacted]

City of Idaho Falls

Registration District No. [redacted] File No.

No. St.

Primary Registration District No. 2150 Registered No. 127

Hospital

FULL NAME OF CHILD Kimio Tashima

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 21 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kichijiro Tashima	FULL MAIDEN NAME	Miyoshi Matsumoto
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kichijiro Tashima per LSO

No medical attendance (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls Idaho

Registrar

Filed Jan 29 1916 [signature] Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-207-007-213

PLACE OF BIRTH

County of Blaine

City of Carey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C ~~25m-6-6-15~~

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 38816

Primary Registration District No. 2075 Registered No. 74

FULL NAME OF CHILD Thelma Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl					Oct 7 1915

FATHER

FULL NAME William Greenwood Briggs

RESIDENCE Carey Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Skipton England

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Elizabeth Peterson

RESIDENCE Carey Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Spanish Fork Utah

OCCUPATION Mother

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P.M. on the date above stated.

(Signature) Mrs Lula Howard

midwife (Physician or midwife)

Address Carey Idaho

Filed Oct 12 19 16 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

242-226-026-693

PLACE OF BIRTH

County of Jefferson

City of Perry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 216 File No. 38840

Primary Registration District No. 98 Registered No. 227

FULL NAME OF CHILD Thelma Edna Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Sep. 26 1915

FATHER		MOTHER	
FULL NAME	Leo L. Bush	FULL MAIDEN NAME	Edna C. Wickberg
RESIDENCE	Perry · Ida.	RESIDENCE	Perry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:05 P. M. on the date above stated.

(Signature) C. A. Filmore

Perry Ida.
(Physician or midwife)

Address ____

Filed Nov 29 1916 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAY 13 1965

214-127
014-812

PLACE OF BIRTH

County of Canyon

City Nampa

No. R.F.D. No. 2

Hospital

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 38902

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Eldred Baum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	11/27 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank Baum	FULL MAIDEN NAME	Myrtle Hastriter
RESIDENCE	Nampa R.D. 2	RESIDENCE	Nampa R.D. 2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa

Filed May 8 1916 Dr. S. D. Colonge Registrar

Anna Hatfield Deputy

Registrar

S-Y CO. 24656

K

...RVED FOR BIND... WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 38902

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eldred Baum (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1915 (Date of Event)
in Canyon Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on January, 1916 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Nebraska	Missouri
Mother's Name	Myrtel Hastriter	Myrtle Hastriter
Mother's Birthplace	Nebraska	Kansas

Subscribed and sworn to before me this 20th
day of March, 19 42

J. A. Miller
Notary Public, residing at Meridian, Ida.
My commission expires July 25, 1944.
(Seal)

Signed Frank L. Baum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1942

Notary Public, residing at Nampa Idaho
My commission expires Oct 31-1944
(Seal)

Signed Elizabeth Hastreter
(Signature of Any Credible Person Other Than Previous Year)

1714 1st St. No. Nampa Idaho
(Street Address, City, State)

433-119
004-313

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

C[redacted]ar Lake

City [redacted]rgetown

No....., ...St.

Hospital .....

Registration District No..... File No. 38906

Primary Registration District No..... Registered No.....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Aug. 19 1915

FATHER		MOTHER	
FULL NAME	William McCammon	FULL MAIDEN NAME	Tabitha Latham
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Osburn Co., Kansas	BIRTHPLACE	Bennington, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth....8..... Number of children, of this mother, now living, including present birth....7.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was.....born alive..... at 12:55 p.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature).....Emma W. Clark
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....Georgetown, Idaho

Filed [redacted] 15 Marion C. Clark
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of [illegible] child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

643-222-023-251

PLACE OF BIRTH

County of Gem

City of Sweet

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-6-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 238938

Primary Registration District No. ..... Registered No. 3

FULL NAME OF CHILD Jane Estella Fulton

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Oct. 22nd (Month) (Day) 1915 (Year)

FATHER

FULL NAME Clyde Robert Fulton

RESIDENCE Sweet, Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Erie, Pa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leona Bean

RESIDENCE Sweet, Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Retreat, Wisconsin

OCCUPATION

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.15 P.M. on the date above stated.

(Signature) Clyde Robert Fulton

(Physician or midwife)

Address .....

Filed May 1 1916

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1943

141-219-044-363

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nash

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 38948

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD INEZ LEORA ~~XXXXXX~~ Adamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	Yes	Dec 19 1915

FATHER	MOTHER
FULL NAME William Adamson	FULL MAIDEN NAME Bessie Colson
RESIDENCE Midvale	RESIDENCE Midvale
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho Nash Co	BIRTHPLACE Idaho Nash Co.
OCCUPATION Rancher	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2,80 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. J. Marshall

(Physician or midwife)

Address Midvale

Given names added from a supplemental report

..... 19.....

Filed May 1 19 W. J. Marshall M D

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Clark } ss.

Certificate No. 33948

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Inez Leora Adamson (Name on Original Certificate) who was born (Was Born or Died) on December 19, 1915 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by this affidavit (Bible Record, Insurance Policy, Etc.) prepared on April 3, 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bessie	Inez Leora Adamson
date	December 18, 1915	December 19, 1915

Subscribed and sworn to before me this 3rd
day of April 19 44

Notary Public, residing at Camas, Washington

My commission expires May 13, 1947
(Seal)

Signed Bessie Adamson Reed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

231 NE 7th Ave. Camas, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Adams } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of March 19 44

Notary Public, residing at Council, Ida ho.

My commission expires May 24, 1946
(Seal)

Signed William R Adamson
(Signature of Any Credible Person Other Than Previous Year)

Cambridge, Ida ho
(Street Address, City, State)

JAN 31 1969

APR 8 1944

255-200-044-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Wash

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 38949

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Ella Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	12 1915

	FATHER	MOTHER
FULL NAME	Jim Bennett.	MAIDEN NAME Wicks
RESIDENCE	Midvale	Midvale
COLOR	White	AGE AT LAST BIRTHDAY 35 (Years)
		COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Iowa.
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Marshall

(Physician or midwife)

Address Dr W. B. Marshall

Given names added from a supplemental report

..... 19.....

Filed May 1 19 16 Midvale

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 BIRTH DAY MOTHERS NAME

866-228-001-268

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] BIRTH

[illegible]

[illegible]

No. 1502 N 6 St.

Hospital

Registration District No. 4

File No. 38952

Primary Registration District No. 1004

Registered No. 13[illegible]

FULL NAME OF CHILD Marie Howell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	1		5	Yes	Dec 28 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Beverly Howell	FULL MAIDEN NAME	Ella Bohanan
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz (per G. C.)
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/18 1916 E. F. Caton
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969-210-001-942

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ *St.*

Hospital St. Alphonsus

Registration District No. V

Primary Registration District No. 1004

File No. 38987

Registered No. 1-2-6

FULL NAME OF CHILD Grace Gwendolyn Roikjer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	June 10th 1915

FATHER		MOTHER	
FULL NAME	Andrew H. Roikjer	FULL MAIDEN NAME	Stella May Rush
RESIDENCE	1405 E. State	RESIDENCE	1405 E. State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Omaha, Neb.	BIRTHPLACE	Webster Co., Nebraska
OCCUPATION	Scienic painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:10 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collaston

physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

Address Boise, Idaho

Filed 4/13 1916 E. F. Caton *Registrar*

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313.226.029.168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

39051

County of Latah

City of Viola

Registration District No. 61 File No.

No. St.

Primary Registration District No. 2141 Registered No. 61

Hospital

FULL NAME OF CHILD Ople Roseua Calkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 26 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mr. Harry T. Calkins	FULL MAIDEN NAME	Lilly S. Johnson
RESIDENCE	Winona Wash.	RESIDENCE	Winona Wash.
COLOR	White	COLOR	White
AGE AT LAST ~~BIRTHDAY~~	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Eva Johnson.

Midwife (Physician or midwife)

Given names added from a supplemental report

Address Viola Idaho

Filed Apr 28 1916 D F Rau Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-211-025-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Clearwater

Registration District No. 103

File No. 39065

No. ..... St.

Primary Registration District No. 2181

Registered No. 19

Hospital .....

FULL NAME OF CHILD Ruth Berneice Stewart

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Miner Flavis Stewart	FULL MAIDEN NAME	Evalena Kate Fitting
RESIDENCE	Clearwater Idaho	RESIDENCE	Clearwater Idaho
COLOR	Caucasian	COLOR	Caucasian
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Goshen Oregon	BIRTHPLACE	Garie Dakota
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Joanna Quark

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Clearwater Idaho

Filed May 5 1916 G D Stockton

Registrar

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1976

599-230-004-433

PLACE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. [illegible] File No. 39082

No. _____ St.

Primary Registration District No. 2132 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruby Ione Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			Nov 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Magnus Erickson Jr	FULL MAIDEN NAME	Rosella McCann
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Garden City Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magnus Erickson Jr (Father)

(Physician or midwife)

Given names added from a supplemental report.

Address Fishhaven Idaho

_____ 19__

Filed 5/1/ 1916 H H Haug

Registrar Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
STATISTICS

266130-029.296

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. _____ St.

Hospital _____

Registration District No. 65

File No. 39098

Primary Registration District No. 2145

Registered No. _____

FULL NAME OF CHILD ~~Fay~~ Boone MELVIN FRANK BOONE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Dec (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert F. Boone	FULL MAIDEN NAME	Mary Eldorado Brown
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Ninth

Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. B. Smith (Midwife)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Potlatch Idaho

Filed April 10 1916 Dr. J. W. Thompson

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 39098
)ss
County of Latah) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Fay Boone (Name on original certificate) who born (was born or died) on Dec 31 1915 (Date of event) in Potlatch (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by birth certificate (Bible record, insurance plcy.etc.) prepared on soon after birth (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Fay Boone	Melvin Frank Boone
Melvin Frank Boone		

Subscribed and sworn to before me this 4 day of Oct 1944

Signed Melva Agnes Hilscher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister

Vista Wade
Notary Public
Residing at Wenatchee

(Street address, City, State)

My commission expires Jan 8 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Wash)
)ss
County of Douglas)

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of March 1942

Signed Mary Eldorado Boone
(Signature of any credible person other than the previous affiant.) Mother

Ralph Ramsker
Notary Public
Residing at East Wenatchee Wn

R 4 Wenatchee Wn
(Street address, City, State)

My commission expires Nov. 17-1943
(SEAL)

MAR 26 1942

663-215-029-517 Idaho
Name added 5-18-79

PLACE OF BIRTH

County of Latah

City or Town of Palouse Precinct

Registration Dist. No. 65

[redacted] STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

IDAHO CERTIFICATE OF BIRTH

Record No. 39109

File No. [redacted]

Registered No. 2145

(No. ____, ____ St.; ____ Ward)

FULL NAME OF CHILD Pauline Wolheter

(If child is not yet named, make supplemental report, as directed.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Nov 15 1915

FATHER

Full Name: Lester C Wolheter

Residence: Palouse Precinct, Latah Co Idaho

Color: White

Age at last Birthday: 33 (Years)

Birthplace (State or Country): Kansas

Occupation: Farmer

MOTHER

Full Maiden Name: Annie Nagle

Residence: Palouse Precinct, Latah Co

Color: White

Age at last Birthday: 27 (Years)

Birthplace (State or Country): Dak (North)

Occupation: Housewife

Number of child of this mother: 2

Number of children, this mother, now living: 2

5-45

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it occurred on Nov 15 1915, at 10 M

(Signature) W. S. Darth M D

(Physician or Midwife)

Address Palouse Wash

Filed April 20, 1916 D. J. M. Thompson

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

MAY 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 19 2 15 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 39109

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Walheter (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1915 (Date of Event) in Palouse District, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Pauline Wolheter

Subscribed and sworn to before me this 20 day of June, 1972

Hazel Throop

Notary Public, residing at Palouse

My commission expires Mar 27, 1975

(Seal)

Signed Blanche Wolheter Nagle

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1972

Hazel Throop

Notary Public, residing at Palouse

My commission expires Mar. 27 - 1976

(Seal)

Signed John L Nagle

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 5/9/72 nm

Authorization for confirmation by the Ursuline Convent for student, Pauline Wolheter. School year of 1921-1922.
Viewed by V.S.
Personnel Action issued by Washington State Univ. states Pauline D. Wolheter Grant-nee was employed March 11, 1974 as Custodian II.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFI[redacted]

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2077 Registered No. 1

FULL NAME OF CHILD Marjorie Smith

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Own	Own	Yes	Sept 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Richard Smith	FULL MAIDEN NAME	Katie Laura McIntosh
RESIDENCE	Holbrook Ida	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Fielding Ut	BIRTHPLACE	Mobile Alabama
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Cranshaw

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Snowville Ut

Filed 2/3 1916

D. C. Ray
Registrar

Registrar

S-Y CO. 24655

[redacted]

MAY 24 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-108-036-295

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]

CERTIFICATE OF BIRTH

39302

County of Oneida

City of Halbrook

No. ..... St.

Hospital .....

Registration District No. 26 File No. .....

Primary Registration District No. 2071 Registered No. .....

FULL NAME OF CHILD Waldo J Blasdell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
bay	NW		NW	Yes	Oct 8th 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James William Blasdell	FULL MAIDEN NAME	Iona Bingham
RESIDENCE	Halbrook Ida	RESIDENCE	Halbrook Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Centerville Utah	BIRTHPLACE	Clifton Ida
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Snowville Utah

Filed 2-6 1916 D Ray Registrar

Registrar

S-Y CO. 24655

DECEASED

469-221-036-613

Form V. S. No. 11-C—25m-1-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 39303

No. _____ St.

Primary Registration District No. 2069

Registered No. 3

Hospital _____

FULL NAME OF CHILD Delone Morse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fl		yes	11 - 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elias C Morse	FULL MAIDEN NAME	Mary Ann Waldron
RESIDENCE	Samaria	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:35 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J E Price
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Samaria Idaho

Filed 5-17 1916 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1966

SEP 2 2 1975

133-224-036-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

Form V. S. ...

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 39304

Primary Registration District No. 2069 Registered No. 4

FULL NAME OF CHILD Reva R. Allred

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		Yes	24 — 10 mi — to 6 pm 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigam E. Allred	FULL MAIDEN NAME	Martha A Richards
RESIDENCE	Malad City Idaho	RESIDENCE	Malad City Idaho
COLOR	White ~~Dark~~	COLOR	White Light
AGE AT LAST BIRTHDAY	27 (Years) 27	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spring City Utah	BIRTHPLACE	Malad City Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 min to 6 pm M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A McAllister

midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Malad Ida

Filed 1/16 1916 D. Ring

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

RECEIVED
DEC 16 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Carnete

Certificate No. 39304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Allred (Name on Original Certificate) who born (Was Born or Died) on Nov. 24, 1915 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Nov 13-39 (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Reva R Allred

Insurance Policy Sept 1. 1937 Viewed by D.S.

Subscribed and sworn to before me this 7th day of December, 1957

John M. Bradshaw
Notary Public, residing at Spring City, Utah
My commission expires February 11, 1958
(Seal)

Signed Brigham Earl Allred
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spring City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Siskiyou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of Nov 1957

Clarence E. Wilcox
Notary Public, residing at Anderson, Cal
My commission expires 9-22-58
(Seal)

Signed Frances E. Rapp
(Signature of Any Credible Person)
R. 2 - Box 5634 - Anderson Calif.
(Street Address, City, State)

FORM DPH 55.155

NN 11-6-57 1 copy paid

236-205-036-384

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26 File No. 39305

Primary Registration District No. 2071 Registered No. 5

FULL NAME OF CHILD Leona Jane Bloom (died)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	One	Yes	12 (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ben Bloom	FULL MAIDEN NAME	Hattie A Lyman
RESIDENCE	Black Pine	RESIDENCE	Black Pine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature 12-5-15 at 10.50 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Orawshaw

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed 2/17 1916 D Ray

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-107-036-494

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26 File No. 39306

Primary Registration District No. 2069 Registered No. 6

FULL NAME OF CHILD Melvin Sylvester Smith

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	other	8	yes	Dec. (Month) 7 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alf Smith	FULL MAIDEN NAME	Eliza Midleton
RESIDENCE	Cherry Creek	RESIDENCE	Cherry Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Reese

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed 1/20 1916 D. C. Ray Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

955-226-036-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26

File No. 39307

Primary Registration District No. 2069

Registered No. 7

FULL NAME OF CHILD Viola Carrie Reese

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	other	6	yes	Dec 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard M Reese	FULL MAIDEN NAME	Viola Carrie Miller
RESIDENCE	Samaria	RESIDENCE	Samaria Idaho ~~Cincinnati Ohio~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Samaria	BIRTHPLACE	Cincinnati Ohio
OCCUPATION	Farmer	OCCUPATION	Farming

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed 1/20 1916 D Clay Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-126-036-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 39308

Primary Registration District No. 2269 Registered No. 8

FULL NAME OF CHILD Alva Thomas Born Dec 26 = 15 min to 11 PM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Dec 26th 1915

FATHER		MOTHER	
FULL NAME	Daniel Henry Thomas	FULL MAIDEN NAME	Mary B. Thomas
RESIDENCE	Malad City Idaho	RESIDENCE	Malad City Idaho
COLOR	Dark	COLOR	Light
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Malad city Idaho	BIRTHPLACE	Malad city Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a Live (Born alive or stillborn) at 15 min to 11 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah McAllister

Midwife (Physician or midwife)

Address Malad Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/16 1916 D Gay Registrar

S-Y CO. 24688

315·128·036-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 1/23/46

County of Oneida
City of Holbrook
No. ..... St.
Hospital .....

Registration District No. 26
Primary Registration District No. 2071
File No. 39309
Registered No. 9

FULL NAME OF CHILD Gale Harvey Landon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	Yes	12 28 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 ... Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: James D. Landon	FULL MAIDEN NAME: Amanda M. Sorenson
RESIDENCE: Holbrook	RESIDENCE: Holbrook
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) P. H. Crawshaw
Physician
(Physician or midwife)
Address Snowville, Utah
Filed 3/5/ 1916 D. C. Ray
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 39309

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gale Harvey Landon (Name on Original Certificate) who was born (Was Born or Died) on December 22, 1915 (Date of Event)
in Holbrook, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (Action Original)	TO (The Correct Facts)
sex	FEMALE	Male
name	none given	Gale Harvey Landon

Subscribed and sworn to before me this 1st day of March, 19 45

Maxine R. Ruesch
Notary Public, residing at Idaho Falls, Ida.
My commission expires Feb. 12, 1949
(Seal)

Signed Amanda M. Landon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. #5, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 19 45

Maxine R. Ruesch
Notary Public, residing at Idaho Falls, Idaho
My commission expires Feb. 12, 1949
(Seal)

Signed Harold J. Landon
(Signature of Any Credible Person)
Jennie Lakes Rd., Idaho Falls, Idaho
(Street Address, City, State)

AUG 24 1972

546-21-036-331

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 39310

Primary Registration District No. 2069 Registered No. 10

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 31 1915

FATHER		MOTHER	
FULL NAME	Henry Ruffenegger	FULL MAIDEN NAME	Mabel B. Clark
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Gelon
Physician
(Physician or midwife)

Address Malad

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1/10 1916 D. C. Ray Registrar

E-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-005-113

PLACE OF BIRTH

No. 6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Benewah

City of De Smet

Registration District No. 31

File No. 39407

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Elizabeth Anne Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 12 1915

FATHER		MOTHER	
FULL NAME	Winfield Howard Williamson	FULL MAIDEN NAME	Helen Jessie MacKay
RESIDENCE	De Smet	RESIDENCE	De Smet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Rio, Knox Co. Ill	BIRTHPLACE	Galesburg, Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... two ... Number of children of this mother now living, including present birth ... Two ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 13-15, at 12 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. A. Nelson

Physician
(Physician or midwife)

Address Tekoa, Wn.

Filed May 9, 1916 John Last Asst. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

AUG 30 1961

SEP 7

863-103-041-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs R. D. 1

Registration District No. 77

File No. 39436

No. Idaho St.

Primary Registration District No. 2176

Registered No.

Hospital

FULL NAME OF CHILD Deen Holden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 3 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar-Piter Holden	FULL MAIDEN NAME	Vera L. Greene
RESIDENCE	Driggs R. D. 1	RESIDENCE	Driggs R. D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Hars Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anne Larsen
(Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs R. D. 1 BX 25

Filed Dec 25 1915 C. Cherrington
Registrar

Registrar

9-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1975

246-228-039-234

Form V. S. No. 11-C-25

PLACE OF BIRTH

County of Power

City of Yale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 39654

Primary Registration District No. 2072 Registered No. _____

FULL NAME OF CHILD Lydia Knoblich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 28 1915

FATHER		MOTHER	
FULL NAME	Adam Knoblich	FULL MAIDEN NAME	Laza Schapp.
RESIDENCE	Yale Ida	RESIDENCE	Yale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adam Knoblich
(reported by)
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Yale Ida

Filed Mch 1 1916 R.F. North Mo

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 21 1966

315-223-010-912

PLACE OF [illegible]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 39705

No. _____ St.

Primary Registration District No. 21 J-0 Registered No. 13-4

Hospital _____

FULL NAME OF CHILD Hatsuko Tanaka

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	May 23 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chiyokichi Tanaka	FULL MAIDEN NAME	Chiyo Tokogi
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	Red	COLOR	Red
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chiyokichi Tanaka

Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address [illegible]

Filed Mar 15 1916 [illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-229-032-439

Form [illegible]-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

39788

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD LUCILLE OLIVIA Wallace

Sex of Child Female	Twin, Triplet, or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth July (Month) 29 (Day), 1915 (Year)

FATHER		MOTHER	
FULL NAME	George O Wallace	FULL MAIDEN NAME	Madeline Winn
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel F Schmerthall M.D.

(Physician or Midwife)

Address Jerome Ida

Filed June 9 1916 E D Piper

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 39788
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lucille Olivia Wallace (Name on Original Certificate) who was born (Was Born or Died) on July 29 – 1915 (Date of Event) in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lucille Olivia Wallace

Subscribed and sworn to before me this 17th day of July 1942
C. A. Barney Probate Judge
~~Notary Public~~, residing at Twin Falls, Idaho
My commission expires
(Seal)

Signed Madelyn Agnes Wallace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1431 - 7th Ave. E. Twin Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July 1942
C. A. Barney Probate Judge
Notary Public, residing at Twin Falls, Idaho
My commission expires
(Seal)

Signed Patricia Blake
(Signature of Any Credible Person Other Than Previous Year)
244 - 5th Ave. E. Twin Falls, Ida
(Street Address, City, State)

JUL 20 1942

JUL 21 1942

JAN 29 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-223-022

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 102

File No. 39829

No. ..... St.

Primary Registration District No. 2178

Registered No. 117

Hospital .....

FULL NAME OF CHILD Irma Stowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	June 23 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David William Stowell	Frieda Elizabeth Spori
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Ogden Utah	Rexburg, Idaho
OCCUPATION	Business man	Teacher

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11:30 M. on the date above stated.

(Signature) J Walker

(Physician or midwife)

Address .....

Filed 5-12 1916 G G Espe

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

FEB 1 1 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643.125-022-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 44 File No. 39940

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Abraham L. Fuller

Sex of Child Male.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Dec 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Fuller	FULL MAIDEN NAME	Carry Rote
RESIDENCE	~~St Anthony~~ Henrys Lake	RESIDENCE	St Anthony
COLOR	White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Penn
OCCUPATION	U.S. Mail Carrier	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 10 1916 W D Wert

Registrar

Registrar

S-Y-CO 38071

APR 1 8 1945

366-229-022-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony.

Registration District No. 99

File No. 39941

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vera Joy Cooke

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm B. Cooke	FULL MAIDEN NAME	Myrtle Jenkins
RESIDENCE	St Anthony R.I.D.	RESIDENCE	St. Anthony R.I.D.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	23. (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 10 1916

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1962

APR 17 1975

Amended 6-2-61
PLACE OF BIRTH
157-1141-022-235

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Fremont
City of St. Anthony
No. ..... St.
Hospital .....

Registration District No. 99 File No. 39943
Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Joseph Elmo Jeppesen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Dec. 14, 1915

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Nelson Jeppesen	FULL MAIDEN NAME	Mildred Steele
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield
Physician (Physician or midwife)
Address .....

Give names added from a supplemental report.

....., 192.....
..... Registrar.

Filed April 10, 1916 W. B. West Registrar.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 39943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jeppson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 14, 1915 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record life policy (Bible Record, Insurance Policy, Etc.) prepared on September 28, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Joseph Elmo Jeppesen
Full Name of Father	Jos. B. Jeppson	Joseph Nelson Jeppesen

Subscribed and sworn to before me this 29th day of March, 1961

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires 1-26-63

(Seal)

Signed Mildred Steele Jeppesen
(Signature of parent ~~or attendant if~~ correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

176 N. 1 E. Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1961

Ray W. Rigby

Notary Public, residing at Rexburg, Idaho

My commission expires 1-26-63

(Seal)

Signed Keith F. Jeppesen
(Signature of Any Credible Person)

Route 2, Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2-6-61. one copy pd. receipt #11970.

Beneficial Life Insurance Policy, #172959, Sept. 28, 1937 gives full name as Joseph Elmo Jeppesen, December 14, 1915 at Rexburg, Idaho - age at time policy was taken out - 22 years old - beneficiares are given as Joseph N. Jeppesen, father and Mildred Emma Jeppesen, mother - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood, ordained a Deacon, Feb. 2, 1930 gives full name as Joseph Elmo Jeppesen - viewed by V.S.

L.D.S. Church Certificate of Ordination to the Holy Priesthood, ordained a Teacher, Feb. 7, 1932 gives full name as Joseph Elmo Jeppesen - viewed by V.S.

L.D.S. Church Certificate of Ordination in the Aaronic Priesthood, ordained a Priest, December 16, 1945 gives full name as Joseph Nelson Jeppesen - viewed by V.S.

Contract, Deed from the Fielding Memorial Park, Inc., Idaho Falls, Idaho dated April 10, 1940 to Joseph Nelson Jeppesen - buyer of 12 lots in Unit 33 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-231-022-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of St Anthony. Registration District No. 99 File No. 39944

No. ..... St.

Primary Registration District No. 2177. Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Ann Ackman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 31 1915.

FATHER		MOTHER	
FULL NAME	Jas Claude Ackman.	FULL MAIDEN NAME	Mary Sites.
RESIDENCE	St Anthony.	RESIDENCE	St A —
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kentucky.	BIRTHPLACE	Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 12:30 a M. on the date above stated.

(Signature) A. Morefield

(Physician or midwife)

Address .....

Filed Jan 10 1916 W. H. West Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

SEP 29 1967

846-120 1022-297

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99.

File No. 39945

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Bobby Huff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Dec 20 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Ray Huff	FULL MAIDEN NAME	Abigail Bigler
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Mosefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Apr 10 1916

W. Owens

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Bannock } ss.

Certificate No. 39945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Huff (Name on Original Certificate) who Was born (Was Born or Died) on December 20 1941 (Date of Event)
in Teton City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Huff	Reece Thorne Huff

Subscribed and sworn to before me this 1st day of June, 1942

A B Clark

Notary Public, residing at Pocatello Ida

My commission expires 6-20-42 (Seal)

Signed Charles Ray Huff (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

221 W Young St Pocatello Ida (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1942

A B Clark

Notary Public, residing at Pocatello Ida

My commission expires 6-20-42 (Seal)

Signed Aunt. Ann Dessa H. Wilcox (Signature of Any Credible Person Other Than Previous Year)

631-Fair View Ave Pampa Ida (Street Address, City, State)

JUN 4 1942

JUN 5 1942

.293-220-022-719

Amended 9-30-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 39946
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Teton

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Zelda

b. (Middle):

c. (Last): Silvester

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 20, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): James

b. (Middle):

c. (Last): Silvester

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): England

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary

b. (Middle): Jane

c. (Last): Gardner

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1916

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Official Record typewritten ribbon in completing this certificate. This certificate MUST be filed with the
the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
N OF VITAL STATISTICS, BOISE, IDAHO.

Notarized Photo Copy of Page, titled Births, from Family Bible, appears old and unaltered gives full name of one child as Zelda Silvester, born Dec. 20, 1915 - viewed by V.S. Own Child's Birth Certificate on file: (Idaho Birth) #326824 gives full maiden name of mother as Zelda Silvester - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #55-2176 gives full name as James Silvester- viewed by V.S.

STATE OF Idaho

COUNTY OF Madison

To Whom It May Concern:

I, Edith Silvester Simmons do hereby swear that the following statements are true as to the birth of Zelda Silvester.

1. Birth date: December 20, 1915
2. Birth Place: Teton City, Idaho
3. Parent's Names:

   Father James Silvester

   Mother Mary Jane Gardner
4. Age of person signing affidavit: 66 Years.
5. Reason of knowledge of this birth: I was present at time of Zelda Silvesters birth. I am her sister.

Signed Edith Silvester Simmons

Subscribed and sworn to before me this 12th day of September 1966.

Henry Dietrich
Notary Public

My Notary Commission expires April 16 1968.

795·212·022-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 39947

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Green

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth Dec 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilmer C Green	FULL MAIDEN NAME	Emma Hollingsworth
RESIDENCE	St Anthony	RESIDENCE	St A
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	5·3 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Nebr.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Mosfield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 10 1916

W D West

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

986.118.32-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Registration District No. 99

File No. 39948

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Denzle Ed. Rhodehouse

Sex of Child Male.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Dec. 18 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed C. Rhoudehouse	FULL MAIDEN NAME	Elnora Gardner
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Ida-
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed April 11 1916 W D Wax

Registrar

Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-112-022-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 39949

No. _____ St.

Primary Registration District No. 2177

Registered No. _____

Hospital _____

FULL NAME OF CHILD Raymond Burback

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec 12 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Burback	FULL MAIDEN NAME	Pauline Gropp
RESIDENCE	St Anthony R.I.D.	RESIDENCE	St A— R.I.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Morefield

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Apr 10 1916 W B West

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1944

MAR 2 9 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-115-022-664

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

39950

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Eugene Howard Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Morris	FULL MAIDEN NAME	Pearl Fourakes
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30/9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Apr 10 1916

W D West

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-128-022-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 39951

No. _____ St.

Primary Registration District No. 2177 Registered No. _____

Hospital _____

FULL NAME OF CHILD James Willis Lemmon.

Sex of Child Male. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth Dec. 28 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Lemmon.	FULL MAIDEN NAME	Emma Anderson.
RESIDENCE	St Anthony.	RESIDENCE	St Anthony.
COLOR	White AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 10 1916 W D West

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-129

PLACE OF BIRTH

022-856

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 39952

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Bevair Dredge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Dec 29 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Dredge.	FULL MAIDEN NAME	Esther Howard
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Apr 10 1916 [signature] Registrar

Registrar

5-Y-CO 36071

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Bowdrman
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Bowdrman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley Ida

4. **FULL NAME OF CHILD** Paul Hefner

5. Date of Birth of Child (Month, day, year) 29th Dec 1945

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Henry Dredge
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Malad City, Ida.
    (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Marilla Heward
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kaysville Utah
    (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age that I have known this person for 30 years, and that Dont Romber (First name) Marsfield (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Marilla Dredge Signature
Shelley Ida. P. O. Address

Subscribed and sworn to before me this 9th day of October, 1946

(SEAL)

M.L. Hirst Justice of Peace Notary Public, residing at Shelley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

582-211-001-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. — File No. 39971

No. ____ St. — Primary Registration District No. — Registered No.

Hospital St Alphonsus

FULL NAME OF CHILD Bertha Cleo Nyberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 11 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Alfred Nyberg	Cleo Margaret Anderson
RESIDENCE	Barber, Idaho	Barber Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Sweden	Lake City Minnesota
OCCUPATION	Machinist	Teacher

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Ralph Todd M.D.

(Physician or midwife)

Address

Filed Jan 26 1916 — E. J. Eaton, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
DO NOT WRITE IN MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1972

DELAYED

215-225-042-353

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rogerson

Registration District No. 40

File No. 39995

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Ethel Alice Sanders

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth July 25 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Oliver Sanders	FULL MAIDEN NAME	Lucy May Telford
RESIDENCE	Rogerson Ida	RESIDENCE	Rogerson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Washington Mo.	BIRTHPLACE	Oxford Kansas
OCCUPATION	Rancher.	OCCUPATION	House Keeper.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T O Sanders

Husband (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Rogerson Ida

Filed May 10 1916 N. A. Parrett Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 0 1976

219-128-040-385

PLACE OF BIRTH

County of Shoshone

City of _____ Registration District No. 70 File No. 40011

No. _____ St. Primary Registration District No. 1011 Registered No. 38

Hospital _____

FULL NAME OF CHILD Primo Baggiani

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 28 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Pete Baggiani	Consolina Chiesa
RESIDENCE	Black Bear	Black Bear
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 28th 1915 at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Pietro Baggiani
(No Physician present)
(Physician or midwife)

Address Black Bear Idaho

Filed JUN 1 1916 F Leo Langley Registrar

S-Y-CO 38071

JUN 10 1942

US	1365
MB	1135
WB	5390
Stewart	2500

912 -105 -003 -259

Form V. S. No. 11-C—25m-1-1-18

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Twin

No. ..... St.

Hospital .....

Registration District No. .....

File No. 40021

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD LeRoy Rasmussen

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—		one	Yes	Nov. 5 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Rasmussen	FULL MAIDEN NAME	Myrtle Irene Knight
RESIDENCE	Turner Idaho	RESIDENCE	Turner, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Lago, Idaho	BIRTHPLACE	Blackfoot Ida
OCCUPATION	Farmer	OCCUPATION	domestic

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Potter MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Grace, Idaho

Filed Nov 19 15

Registrar

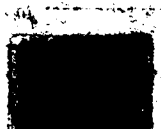
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



366-127-028-236

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 12 File No. 40039

Primary Registration District No. 2051 Registered No. 866

FULL NAME OF CHILD Jack McKenzie Cowie

Sex of Child male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sep. 27. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H. Cowie	FULL MAIDEN NAME	Myrtle E. Stone
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white AGE AT LAST BIRTHDAY 43 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Kans.
OCCUPATION	Baker	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.45 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Ida.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed 6/10 1916 D D Drennan
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1942

285-125-028-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 40040

No. ..... St.

Primary Registration District No. 2051 Registered No. 865

Hospital .....

FULL NAME OF CHILD George William Shepard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sep. 25, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton C. Shepard	FULL MAIDEN NAME	Edith L. Howell
RESIDENCE	Post Falls - R.F.D.	RESIDENCE	Post Falls - R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum Idaho

Given names added from a supplemental report.

..... 19.....

Filed 6/10 1916 D D Drennan

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-124-028-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 40041

No. ..... St.

Primary Registration District No. 2051 Registered No. 864

Hospital .....

FULL NAME OF CHILD John Monroe Hodge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sep. 24, 1915

FATHER		MOTHER	
FULL NAME	Robert C. Hodge	FULL MAIDEN NAME	Myrtle Greer
RESIDENCE	Post Falls R.F.D.	RESIDENCE	Post Falls R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	N.C.	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Idaho

Filed 6/10 1916 D D Drennan

Registrar

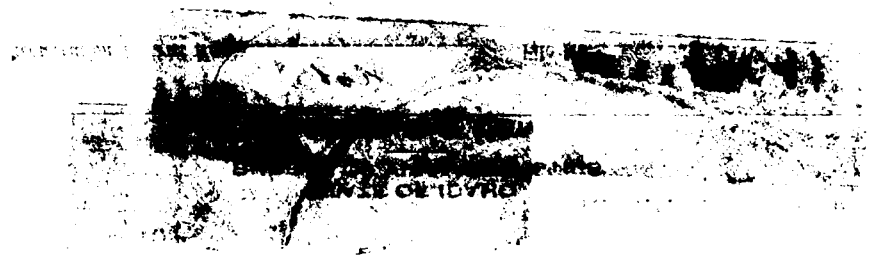
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



195·120·028+43

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 12 File No. 40042

Primary Registration District No. 2051 Registered No. 863

FULL NAME OF CHILD John William Arnold

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Sep. 20. 1915

FATHER		MOTHER	
FULL NAME	Ralph Don. Arnold	FULL MAIDEN NAME	Gertrude Amley
RESIDENCE	Hayden Lake	RESIDENCE	Hayden Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Rathdrum, Ida

Filed 6/10 1916 D D Drummond
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-431-816-628-259

Amended 11-3-61

(Be sure the information is complete and accurate)

State File No. 40043
Local Reg. No. 862
Reg. Dist. No. 12

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lorraine

b. (Middle): Frances

c. (Last): McAlpine

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 16, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): Donald

b. (Middle):

c. (Last): McAlpine

8. COLOR OR RACE: White

9. AGE (At time of this birth): 19 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mich.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Romania

b. (Middle): C.

c. (Last): Keiber

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mich.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Frank Wenz

18c. ADDRESS: Rathdrum, Ida.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 6/10/1916

20. REGISTRAR'S SIGNATURE: D.D. Drennan

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY | 22b. WEIGHT AT BIRTH | 23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 12 File No. 40043

Primary Registration District No. 2051 Registered No. 862

FULL NAME OF CHILD Lawrence Francis McAlpine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep. 16. 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donald McAlpine	FULL MAIDEN NAME	Romania C. Keiler
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum, Ida.

_____ 19____

Filed 6/10 1916 D D Drumm
Registrar

S-Y CO. 24655

NOV 3 1961

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 40043

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lawrence Francis McAlpine (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1915 (Date of Event) in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Lawrence Francis McAlpine	Lorraine Frances McAlpine
Sex of child	Male	Female

Subscribed and sworn to before me this 16 day of Sept, 1959

Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1960
(Seal)

Signed Lenora A. McAlpine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
125 E 2nd Butte Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SAN FRANCISCO }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1960

M. N. SMITH

Notary Public, residing at SAN FRANCISCO CALIFORNIA
My commission expires .....
(Seal) My Commission Expires Sept. 21, 1964

Signed Mrs. G. A. Conklin (Mother)
(Signature of Any Credible Person)
53 Toledo Way
(Street Address, City, State)
San Francisco 23 - Calif

FORM DPH 55. 155

2 documents which gives her full name

University of Idaho, Moscow, Idaho Grade Transcript, gives full name of student as Lorraine Frances McAlpine, born Sept. 16, 1915 at Rathdrum, Idaho - father, Donald McAlpine - mother, Margaret (Hayes) McAlpine. School years of 1933 through 1936. - viewed by V.S. in 1961.

Cert. of Baptism shows full name & sex of child, August 1, 1923 - viewed by V.S. in 1957. -

State of Wyoming, Notification of Birth Registration, No. 1944-4920, child born November 21, 1944 at Cody, Wyoming to John Trythall and Lorraine Frances McAlpine - viewed by V.S. in 1961. (Trythall)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259.102.044575

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40105

Registration District No. 58

File No. _____

Primary Registration District No. 2164

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 2 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Knight	FULL MAIDEN NAME	Edna Van Hoy
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	House wife -

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) C E Schmutz

M.D.

(Physician or midwife)

Address Cambridge Ida

Filed June 30 1916 C E Schmutz Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-130-0[illegible]

PLACE OF BIRTH

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]-1-1-13

40137

County of Power

City of Crystal

No. ..... St.

Hospital .....

Registration [illegible] No. 84 File No. 22

Primary Registration District No. 2161 Registered No. 1104

FULL NAME OF CHILD Lloyd Paul Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 30 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Paul Leroy Martin	FULL MAIDEN NAME	Ethel Irene Lloyd
RESIDENCE	Crystal	RESIDENCE	Crystal
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denver Colo.	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal Idaho

Filed Apr 28, 1916 O. P. Steely Registrar

Registrar

S-Y CO. 24656

165·127·039

PLACE OF BIRTH

Form V. S. No. 19—[illegible]

[illegible] STATISTICS

CERTIFICATE OF [illegible]

40138

County of Rower

City of Pauline

Registration District No. 84 File No. 22

No. ..... St.

Primary Registration District No. 2161 Registered No. 1105

Hospital .....

FULL NAME OF CHILD William Elizah Jones.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	9 (Month) 27 (Day) 1916

FATHER		MOTHER	
FULL NAME	William Newton Jones	FULL MAIDEN NAME	Eva Grace Jones
RESIDENCE	Pauline	RESIDENCE	Pauline
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lind County Kan.	BIRTHPLACE	Dayton Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal Idaho

Filed Apr 28, 1916 O. P. Steely

Registrar Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-213-006-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] OF IDAHO
BU[redacted]ITAL STATISTICS
CER[redacted]TE OF BIRTH

40139

County of Bingham

City of Ranch

Registration District No. 84 File No. 23

No. ..... St.

Primary Registration District No. 2161 Registered No. 1606.

Hospital

FULL NAME OF CHILD Bessie Leta Harrington

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			3	yes	6 (Month) 13 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond T. Harrington	FULL MAIDEN NAME	Leta W. C. Hanson
RESIDENCE	Wapello, Ida	RESIDENCE	Wapello, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Hoover, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho

Filed May 14 1916 O B Steely

Registrar

Registrar

S-Y-CO 38071

K

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

[redacted]

MAR 26 1964

SEP 1 1975

DECEASED

242-125-003-493

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 840 So. Main St.

Hospital General

STA[redacted]O
BUREAU C[redacted]TISTICS
CERTI[redacted]TH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 84 File No. 23 40140

Primary Registration District No. 2161 Registered No. 1107

FULL NAME OF CHILD William Nelson Bischof

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 25 1915

FATHER		MOTHER	
FULL NAME	George H. Bischof Jr.	FULL MAIDEN NAME	Katherine Ritts
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska City, Nebr.	BIRTHPLACE	Aspen Colo.
OCCUPATION	Civil engineer	OCCUPATION	none

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M., on the date above stated.

(Signature) Dr. W. A. Wright

attending Physician (Physician or midwife)

Address Pocatello Idaho

Filed May 3, 1916

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TE OF IDAH
F VITAL ST
ICATE OF BI

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 6 11 48 AM '75

State of ..... } ss.
County of .....

Certificate No. 40140

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bischof (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 25, 1915 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William Nelson Bischof

NADINE FRAKES
GENERAL NOTARY
State of Nebr.
My Commission Expires
June 13, 1976

Subscribed and sworn to before me this 1st day of May, 1975

Nadine Frakes

Notary Public, residing at Nebr City Nebr

My commission expires June 13-1976

(Seal)

Signed X Katherine Bischof
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/18/75 nm

Honorable Discharge from the Army gives name as William Nelson Bischof. born April 25, 1915. date of Separation May 4, 1952. viewed by V. S.

Application for membership in the Travelrs Protective Assoc. of America gives name as William N. Bischof. born April 25, 1913. dated May 27, 1958. viewed by V. S.

MAY 23 1975

799-102-003-417 NAME ADDED 7-20-88 dl

PLACE OF BIRTH - Date of birth amend 7-29-88 dl

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40150

County of Bannock

City of Pocatello

Registration District No. 84 File No. 22

No. 442 E Hayden St.

Primary Registration District No. 216 Registered No. 1103

Hospital

FULL NAME OF CHILD. Gaetano Joseph Gianchetta

Sex of Child	Twin, Triplet, other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	1	yes	Nov 1 1915

FATHER	MOTHER
FULL NAME Giuseppe Gianchetta	FULL MAIDEN NAME Caterina D'Agnilli
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Merchant	OCCUPATION Merchant

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Steely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed May 10, 1916 O P Steely

.....
Registrar

8-Y CO. 20174

.....
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-7-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 40150
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 2, 1915 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed	Gaetano Joseph Gianchetta
Date of Birth	Nov 2, 1915	Nov 1, 1915

Subscribed and sworn to before me this 20 day of July, 1958

Notary Public, Teresa L. Cleverly

Residing at Boise Idaho

My commission expires April 3, 1991

(Seal)

x x Gaetano Joseph Gianchetta
Signature of Applicant

x 1250 Ashment Dyst D8
Street Address, City, State

Idaho Falls Idaho 83404

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary x)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

Certificate of Baptism from St Anthonys Church in Pocatello lists Gaetano Joseph Gianchetta was born in Pocatello on Nov 1, 1915 to Joseph Gianchetta and Catrina D'Agnilli and was baptised Nov 12, 1915. Viewed by v.S.

JUL 19 1988

Birth Certificate for Kim Gianchetta born April 2, 1956 in Idaho Falls to Gaetano J. Gianchetta and Geneva M Leonardson. Viewed by V.S.

Insurance policy lists Gaetano J Gianchetta born Nov 1, 1915 as insured dated Dec 1, 1956. Viewed by V.S.

313-131-003-1[redacted]

PLACE OF BIRTH [redacted] No. 11-C—20m-8-15-12

B[redacted]

40152

County of Bannock

City of Pocatello

No. 565 W. Center St.

Registration District No. 84 File No. 20 (24)

Primary Registration District No. 2161 Registered No. 483 (1163)

Hospital

FULL NAME OF CHILD Kenneth Andrew Tallmadge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 31 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Don Tallmadge	FULL MAIDEN NAME Bell Andrews
RESIDENCE 565 W Center	RESIDENCE 565 W. Center
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Fairmont Nebraska	BIRTHPLACE Logan Utah
OCCUPATION Clerk Murphey Cigar Co	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolwine Woolwine

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed 2-18-1916 [illegible]

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1943

FEB 6 1945

MARGIN RESERVED FOR BINDING

[illegible]RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] Form V. S. No. 11-C—[illegible]

[illegible] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40156

County of Bannock

City of Pocatello

No. 1436 N. Gar St.

Hospital

Registration District No. 84 File No. 24

Primary Registration District No. 2161 Registered No. 1192

FULL NAME OF CHILD Lloyd B. Eason.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Dec 3 [illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	D. C. Eason	FULL MAIDEN NAME	Magdalena Bell Eason
RESIDENCE	1436 N. Garfield	RESIDENCE	1436 N. Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ga.	BIRTHPLACE	Mobile Ala.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

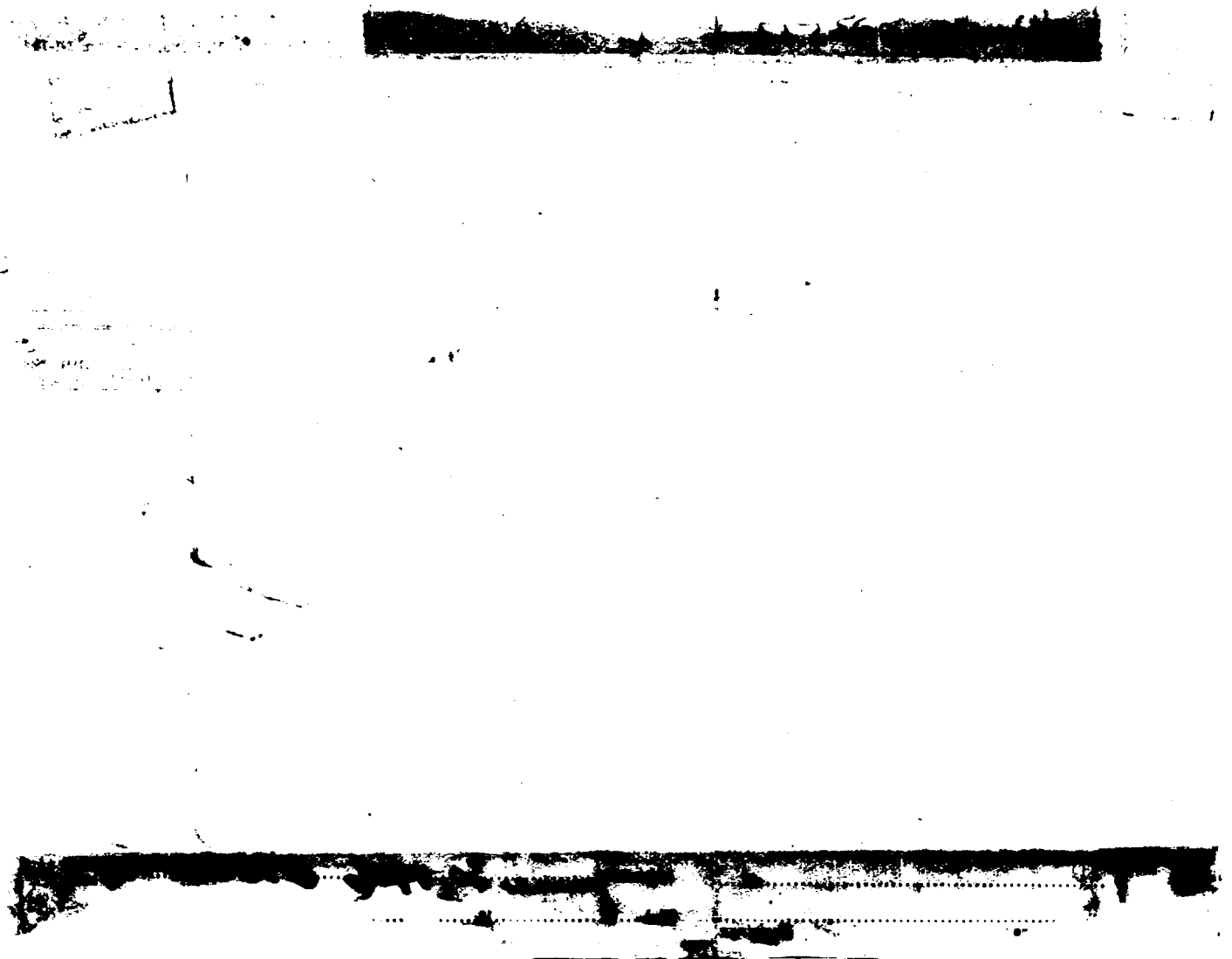
I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Pocatello (Physician or midwife)

[illegible]



295-118-034-718

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STA[redacted]HO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Minidoka

No. _____ St.

Hospital _____

Registration District No. 19

File No. 40292

Primary Registration District No. 2201

Registered No. 85

FULL NAME OF CHILD Oscar Ernest Binstaler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) - 18 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Binstaler	FULL MAIDEN NAME	Anna Pahl
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Lizzie Grifton
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Minidoka

Filed 6-30 1916 E H Elmore
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-711-042-695

Form V. S. No. 11-C—25m-1-1-13

[redacted]CE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen Ida.

No. ..... St.

Hospital Home.

Registration District No. 37

File No. 40403

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Jessie B. Strong	FULL MAIDEN NAME	Dora Winan
RESIDENCE	Hansen Ida.	RESIDENCE	Hansen. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lyman. Wyo.	BIRTHPLACE	Coldston Alberta Canada
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Duncan L. Alexander

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida.

Filed 6 20 1916 J. Laughen Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-204-042-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Twin Falls~~

No. Ida. St.

Hospital Home.

Registration District No. 37

Primary Registration District No. 2085

File No. 40404

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 4 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Ira A Bean	FULL MAIDEN NAME	Lulu Presnell
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lenoir N. C.	BIRTHPLACE	Lenoir N. C.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9-16 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Duncan L. Alexander

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida.

Filed 6-20 1916 J. F. Coughlin Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-110-042-619

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 40450

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD FARIS HUBERT GIBBS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Yes	11 (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Howard C. Gibbs	FULL MAIDEN NAME	Carrie Farris
RESIDENCE	Rogerson Ida.	RESIDENCE	Rogerson Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Leamilo Ill.,	BIRTHPLACE	Tino Ill.
OCCUPATION	Lumber Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-16 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. Duncan C. Alexander

Physician (Physician or midwife)

Address Twin Falls Idaho

Filed 6-20 19 16 H. Coughlan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 40450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 10, 1905 (DATE OF EVENT) in Twin Falls, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not given	Janis Hubert-Gibbs

Subscribed and sworn to before me this 6th day of February, 19 42.

Dorothy M. Gray
Notary Public, residing at Burley, Idaho
My commission expires Oct. 26, 1943
(SEAL)

Signed Carrie B. Gibbs
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
312 6th Ave. So. Nampa
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Feb., 19 42.

Dorothy M. Gray
Notary Public, residing at Burley, Idaho
My commission expires Oct. 26-1943
(SEAL)

Signed Howard P. Gibbs
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
312 6th Ave So. Nampa, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 6 1942

APR 1 1 1972

165-228'04 [redacted]

Form [illegible] No. [illegible]-C—20m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida.

No. Colorado Rooms St.

~~Hospital~~ Home.

Registration District No. 37

File No. 40451

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes.	10 (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Arthur J. Janes	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Leoiata Kansas	BIRTHPLACE	Oakley Ida.
OCCUPATION	Auto Mechanic	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8/40/A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Duncan L. Alexander

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida.

Filed June 2 1916 J. F. Laughen Registrar

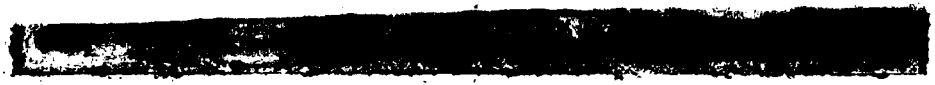
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



251-211-042-4 19

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

Registration District No. 37

File No. 40471

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

~~Hospital~~ Home

FULL NAME OF CHILD MAY BEATTY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 11 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Harold Beatty	FULL MAIDEN NAME	Elizabeth Marlyn
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iola Kansas	BIRTHPLACE	Pierpont S Dakota
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3-10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Dr. Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls Ida.

Filed 6-20 1916 J. F. Coughlin Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Orange

Certificate No. 40471

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for May Beatty (Name on Original Certificate) who born (Was Born or Died) on Dec. 11, 1915 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Dec. 16, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	[redacted] May Beatty

Subscribed and sworn to before me this 7th day of July 1942

Notary Public, residing at Anaheim, Calif.

My commission expires My Commission Expires September 25, 1945
(Seal)

Signed J. K. Beatty, Father
Elizabeth Beatty, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3 Box 38, Anaheim, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July 1942

Notary Public, residing at Anaheim, Calif.

My commission expires My Commission Expires September 25, 1945
(Seal)

Signed J. D. Beatty (Grandfather)
(Signature of Any Credible Person Other Than Previous Year)

508 East Chapman, Fullerton, Calif.
(Street Address, City, State)

JUL 9 1942

[redacted] 97

Form V. S. No. 11-C-25m-1-1-18

County of [redacted]

City of Meadow [redacted] Registration District No. _____ File No. 6814

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edwin August Kroll

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			Yes.	Dec 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Victor Kroll	Lutincy Evangeline Rigdon
RESIDENCE	Meadow	Meadow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Germany.	Meadow
OCCUPATION	Farmer.	home wife

Number of child of this mother, including present birth second

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) [illegible]

(Physician or midwife)

Address Council, Ida

Filed Dec 19 15 [illegible]

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-1191 002-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No. _____ File No. 40816

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD James Robert Bayne.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 19 1915

FATHER		MOTHER	
FULL NAME	Oscar Sampson Bayne	FULL MAIDEN NAME	Katherine Lowcretia Mitchell
RESIDENCE	New Meadows, Idaho	RESIDENCE	New Meadows, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pony, Montana.	BIRTHPLACE	Meadows, Idaho.
OCCUPATION	Farmer.	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth Second birth Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 9 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louisa Mitchell

Niether. Mrs Bayne's mother.
(Physician or midwife)

Given names added from a supplemental report.

Address New Meadows, Idaho.

..... 19.....

Filed Dec 1916 R T Wickman

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1975

417-223-01X-655

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted]

County of Canyon

City of Homedale

No. _____ St.

Hospital _____

Registration District No. 107 File No. [redacted]28

Primary Registration District No. 2195 Registered No. _____

FULL NAME OF CHILD Magee.

Sex of Child Female.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth Mch. (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wallace Magee.	FULL MAIDEN NAME	Thelma Fenrich.
RESIDENCE	Homedale.	RESIDENCE	Homedale Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22. (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin MD.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Sent in by Mrs Martin

Filed After Dis death

_____ Registrar

_____ Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DELAYED received July 1916

214-115-037-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Registration District No. .....

File No. 40830

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Sauer, Clean Charles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	Jan. (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John F. Sauers.	FULL MAIDEN NAME	Augusta M. Davison.
RESIDENCE	Homedale.	RESIDENCE	Homedale.
COLOR	white	COLOR	white.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota.
OCCUPATION	Blacksmith	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

Homedale (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sent in by Mrs Martin after

Filed July 1916 19..... Dr Martin's death

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Amended 6/23/72

864-2160-037-349

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 40832
Local Reg. No.
Reg. Dist. No. 107

1. PLACE OF BIRTH
a. COUNTY: Owyhee
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Homedale
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Homedale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Marjorie
b. (Middle): Averil
c. (Last): Young

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 10, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): D.
c. (Last): Young

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

10. USUAL OCCUPATION: Carpenter

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mildred
b. (Middle): B.
c. (Last): Turner

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. E. Martin, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May, 1915

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR IN THE DISTRICT WHERE THE BIRTH OCCURRED
correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } JUN 12 4 03 PM '72 Certificate No. 40832

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Marjorie Averil Young (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1915 (Date of Event)

in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	March 11, 1915	March 10, 1915

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Mildred B. Young

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

14136 - Friar St. Van Nuys, California

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 72

Catherine Rosebrush

Notary Public, residing at Burbank, Calif.

My commission expires 3-7-

(Seal)

OFFICIAL SEAL
Catherine Rosebrush
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires March 7, 1973

Signed Elizabeth E. Robson

(Signature of Any Credible Person)

2514 Creemore Drive

(Street Address, City, State)

Tujunga, Calif 91042

FORM DH 60-155 5/4/72 nm

Application to the New York Life Ins. Co. gives name as Marjorie Averil Young born March 10, 1915 at Homedale, Idaho. Dated Oct. 16, 1934. Viewed by V. S.

School Transcript for Marjorie Young dated 9-10-29, Graduated Jun 14, 1933. Gives birth date as 3/10/15/ Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STRE... YAM

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—[illegible]

County of Dwyhie

City of Homedale

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 107 File No. 40832

Primary Registration District No. 2205 Registered No. .....

FULL NAME OF CHILD Marjorie Averil Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	March 10th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John D. Young	FULL MAIDEN NAME	Mildred B. Turner
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sent in by Mrs Martin after Doctor's death

Filed ..... Registrar

Registrar

S-Y CO, 20174

[redacted]

MAY - 3 1972

JUL 10 1972

JUN 23 1972

DELAYED received July 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-19-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40860

City of Blackfoot Registration District No. 121 File No.

No. St. Primary Registration District No. 2194 Registered No. 26

Hospital

FULL NAME OF CHILD Phyllis Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 22 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	George H Clark	FULL MAIDEN NAME	Louise Parker
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	St Charles Idaho	BIRTHPLACE	Bennington Idaho
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C Clark

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Feb 17 1916 M. E. Patrick Registrar

S-Y CO. 20174

[redacted]

JUL 30 1957

695-210-006-867

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

40867

County of Bingham

City of Blackfoot, Idaho

No. Gwalund St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 6

Hospital

FULL NAME OF CHILD Lillie Trego died

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 10 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Harry Trego	FULL MAIDEN NAME	Minnie Hopkins
RESIDENCE	Blackfoot, Idaho # 4	RESIDENCE	Blackfoot, Idaho # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb 5 1916 W. E. Stokes

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

366 125 006-895

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside

No. Idaho St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 40887

Registered No. 32

FULL NAME OF CHILD PERCIVAL EDGAR LOWE ~~not named~~

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate?	Date of Birth: Dec (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Leonel RUFUS Lowe	FULL MAIDEN NAME	Celia Hing
RESIDENCE	Riverside Idaho	RESIDENCE	Riverside Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	South Africa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Midwife (Physician or midwife)

Address Blackfoot

Given names added from a supplemental report.

19

Registrar

Filed Mch 19 1916 M E Patrick Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-102-023-613

PLACE OF BIRTH

County of Gem

City of Emmett

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 6 File No. 41036

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	7/2/1916

FATHER

FULL NAME Luther Olives Philipsa

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Emmett Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Margaret Edna Walcott

RESIDENCE Emmett

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Wyoming

OCCUPATION Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 7/14 19 16 J. L. Reynolds Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-127-005-554

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmit

Registration District No. 32 File No. 41348

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vernon Howard Knickerbocker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth May (Month) 27 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Edwin A Knickerbocker	FULL MAIDEN NAME	Emelia Endres
RESIDENCE	Desmit	RESIDENCE	Desmit
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Collard

Phy. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Desmit in 1915.

Filed Aug 8 1916 by Father H E Hunt Registrar

..... Registrar

S-Y-CO 38071

692-725-032-244

[redacted]

n V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 41560

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD John Budd Wise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	July 25 1917

FATHER

FULL NAME Joseph a Wise

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eva a Budd

RESIDENCE Jerome

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Idaho

Filed May 22 1918 E. D. Piper M. D. Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1976

Rivrdale, California
Feb. 17-1941.

Dept. of Public Welfare
Boise, Idaho.

Gentlemen,

I am very grateful to you for the corrections made in the birth certificates but am asking one further change. This boy was born about 2 A. M. rather than at 6 P. M. If the hour was indicated on the other certificate I overlooked this error. I think this can be changed quite easily and please make the correction on the permanent record, also.

I thank you for this additional favor.

Yours sincerely,

Eva A. Wise

56 [redacted]

11-C-[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Registration District No. 29 File No. 41626

Primary Registration District No. 1050 Registered No. 32

FULL NAME OF CHILD Mary Alice Katherine Voelker

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	Yes	June 27 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arnold E. Voelker	FULL MAIDEN NAME	Viola M. Fallan
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wis.	BIRTHPLACE	Wis
OCCUPATION	Manager Theatre	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Phys.

(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Ida

_____ 19__

Filed 8-21 1916

_____ Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 24 1942

863-204-025-367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ~~White~~ Spring Camp

Registration District No. _____ **File No.** 41632

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD Blanche Hollingsworth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	3	yes	Nov (Month) 4 (Day) 1915 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Oscar Hollingsworth	Madgie Logan
RESIDENCE	Spring Camp	Spring Camp
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE		
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) no midwife or physician

(Physician or midwife)

Given names added from a supplemental report.

Handed in by neighbor

19 Address

Filed Nov 1915 W A Foskett

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Handed in from the distances

355-229-026-533

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. R.F.D. #1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 41709

Primary Registration District No. 2176 Registered No. 292

FULL NAME OF CHILD Leola Vilate Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl				Oct. 29 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Henry Lee	FULL MAIDEN NAME	Mariam Vilate Ellsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	light	COLOR	dark
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

(Signature) Dr. A. M. Palmer

Physician (Physician or midwife)

Address Rigby

Filed Sept 10 19 16 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1969

144-130-006291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 41800

Primary Registration District No. 2194 Registered No. 62

FULL NAME OF CHILD William Clyde Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eduard Leslie Judd	FULL MAIDEN NAME	Ada Margruet Kraak
RESIDENCE	Springfield Idaho	RESIDENCE	Springfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 930 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W A Edwards

Acting Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed May 3 1916 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-023.006.464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bergfoot

No. 20 Shilling St.

Registration District No. 121

File No. 41826

Primary Registration District No. 1007

Registered No. 74

Hospital

FULL NAME OF CHILD Unnamed Grimaud

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
			Yes	Dec 23 1915 (Month) (Day) (Year)

FATHER

FULL NAME Adrain Grimaud

RESIDENCE Bergfoot

COLOR W AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE France

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Avelina Doutre

RESIDENCE Bergfoot 20 Shilling Ave

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE France

OCCUPATION Housewife

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed May 18 19 16 M. E. Patrick

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-2[illegible]-1-1-1[illegible]

County of Gem

Village City of Pearl

Registration District No. 12 File No. 41880

No. ..... St.

Primary Registration District No. 2019 Registered No. 79

Hospital .....

FULL NAME OF CHILD David Rush DeLamater

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Oct (Month) 9 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	J. V. DeLamater	FULL MAIDEN NAME	Agnes Mae Von Harten
RESIDENCE	Pearl	RESIDENCE	Pearl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minneapolis Minn	BIRTHPLACE	Des Moines Ia
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. DeLamater

~~(Physician or midwife)~~

Given names added from a supplemental report.

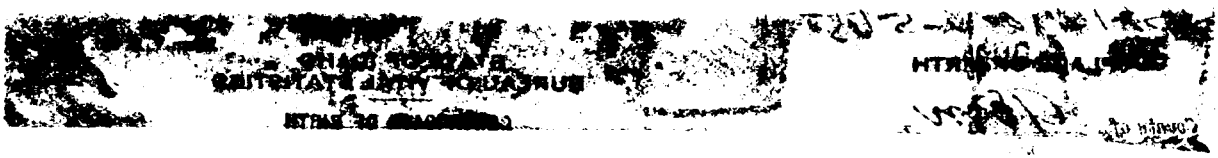
..... 19.....

Address Pearl

Registrar

Filed Sept 10 1916 May Fitz Deputy Registrar

S-Y GO. 24656



154-127-014-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. _____ St.

Hospital _____

Registration District No. 4

File No. 42079

Primary Registration District No. 1008

Registered No. 29

FULL NAME OF CHILD Donald Gregory Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 27 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. C. Anderson	FULL MAIDEN NAME	Aldula Gregory
RESIDENCE	Owyhee County - Oregon	RESIDENCE	Owyhee County, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed Sep 22 1916 J. C. Woodward Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1993

45-3-129-014-864

PLACE OF BIRTH

amended Jan. 5, 1978

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. _____ File No. 42080

No. _____ St.

Primary Registration District No. _____ Registered No. 30

Hospital _____

FULL NAME OF CHILD Jack Lee Welsh

Sex of Child Male | Twin, Triplet or other? _____ and Number in order of birth _____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. (Month) 29 (Day) 1915 (Year)

FATHER	MOTHER
FULL NAME John Welsh	FULL MAIDEN NAME Lydia Young
RESIDENCE Winnemucca, Nevada	RESIDENCE Winnemucca, Nevada
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Idaho
OCCUPATION Chauffeur	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. K. Avery

Physician

(Physician or midwife)

Address Payette Idaho

Filed Sep 22 1916 J. C. Woodward Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 20 12 25 PM '77

Certificate No. 42080

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John S. Welch, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1915 (Date of Event)
in Canyon, County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	John S. Welch, Jr.	Jack Lee Welsh
father's last name	Welch	Welsh
Birth Place	Canyon Co	Payette
Birth Date	December 30, 1915	December 29, 1915

Subscribed and sworn to before me this 17th day of December, 19 77

Notary Public, residing at Washington County

My commission expires Life

(Seal)

Signed X Louise Elizabeth Welsh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

54 Pioneer Rd - Weiser Id 83672
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 19 77

Notary Public, residing at Weiser, Idaho

My commission expires Life

(Seal)

Signed X Esther P. Shurtleff
(Signature of Any Credible Person)

Rt 1 Box 285 Payette Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7/26/73 | CC order # 21644

Insurance policy issued by Beneficial Life Insurance Company to Jack Lee Welsh born December 29, 1915 in Payette, Idaho. viewed by V.S. Lists name of father as John S. Welsh.

JAN 10 1978

Original application for a social security number lists name as Jack Lee Welsh, born December 29, 1915, in Payette, Idaho to John S. Welsh and Lidia Young. Application is dated November 29, 1937

viewed by V.S. December 6, 1977

356-104-003-866

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 42329

No. ..... St.

Primary Registration District No. 2047 Registered No. 227

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F & M			2	Yes	12-4-1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Marvin Lewis	FULL MAIDEN NAME	Camen M Howell
RESIDENCE	Ex. d.	RESIDENCE	McCammon Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ex. d.	BIRTHPLACE	Clifton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

McCammon Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Alice Kirkley Registrar

Address .....

Filed Oct 10, 1916 Alice Kirkley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

356-204-003-866

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

Name added 9-4-79

City of McCammon

Registration District No. 11 File No. 42330

No. ....., ... St.

Primary Registration District No. 2047 Registered No. 228

Hospital .....

FULL NAME OF CHILD MARIE LEWIS

Sex of Child	Twin, ~~Triplet or other?~~ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	yes	Dec 4 1915

FATHER		MOTHER	
FULL NAME	Marion Lewis	FULL MAIDEN NAME	Queen Howard
RESIDENCE	Oxford,	RESIDENCE	McCammon
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Cooper

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19....

Address McCammon, Id

Filed Oct 19 1916 Elias Kearney Registrar

Elias Kearney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

SEP 4 9 53 AM '79

State of _____ } ss.
County of _____

Certificate No. 42330
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Lewis (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 4, 1915 (Date of Event)

in McCammon (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Marie Lewis

Subscribed and sworn to before me this 31 day of August 1979.

Notary Public, ATHALIA DRISKILL
Residing at 17656 Cumana Center Drive San Diego Ca 92128
My commission expires _____
(Seal)

OFFICIAL SEAL
ATHALIA DRISKILL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Dec. 7, 1982

Marie Lewis Fereday
Signature of Applicant

17656 Cumana Terr. San Diego Ca. 92128
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of August 1979.

Notary Public, ATHALIA DRISKILL
Residing at 17656 Cumana Center Dr San Diego Ca 92128
My commission expires _____
(Seal)

OFFICIAL SEAL
ATHALIA DRISKILL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Dec. 7, 1982

Maurice Lingham
Supporting Signature

17656 Cumana Terr. San Diego Ca 92128
Street Address, City, State

Telephone call 8-28-79 Correction Corresp.

Certificate of Blessing issued by the L. D. S. Church, Recorded in the Oxford Ward Book C # 269 gives name as Marie Lewis, daughter of Marion and Carmen Ann Howell born December 4, 1915 in Robin, Idaho. Blessed Feb. 6, 1916. Viewed by V.S.

Voter Registration gives name as Marie Lewis Fereday born in Idaho on Dec. 4,1915 Registration # A 131901 issued Feb. 19, 1966, Santa Clara County, California. Viewed by V.S.

393.214.003-462

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. _____ St.

Hospital _____

Registration District No. 11 File No. 42332

Primary Registration District No. 2047 Registered No. 230

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	—	—	Yes	11 (Month) - 14 (Day) - 1915 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Arthur Lillitson	FULL MAIDEN NAME	Silva Moss
RESIDENCE	McCammon — Ida	RESIDENCE	McCammon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	McCammon. Ida	BIRTHPLACE	Portage. Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address McCammon Idaho

Filed Oct 19 1916 [signature] Registrar

[signature] 19 Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-113-003-731

Form V. S. No. 11-C-[illegible]

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

CERTIFICATE OF BIRTH

43553

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 947 W. Clark St.

Hospital

Registration District No. 84 File No. 26

Primary Registration District No. 2161 Registered No. 7260

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Sept 13 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis D. Vigno	FULL MAIDEN NAME	Helen Plasky
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Poland
OCCUPATION	Saw Filer R.R.	OCCUPATION	H Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Pocatello, Idaho

Filed Sept 15 1916 O. B. Bunch Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

693-208
OF BIRTH
089-349

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 43815

St.

Primary Registration District No. 2133 Registered No. 1100

Hospital

FULL NAME OF CHILD Wilma Juanita Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 8 1925

FATHER		MOTHER	
FULL NAME	James Wilson	FULL MAIDEN NAME	Bessie Turnbull
RESIDENCE	Eagle	RESIDENCE	Eagle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or dead) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Clark neighbor (Physician or midwife)

Address Eagle

Given names added from a supplemental report

.....19.....

Filed Dec 8 1926 M McKinnon Registrar

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

One copy 10/28/40 L.B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-125-042-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36

File No. 44068

No. _____ St.

Primary Registration District No. _____

Registered No. 47

Hospital _____

FULL NAME OF CHILD Wm Thadeus Hall

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov (Month) 25 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Wm C Hall	FULL MAIDEN NAME	Nellie A Whitworth
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tenn.	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Murtaugh Ida

Filed Dec 19 15

Registrar

Registrar

S-Y-CO 38071

305-126-1099-795

Amended 3-27-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 44693
Local Reg. No. 1060
Reg. Dist. No. 78

1. PLACE OF BIRTH

a. COUNTY: Bonner

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonner

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Omar b. (Middle): Doyle c. (Last): Laverty

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) June (Day) 26, (Year) 1915

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): W c. (Last): Laverty

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Lancaster, Pa.

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Martha b. (Middle): Ellen c. (Last): Predmore

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Atlantic, Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. P. Stackhouse, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 11, 1916

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 14 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 44693

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Omar Doyle Laverty (Name on Original Certificate) who was born (Was Born or Died) on June 26, 1916 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Maggie Guthrie	Martha Ellen Predmore
Child's Date of Birth	June 26, 1916	June 26, 1915

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of December, 1966.

Verle L. Miller

Notary Public, residing at 5420 Morrison Rd

My commission expires DEC 30 1969

(Seal)

Signed Edna Mae Largent
(Signature of Any Credible Person)

6950 W. Mississippi Ave.
(Street Address, City, State)
Denver Colorado

FORM DH 60-155

CL 10-31-66.

one copy pd. rec. #4315.

Geneology Record, gives on pt page 36 the full name of Martha Ellen Predmore, born May 11, 1881 at Atlantic, Iowa, married George Laverty, July 2, 1908 at Gering, Nebr. - on page 37 it gives the full name of Omar Doyle Laverty, born June 26, 1915 at Sandpoint, Idaho - viewed by V.S.

Statement from Mrs. Rose K. Coale, Secretary of Denver Public Schools, Denver, Colorado, dated Oct. 25, 1966 states "Omar Doyle Laverty was born June 26, 1915 in U.S. to George and Mattie Laverty - date entered school Sept. 9, 1925 - grade 3B, Lawrence School - viewed by V.S.

Statement from The Prudential Life Insurance Co., dated Feb. 6, 1967, No. D10 881 698, written by Mrs. Judith E. Howard, Assistant Office Supervisor states "We have insured Mr. Omar D. Laverty with our policy numbered D10 881 698 dated Deeember 4, 1939. His date ofbirth on this contract is June 26, 1915 - viewed by V.S.

Capitol Co-Operative Burial Association, Inc., policy no. 25-212, dated August 15, 1941 gives full names as George Laverty and Martha E. Laverty - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. Pence Roach

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10[illegible]

Registration District No. 78

File No. 44693

Primary Registration District No. 2155

Registered No. 1060

FULL NAME OF CHILD Omar Doyle Laverty

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	June (Month) 26 (Day) 1916 (Year)

FATHER		MOTHER	
FULL NAME	George W Laverty	FULL MAIDEN NAME	Maggie Guthrie
RESIDENCE	Sandpoint	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lancaster Pa.	BIRTHPLACE	Atlantic Ia.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Stackhouse

MD (Physician or Midwife)

Address Sandpoint

Filed Sept 11 1916 M McKinnon Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

MAR 27 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-108-039-491

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 44997

No. ..... St.

Primary Registration District No. 2072

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Baird Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 8 1915

FATHER	MOTHER
FULL NAME: Ben W. Davis	FULL MAIDEN NAME: Lola Drake
RESIDENCE: American Falls, Idaho	RESIDENCE: American Falls,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Indiana
OCCUPATION: Lawyer	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) Richard F. Work

Physician (Physician or midwife)

Address American Falls, Idaho

Filed Aug 9 1916

R. F. Work M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

363-202-007-384

PLACE OF BIRTH Amended 3-24-72

[redacted] IDAHO
BUR[redacted]AL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

44999

County of Blaine

City of Howe

Registration District No. 59

File No. 150

No. _____ St.

Primary Registration District No. 2139

Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Louise Collett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	James A. Collett	FULL MAIDEN NAME	Ida Tydeman
RESIDENCE	Howe, Ida	RESIDENCE	Howe, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	England	BIRTHPLACE	Columbia Co, Geo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 05 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Arco, Idaho

Filed 8/3 1915 E. W. Fox

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 2 42 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of SONOMA } ss.

Certificate No. 44999

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Collett (Female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 3, 1916 (Date of Event)

in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Mary Louise Collett
Date of birth	Aug 3, 1916	Aug. 2, 1915
Mother's maiden name	Ida Tideman	Ida Tydeman

Subscribed and sworn to before me this 1 day of MARCH, 1972

Signed Edmund Pimentel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 1070 GRAVENSTEIN SO. SEBASTOPOL

My commission expires

(Seal)

OFFICIAL SEAL
Carl R. Willhoft
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY
My Commission Expires June 16, 1975

Carl R. Willhoft

777 PLEASANT HILL RD
(Street Address, City, State) SEBASTOPOL

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SONOMA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of MARCH, 1972

Signed Sue Salinas
(Signature of Any Credible Person)

Notary Public, residing at 1070 GRAVENSTEIN SO, SEB.

My commission expires 1975

(Seal)

OFFICIAL SEAL
Carl R. Willhoft
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY
My Commission Expires June 16, 1975

723 HURIBUT AVE,
(Street Address, City, State) SEBASTOPOL

FORM DH 60-155 CL 1/12/72 nm

MAR 2 4 1972

Application for insurance issued by the Metropolitan Life Ins. Co. gives name as Mary Louise Collett Enos born Autuat 2, 1915.

Family record gives name as Mary Louise Collett born August 2, 1915 in Howe, Idaho. Record old. Mother's name Ida Tydeman.
Viewed by V.S

249-115-
014-695

PLACE OF BIRTH

[redacted] V. S. No. 11-C

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3 File No. 45299

Primary Registration District No. 1005 Registered No. 228

FULL NAME OF CHILD Dale Dudley Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	1	yes	Dec 15 1915

FATHER	MOTHER
FULL NAME: A. J. Smith	FULL MAIDEN NAME: Lora B. Winslow.
RESIDENCE: Caldwell, Idaho.	RESIDENCE: Caldwell, Idaho.
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Merchant.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley.

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-19- 1916 John L. Meyer Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-[illegible]-010-618

Form V. S. No. 11-C—25m-1-1-13

P[illegible] [illegible]S

County of [illegible]

45339

City of [illegible] Registration District No. [illegible] File No. 112

No. ..... St. Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bruce Elliott Lamb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		--	Yes	March (Month) 22 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elliott Arthur Lamb	FULL MAIDEN NAME	Phoebe Victoria Wahl
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minnesota
OCCUPATION	Mill-man	OCCUPATION	House-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrachin

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 12/21 1916 Geo. D. Lasher Registrar

..... Registrar

S-Y CO. 24655

K

1942

STATE OF IDAHO

PLACE OF BIRTH

381-119-040-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

45341

County of Shoshone

City of Kellogg

Registration District No. 12 m

File No. 110

No. _____ St.

Primary Registration District No. 1201

Registered No. _____

Hospital Hardner Hospital

FULL NAME OF CHILD Philip Edwin Chandler, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	7 / 19 / 1915

	FATHER	MOTHER
FULL NAME	Philip Edwin Chandler	FULL MAIDEN NAME Bridget Mary McCarthy
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Missouri	Kentucky
OCCUPATION	Mill man	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P. M on the date above stated.

(Signature) Geo. Kennett, MD

(Physician or midwife)

Address Kellogg, Idaho

Filed 12/21 19 16 Geo. A. Lee Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

OCT 7 1942

DELAYED

843-106-040-814

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

45345

Registration District No. 123 File No. 119

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Warren Kendall Hull, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	2	Yes	6 6 1915

FATHER		MOTHER	
FULL NAME	Warren K. Hull.	FULL MAIDEN NAME	Alta C. Haddock
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Canada.
OCCUPATION	Dentist.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 1/10 1917 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CLASSIFIED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bainwah

City of St Maris

249-206-005-817 Registration District No. 32 File No. 46747

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lilian A. Burroughs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	2	yes	10 (Month) 6 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Burroughs	FULL MAIDEN NAME	Tina Hagen
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn.
OCCUPATION	Blacksmith	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Owen D. Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Registrar

Filed Jun 15 1917 H. E. Hunt

Registrar

S-Y CO. 24685

855-216-032-652

Form V. S. No. 11, ~~Mm-0-8-15~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Kamiend

No. ..... *St.*

Hospital .....

Registration District No. 16 **File No.** 46810

Primary Registration District No. 2016 **Registered No.** 9

FULL NAME OF CHILD Ruth Christiana Herning

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			1st	Yes	Oct 16 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Henry Herning	FULL MAIDEN NAME	Katie Weber
RESIDENCE	Kamiend	RESIDENCE	Kamiend
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	North Dacota
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No attending Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

Address .....

Filed Jany 15 1917 J L [illegible] *Registrar*

S-Y-CO. 38071

JUL 17 1969

791-215-032-691

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Kamiah

Registration District No. 16

File No. 46820

No. ..... St.

Primary Registration District No. 2016

Registered No. 7

Hospital .....

EVA PAULINE PRAEGITZER

FULL NAME OF CHILD Eva Praegitzer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	1	Yes	April 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Praegitzer	FULL MAIDEN NAME	Katie Fiax
RESIDENCE	Kamiah Ida 28	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Attending Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jany 15 1917 J L Stuart Registrar

Registrar

S-Y-CO. 38071

JUL 9 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 46820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Eva Pragitzer (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1915 (Date of Event)
in Kimana, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on February 2, 1917 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Pragitzer	Praegitzer
Name	Eva	Eva Pauline

Subscribed and sworn to before me this 3rd
day of July, 1943.
Edna D. Turner
Notary Public, residing at Portland
My commission expires 2/4/45
(Seal)

Signed Katie Praegitzer (Mother)
(Signature of parent or attendant executing a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
8020 S.E. 25th Ave., Portland, Ore. Zone 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of July, 1943
Margaret M. Stuff
Notary Public residing at 8071 S.E. 13th Ave. Portland, Ore.
My commission expires MY COMMISSION EXPIRES SEPT. 7, 1944
(Seal)

Signed Margaret Schenk
(Signature of Any Credible Person Other Than Previous Year)
8018 S.E. 24th ave.
(Street Address, City, State)

AUG 5

993-204-003-694

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

48029

County of Bannock

City of Grace

No. ..... St.

Hospital .....

Registration District No. 84 File No. 29

Primary Registration District No. 2161 Registered No. 1406

FULL NAME OF CHILD Ruth Gwendolyn Rich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. C. Rich	FULL MAIDEN NAME	Ruth C. Ormond
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Coalville, Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. C. Rich, Father of child ~~(Physician or midwife)~~

Address Grace Idaho

Filed Mch 6, 1947 O B Seely Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Dec. 17, 1940.

385-202-003-183

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

48030

CERTIFICATE OF BIRTH

County of Bannock

City of

No. St.

Hospital

Registration District No. 84

File No. 27

Primary Registration District No. 2161

Registered No. 1417

FULL NAME OF CHILD Marvel Cherry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. (Month) 2 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Louis J. Cherry	FULL MAIDEN NAME	Marvel Fern Aylette
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake, Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

(Signature) X Jesse Aylett, Grandfather of child
(Physician or midwife)

Address Grace Idaho

Filed Mch 6 1917

O B Stevens
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 24 1970

FEB 5 1975

685-203-028-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

48849

County of Kootenai

City of Coeur d'Alene Registration District No. 9 File No. 9

No. ____ St. Primary Registration District No. 1050 Registered No. 5

Hospital ____

FULL NAME OF CHILD Margaret Alice Freeman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	2	Yes	Mar. 3 1915

FATHER		MOTHER	
FULL NAME	David Freeman	FULL MAIDEN NAME	Maud Dominie
RESIDENCE	Coeur d'Alene	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Liverpool Nova Scotia
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5:30 P.M. on the date above stated.

(Signature) John [illegible]

(Physician or midwife)

Address Coeur d'Alene Ida

Filed 4/4 [illegible] J Hughes

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 [illegible]

DEC 1 2 1975

DELAYED

168-2047 32

Form V. S. No. 11—[illegible]-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of Boise

No. _____ St.

Hospital _____

Registration District No. 2 File No. 49014

Primary Registration District No. 1004 Registered No. 92

FULL NAME OF CHILD Infant Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
f	8		7	yes	Apr 4 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	James M Johnson	FULL MAIDEN NAME	Anna M Olson
RESIDENCE	So. Boise	RESIDENCE	South Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	71 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 4/4 1917 E. F. Leaton Registrar

B-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

963-223-039-463

PLACE OF BIRTH

Amended Nov. 15, 1954

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 49506

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Gertrude Elisabeth Roth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1			July 23 1915

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth five

FATHER	MOTHER
FULL NAME: Henry Roth	FULL MAIDEN NAME: Christina Roth
RESIDENCE: Am. Falls	RESIDENCE: Am. Falls
COLOR: ..... AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: ..... AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: S. Rusia	BIRTHPLACE: S. Rusia
OCCUPATION: Farmer	OCCUPATION: Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Grithini Noth

..... (Physician or midwife)

Address .....

Filed 6/4 1917 R. F. Noth M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Power

Certificate No. 49506

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gerdruth Roth (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1915 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics. prepared on Nov. 28 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Gerdruth Roth	Gertrude Elizabeth Roth
		Gertrude Elisabeth Breding

Subscribed and sworn to before me this 10 day of Nov, 19 54

Notary Public, residing at American Falls
My commission expires Aug 27 - 1955
(Seal) Helen Ford

Signed Christina Roth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
649 Tyhee Ave.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Nov, 19 54

Notary Public, residing at American Falls
My commission expires Aug 27 - 1955
(Seal) Helen Ford

Signed Hardy Breding
(Signature of Any Credible Person)
727 Fall Ave. Am Falls Idaho
(Street Address, City, State)

DPH 52 155

962-222-040-619

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

49612

Registration District No. 123 File No. 34

Primary Registration District No. 2201 Registered No. _____

FULL NAME OF CHILD LUCILLE LOUISE ROBINSON. Lucille Louise Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		1	Yes	July 22 1915

	FATHER	MOTHER
FULL NAME	Granvill Robinson	FULL MAIDEN NAME Lucille L Ward.
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Texas
OCCUPATION	Wood Contractor	OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) J. C. Bergen M. D

(Physician or midwife)

Address Wallace

Filed 6/11 1917 Geo. D. Lesher Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 49612

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lucile Robinson (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1915 (Date of Event)
in Eagle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucile	Lucille Louise Robinson
Date	July 22, 1916	July 22, 1915

Subscribed and sworn to before me this 22 nd
day of August 1942.
Mildred G. Hammond
Notary Public, residing at Spokane
My commission expires Feb. 5, 1943
(Seal)

Signed Mrs. E. C. Thornton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.1 Opportunity, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 24 1942

AUG 25 1942

866-211-020-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 19696

Primary Registration District No. 2020 Registered No. 25

FULL NAME OF CHILD Alice Annett Hoffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Aug. 11th 1915

FATHER		MOTHER	
FULL NAME	John Hoffman	FULL MAIDEN NAME	Elizabeth Fidley
RESIDENCE	Mtn Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. Hoffman per Brown
(Physician or midwife)

Address Mtn Home

Given names added from a supplemental report.

..... 19.....

Filed 5/24 1917 B.W. Walker
Registrar

8-Y CO. 24698 Registrar

CLEARED

331-126-006-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

49847

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 5

Primary Registration District No. 2195 Registered No. 210

FULL NAME OF CHILD Wesley Owen Claunch

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	May 26 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reuben Claunch	FULL MAIDEN NAME	Mary Gorlinean
RESIDENCE	Sterling Ida	RESIDENCE	~~Aberdeen~~ Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Reuben Claunch - Father of child - (Physician or midwife)

Address Sterling Ida

Filed June 5 1917 [illegible] Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 19[redacted]

345-228-028-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

49885

County of Kootenai

City of Coeur d'Alene Ida.

Registration District No. 29 File No. 9

No. 728 W. Garden St.

Primary Registration District No. 1050 Registered No. 25

Hospital

FULL NAME OF CHILD Dorothy Pauline Lundgren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 28 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl Gustaf Adolf Lundgren	FULL MAIDEN NAME	Constance Thorborg Matson
RESIDENCE	728 W. Garden Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Christiania, Norway	BIRTHPLACE	Varberg, Sweden
OCCUPATION	Bookkeeper	OCCUPATION	House wife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Ida

19

Filed 5-26 1917 A Hughes

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/16/41 L. B.

249-326-029-845

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

49974

County of Latah

City of Harvard.

No. ..... St.

Registration District No. 65 File No. .....

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Elizabeth Smith.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	✓ (To be answered only in event of plural births)		✓	yes.	Aug. 26 1915

FATHER		MOTHER	
FULL NAME	Harry Smith.	FULL MAIDEN NAME	Rena Linenes.
RESIDENCE	Harvard.	RESIDENCE	Harvard.
COLOR	White.	COLOR	white.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 4 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) D. D. B. Harrison.

M.D.
(Physician or midwife)

Address Palouse Wash.

Filed May. 23. 1917 D. D. B. Harrison
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1972

DELAYED

955·216·003-381

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 1

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. 11 File No. 50697

No. ..... St.

Primary Registration District No. 2047 Registered No. 98

Hospital .....

FULL NAME OF CHILD Elma Elisabeth Reese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	5 (Month) — 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Josiah Reese	FULL MAIDEN NAME	Ruby Elma Chatterton
RESIDENCE	Lava	RESIDENCE	Lava
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Richmond Utah
OCCUPATION	section laborer	OCCUPATION	laborers wife

Number of child of this mother, including present birth second Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 2-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Noah Reese

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Ida

Eliza Kenley Registrar

Filed July 19 1917 Eliza Kenley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-201-003955

PLACE OF BIRTH

County of Bannock

City of Lava, Hot Springs

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

50704

Registration District No. 11 File No. _____

Primary Registration District No. 2047 Registered No. 96

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	4 — 1 — 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Josiah Gilbert	Priscilla Reese
RESIDENCE	Lava	Lava
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Cedar Utah	Lava
OCCUPATION	farmer	farmers wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-30 P.M. on the date above stated.

(Signature) Mrs Mark Reese

(Physician or midwife)

Address Lava Hot Springs

Filed Aug 9 1917 Ellis Raney Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Ellis Raney Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

P[redacted]TH

742-320-003-252

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

50781

County of Oneida

City of Chesterfield

Registration District No. 84

File No.

No. St.

Primary Registration District No. 2161

Registered No. 93

Hospital

FULL NAME OF CHILD Lygia Gustaveson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Ye	July (Month) 20 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Carl R. Gustaveson	FULL MAIDEN NAME	Lucina Dessions
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ruth Davids

Midwife (Physician or midwife)

Given names added from a supplemental report.

Address Chesterfield

19

Filed 6/24 1917

D. R. J. Smith
Registrar

Registrar

S-Y-CO 36071

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-106-028-4 19

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted] OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted] CATE OF BIRTH

County of Kootenai

City of Bayview

No. ..... St.

Registration District No. 78 File No. 51291

Primary Registration District No. 2155 Registered No. 1234

Hospital .....

FULL NAME OF CHILD James David Young

Sex of Child: Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: July (Month) 6 (Day) 1915 (Year)

FATHER

FULL NAME: David A. Young

RESIDENCE: Bayview Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Eagle River Wis.

OCCUPATION: Saw Mill Laborer

MOTHER

FULL MAIDEN NAME: Bertha E. Martin

RESIDENCE: Bayview, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Bellingham Minn.

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: Five

Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. Wm Emerson

Midwife
(Physician or midwife)

Address Bayview, Idaho

Filed Aug 6 19 12 M McKinnon
Registrar

S-Y-CO 38071

JUL 2 0 1975

DELAYED

296-205-025-386 Back No

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

No. _____ St.

Hospital _____

Registration District No. _____ File No. 56071

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Ida Rose Brodock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		1	yes	Jan (Month) 5 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sholto Brodock	FULL MAIDEN NAME	Mildred Thompson
RESIDENCE	Whitebird	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Whitebird

..... 19.....

Filed July 10 1915 W A Foskett Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

444-214-040-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

56664

County of Shoshone

City of Kellogg

No. 435 McKinley

Registration District No. 1V3

File No. 13

Primary Registration District No. 2201

Registered No.

Hospital

FULL NAME OF CHILD Mary Gertrude Dudley

Sex of Child female

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth May 14 1915
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Erle Pratt Dudley	FULL MAIDEN NAME	Mildred Crosby Jenkins
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	~~Dark~~ White	COLOR	~~Dark~~ White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota, U.S.A.	BIRTHPLACE	Unionville, Ont., Canada
OCCUPATION	Construction Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 2/10 1918 Geo. S. Lasher

Registrar

864-122-001-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2

File No. 58914

Primary Registration District No. 1004

Registered No. 149

FULL NAME OF CHILD Norman Wesley Houser

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Feb. (Month) 22nd (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Frank George Houser	FULL MAIDEN NAME	Ruth Gertrude Baker
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Meadville, Penna	BIRTHPLACE	Bay horse, Idaho.
OCCUPATION	Accountant	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4/17 1918 [signature]

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z HAUSER

APR 27 1943

251-118-005-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted] IDAHO
BUR[redacted]AL STATISTICS
[redacted]E OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32

File No. 59389

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Albert Knabe

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1	1	Yes	Aug 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Albert Knabe	FULL MAIDEN NAME	Ethel Pray
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wis
OCCUPATION	Mill hand	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 9 M on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Phy ORN

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed May 2 1918

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

673-108-005-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2649

File No. 59390

Registered No. .....

FULL NAME OF CHILD James Franklin Oglesby

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	1st	yes	Aug 8 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Lee Oglesby	FULL MAIDEN NAME	~~Allen~~ Ethel Allen
RESIDENCE	St Maries Idaho	RESIDENCE	St. Maries Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 40 A M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Phy.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries Idaho

Filed May 2 1918

..... Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-4-61

MAR 21 1963

DELAYED

238-117-005-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries Idaho

Registration District No. 32 File No. 59391

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Johan Frederick Schmidt

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)			yes	July 17 1915 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Fred O. Schmidt	FULL MAIDEN NAME Iva May Franklin
RESIDENCE St. Maries Idaho	RESIDENCE Spangle Wash
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Dayton Washington	BIRTHPLACE Penn
OCCUPATION Mill Hand	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Owen D Rhodes
(Physician or midwife)

Address St Maries

Filed May 21 1918 H E Hamm
Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

343-1 15-005-268

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries Idaho

Registration District No. 32

File No. 59392

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD CLARENCE WOODROW LUCE Luce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	July (Month) 15 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Edward Luce	FULL MAIDEN NAME	Edna Boyle X
RESIDENCE	St. Maries Idaho	RESIDENCE	St. Maries Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missoula, Mont.	BIRTHPLACE	Leesburgh, Idaho
OCCUPATION	Trainman	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~two~~ 2nd Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr O D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed May 21 1918 H E Hunt
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

Certificate No. 59392

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clarence Woodrow Luce (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 13, 1915 (DATE OF EVENT)
in St Maries Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mutual Ins. policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ~~July 13, 1941~~ April 1, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Luce	Clarence Woodrow Luce

Subscribed and sworn to before me this 9th day of July 1942

M. A. Johnson

Notary Public, residing at Klamath Falls, Ore

My commission expires Feb 19, 1945 (SEAL)

Signed Laurence E Luce
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

~~Grand Rd~~ Klamath Falls, Oregon
523 S 4th St (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 11 day of July, 1942

E. B. Redman

Notary Public, residing at Klamath Falls Or.

My commission expires Sept. 11-1945 (SEAL)

Signed Mrs Belle Chamnin
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Gen Del
(STREET ADDRESS, CITY, STATE)
K Falls Oregon

Received for filing on JUL 13 1942 By
(REGISTRAR'S SIGNATURE)

JUL 14 1942

MAY 26 1950

666-113-005-342

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries Idaho

Registration District No. 32 File No. 59393

No. _____ St.

Primary Registration District No. 2049 Registered No. _____

Hospital _____

FULL NAME OF CHILD Gilfred Dudley Woodworth

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	1 (To be answered only in event of plural births)	yes	July 13 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy N. Woodworth	FULL MAIDEN NAME	Jessie Custer
RESIDENCE	St. Maries	RESIDENCE	St. Maries Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	California	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St Maries

Filed May 21 1918 H E Hunt
Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942.

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

962-103-005-418

County of Bincwah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32

File No. 59394

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD ..... HARRY Robson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		2	yes	7 (Month) 3 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Robson	FULL MAIDEN NAME	Rachael Maynard
RESIDENCE	St Maries Ida	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	England	BIRTHPLACE	Ida
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 40 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed May 21 1918 H E Hunt

Registrar

Registrar

S-Y CO. 24655

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Benewah } ss.

Certificate No. 59394
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Harry Robson (Name on original certificate) who (Was born or died) on July 3, 1915 (Date of event)
in St. Maries, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Robson	Harry Robson
Harry [redacted] Robson		

Subscribed and sworn to before me this 25th day of November, 19 41.

Notary Public, residing at St. Maries, Idaho
My commission expires January 9, 1945
[SEAL]

Signed X Josephine G. Single
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Attendant
219- 6th Street, St. Maries, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Benewah } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 19 41.

Notary Public, residing at St. Maries, Idaho
My commission expires January 9, 1945
[SEAL]

Signed X O. O. Platt X
(Signature of any credible person other than the previous affiant.)
attending Physician
Platts Hospital. St. Maries, Idaho
(Street Address, City, State)

Received for filing on NOV 27 1941 By
(Registrar's signature)

249-223.005-918

PLACE OF BIRTH Renewah

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

59395

County of [illegible]

City of St Maries

Registration District No. 32 File No.

No. St.

Primary Registration District No. 2049 Registered No.

Hospital

FULL NAME OF CHILD Ivy Lilian Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1	Yes	June 23 1915

FATHER		MOTHER	
FULL NAME	Harold Alfred Smith	FULL MAIDEN NAME	Mildred Rayner
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Olney, Bucks, Eng	BIRTHPLACE	Bolton, Lancs, Eng
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen DePlatt (Physician or midwife)

Address St Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 21 1918 H. E. Hamlet Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1943

DELAYED

553-116-005-168

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 59396

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	2	yes	6 16 1915

FATHER		MOTHER	
FULL NAME	John A Nelson	FULL MAIDEN NAME	Jeda A Johnson
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lbr grader	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt
(Physician or midwife)

Address St Maries

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed May 21 1918 H E Hunt Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

318-114-005-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 58387

Primary Registration District No. 2049 Registered No. .....

FULL NAME OF CHILD Delbert Taynton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	4	yes	6 14 1915

FATHER		MOTHER	
FULL NAME	Charles H Taynton	FULL MAIDEN NAME	Charlotte Massey
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Cobbler	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Owen D Platt

Phy (Physician or midwife)

Address St Maries

Filed May 21 1918 W E Hunt Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1965

DELAYED

545-110-005-364

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 52

File No. 59398

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD HOWARD FELIX Emerson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		3	yes	6 (Month) 10 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William B Emerson	FULL MAIDEN NAME	Paulina Loathan
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Car Whacker	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed May 21 1918 H E Hunt
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Benewah)

Certificate No. 59398

Date Filed

The undersigned does solemnly swear that certain facts on the certificate

of ..... for ..... who .....
(birth or death) (Name on original certificate) (was born or died)

on ..... in ..... are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by ..... prepared on ..... are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	HowardFelix Emerson

Subscribed and sworn to before me this 3 day of Sept 1941

Signed Mrs W B Emerson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.B. Sargent
Notary Public
Residing at St Maries Ida

St Maries Ida
(Street address, City, State)

My commission expires June 28, 1942

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Benewah)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Sept 1941

Signed W F Sargent
(Signature of any credible person other than the previous affiant.)

R.B. Sargent
Notary Public
Residing at St Maries Ida

(Street address, City, State)

My commission expires June 28, 1942
(SEAL)

MAY 11 1944

APR 18 1974

14-11-6

385-130-005-852

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Ferrell

No. ..... St.

Hospital .....

Registration District No. 32

File No. 59399

Primary Registration District No. 2049

Registered No. .....

FULL NAME OF CHILD Leo Edward Lynn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		2	yes	5 (Month) 30 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Lynn	FULL MAIDEN NAME	Mary Hess
RESIDENCE	Ferrell Idaho	RESIDENCE	Ferrell
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wis
OCCUPATION	Grader	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed May 21 1918 H E Hunt
Registrar

Registrar

S-Y CO. 24666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940. E.W.

DELAYED

793 022-005- 535

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 59400

Primary Registration District No. 2019 Registered No. .....

FULL NAME OF CHILD Leland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Yes	5 22 1915

FATHER		MOTHER	
FULL NAME	Benton Leland	FULL MAIDEN NAME	Mary Eley
RESIDENCE	St Maries	RESIDENCE	St Maries.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Millworker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Plad
(Physician or midwife)

Address St Maries Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Fernwood

Registration District No. 2

File No. 59401

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joseph F Lavigne

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	F	1	yes	5 (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfonse F Lavigne	FULL MAIDEN NAME	Katherine W Bromfield
RESIDENCE	Fernwood Ida	RESIDENCE	Fernwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	England
OCCUPATION	Lbr grader	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed May 2 19.. [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1968

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 463-216-005-296

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32

File No. 59402

No. ..... St.

Primary Registration District No. 2049

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Mott

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
7	—	3	yes	5 (Month) 16 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alva Mott	FULL MAIDEN NAME	Ella Brown
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	No Dak
OCCUPATION	Single weaver	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Registrar

Filed May 21 1918 [illegible]
Registrar

S-Y CO. 24655

NOV 3 1849

DELAYED

789-108-035-966

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

61211

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. 1121 Idaho St.

Primary Registration District No. 1009 Registered No. 88

Hospital Home

FULL NAME OF CHILD James Austin Phillips

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 8 1915

FATHER	MOTHER
FULL NAME George Wendell Phillips	FULL MAIDEN NAME Lois Star Rowley
RESIDENCE Lewiston Idaho	RESIDENCE Lewiston Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (1918) (Years)	AGE AT LAST BIRTHDAY 28 (1918) (Years)
BIRTHPLACE Sprague Washington	BIRTHPLACE Portland Oregon
OCCUPATION Life Insurance Man	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 11 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Myrtle L. Petrie

Lewiston Idaho

(~~Physician~~ or midwife)

Address 211 Idaho Berg Bld.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed July 5 1918 Susan E. Bruce
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 A

DELAYED

165-225-007-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue P.O.

No. ..... St.

Hospital .....

Registration District No. 21

Primary Registration District No. 2022

File No. 62615

Registered No. 51

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	✓	3	Yes	May 25 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar A. Jones	FULL MAIDEN NAME	Gertrude Moreland
RESIDENCE	Glendale, Bellevue P.O.	RESIDENCE	Glendale Bellevue P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Sept 1 1918 Robert H. Wright
Registrar

S-Y CO. 24555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1915-70358

807H DELAYED

274-217-009-253

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint — Registration District No. 28 — File No. 62985

No. ..... St. — Primary Registration District No. 2135 — Registered No. 1445

Hospital City

FULL NAME OF CHILD Minnie Lucille Spurrier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Oct 17 1918

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph E. Spurrier	Minnie G. Skelso
RESIDENCE	Kootenai Idaho	Kootenai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Ohio	Granite Ida
OCCUPATION	Station Agent	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) Dr. F. Pagel

Physician (Physician or midwife)

Address Sandpoint Idaho

Filed Oct 2 1918 — M. McKinnon Registrar

By mon Deputy

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

AUG 11 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Glendale

249-230-001-366

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. 2005

File No. _____

Registered No. 234

63796

Full Name of Child Kathine Beth Burton

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)		DATE OF BIRTH Dec. 30 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Mill Burton	FULL MAIDEN NAME	Katheryn Claudia Cook
RESIDENCE	Glendale - but address is Melba	RESIDENCE	Glendale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	La Grange Wisconsin	BIRTHPLACE	Palmyra Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born) (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wallace Mill Burton

Father (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Registrar

Filed 10-25- 1918 John H. Meyer Registrar

MAR 1 0 1948

T I 5 1958

384-106-005-418
No. 20

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31

File No. 64788

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD John Patrick Lyden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 6 1915

FATHER		MOTHER	
FULL NAME	Fred Lyden	FULL MAIDEN NAME	Bethel May
RESIDENCE	Desmet, Idaho	RESIDENCE	Desmet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Lincoln, Kans.	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Burke
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vollmer, Idaho

Filed Dec 1st 1918

John Post, Deputy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1942

DELAYED

DUP OF 1915-34202

699-121-025-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

65547

County of Idaho

~~Citizen~~ Joseph Plains

Registration District No. 104 File No.

No. ——— St.

Primary Registration District No. 2182 Registered No.

Hospital ———

FULL NAME OF CHILD Richard Gale Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 21 1915

FATHER		MOTHER	
FULL NAME	Carol Wright	FULL MAIDEN NAME	Selma M. Hiller
RESIDENCE	Canfield	RESIDENCE	Canfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or midwife)

Address White Bird - Ida

Given names added from a supplemental report.

.....19.....

Filed Jan. 27 1919 W. A. Foskett

Registrar

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

107.028-793

PLACE OF BIRTH

County of Kootenai

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

66851

City of Harrison Registration District No. 126 File No. 2

No. ..... St.

Primary Registration District No. 2204 Registered No. 41

Hospital .....

FULL NAME OF CHILD Earnesto Damiano

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 1 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Damiano	FULL MAIDEN NAME	Mary Piciano
RESIDENCE	Harrison Ida	RESIDENCE	Harrison, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	62	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Damiano

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Mar 1 1919 J. M. Kinney Registrar

Registrar

S-Y-CO 38071

JUL 12 1976

253-118-008-663

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

72848

County of Boise

~~City of~~ Spring Valley

No. ..... St.

Hospital Residence

Registration District No. 3

File No. .....

Primary Registration District No. 2005

Registered No. 175

FULL NAME OF CHILD Joseph Raymond Beck

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	March 18 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Carr Beck	FULL MAIDEN NAME	Alice Martha Wolcott
RESIDENCE	Spring Valley	RESIDENCE	Spring Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Buffalo Missouri	BIRTHPLACE	Buffalo Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leroy Beck

~~(Physician or midwife)~~ Father

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9-11-1919 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 0 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-111-032-713

amended 6/12/80

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

80964

County of Lincoln

City of Richfield

No. 2 1/4 mi N.W. St.

Hospital

Registration District No. 17 File No. 34

Primary Registration District No. 2200 Registered No. 18

FULL NAME OF CHILD Crandall Fayette Chatfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	May 11 1915

FATHER		MOTHER	
FULL NAME	Christopher Otho Chatfield	FULL MAIDEN NAME	Mary Patrick
RESIDENCE	Richfield 2 1/4 mi N W	RESIDENCE	Richfield 2 1/4 mi N W
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Lexington Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Chatfield

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Richfield Idaho.

Filed July 10 1920 P. E. Bartlett
Registrar

Registrar

K

JAN 1976
JAN 5 1976

JAN 1 0 1945

IDAHO DEPARTMENT OF HEALTH — 1/5/76

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 1 1 34 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 80964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Crandal Fayette Chatfield (Name on Original Certificate) who was born (Was Born or Died) on May 11, 1915 (Date of Event)
in Richfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Crandal	Crandall

Subscribed and sworn to before me this 5 day of January 1976.

Diane Rose Lowe

Notary Public, residing at Boise Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Ruth L. Chatfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Rt 1 Richfield, Ida. 83349
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April 1977.

Notary Public, residing at Preston, Id.

My commission expires 3/24/81

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155

Communit Property Agreement bwteen Husband and Wife gives names as Crandall F. Chatfield and Ruth L. Chatfield. dated June 2, 1940.date married. dated June 29, 1972. viewed by VS

JUN 12 1980

Own child's birth certif from St. Valentine's Hospital gives name as Mary Margaret Chatfield born Jan 23, 1946. father's name as Crandall Fayette Chatfield and Ruth LaVern Woods as the mother. viewd by VS

493/03-036-544

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Black Pine Ida

Registration District No. 26

File No. 81045

No. _____ St.

Primary Registration District No. 2069

Registered No. 4

Hospital _____

FULL NAME OF CHILD William Richard Mills

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Mar (Month) 3 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Mills	FULL MAIDEN NAME	Inger C Emmertson
RESIDENCE	Black Pine	RESIDENCE	~~Huntsville~~ ~~Black Pine~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Grays Bush, South Island, New Zealand	BIRTHPLACE	Huntsville, Vt
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Maud M. Wilson

Midwife (Physician or midwife)

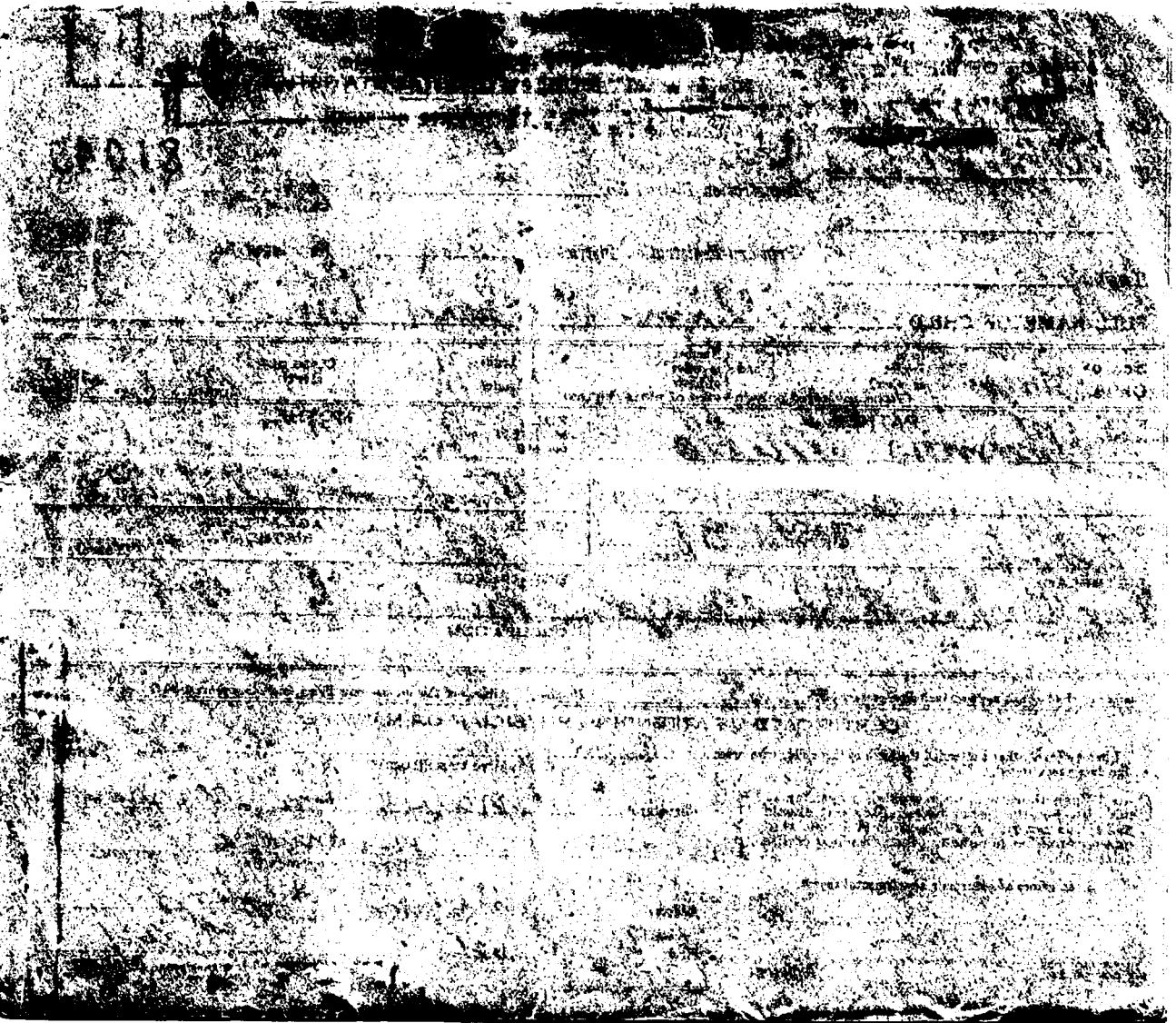
Address Juniper Idaho

Filed 4-20 1920 D Gray Registrar

_____ 19__

_____ Registrar

S-Y CO. 24688



149-209-003-319

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Inkom Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

86633

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3556

FULL NAME OF CHILD Bernice Helen Mueske

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	July 9 1916

	FATHER	MOTHER
FULL NAME	Peter H Mueske	Amanda Carlson
RESIDENCE	Inkom Ida	Inkom Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY	47 (Years)	34 (Years)
BIRTHPLACE	Ill.	Sweden
OCCUPATION	Conductor OS & L R.R.	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James F. Miller MD

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/1 19 21

J H Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-21-010264

PLACE OF BIRTH

MAR 10 1921

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 87262

No. ..... St.

Primary Registration District No. 2111 Registered No. 16

Hospital .....

FULL NAME OF CHILD Anna Geraldine Stewart

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 14 (Month) (Day) 1919 (Year)

FATHER

FULL NAME Charles Harley Stewart

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Bonneville Co. Ida.

OCCUPATION Cigar Salesman

MOTHER

FULL MAIDEN NAME Bessie T. Bonar

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Bonneville Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 10 A.M. on the date above stated.

(Signature) Bessie Bonar Stewart.

M.D.

(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 19 1921 Compared

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 1 1960
MAY 5 1967
NOV 1 0 1972

819-121
PLACE O[redacted]
009-759

Form V. S. No. 11—25m-6-15-18

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Colburn

No. _____ St.

Hospital _____

Registration District No. _____ File No. 87911

Primary Registration District No. _____ Registered No. _____

Full Name of Child Marcus Haines

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes.	Dec. 21 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marcus Haines	FULL MAIDEN NAME	Mary Perkins
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Honey Grove Texas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a.m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M. V. Nettleingham

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Colburn Idaho

Filed March 17 1921 F W Almond

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nine
800
six
100

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

FEB 7 1942

Certificate No. 87911

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Marcus Haines (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 21, 1915, (DATE OF EVENT) in Colburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 21, 1915 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
date of birth	Dec. 21, 191[illegible]	Dec. 21, 1915
That I am the mother of Marcus Haines		

Subscribed and sworn to before me this 29th day of January, 19 42

[signature]

Notary Public, residing at Sunnyside

My commission expires March 2nd, 1942 (SEAL)

Signed: Mary M Haines
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Outlook, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 19 42

Bernice Annis

Notary Public, residing at Sunnyside, Wash.

My commission expires Jan. 13, 1946 (SEAL)

Signed: V J Barrett
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Outlook, Washington
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 7 1942 By
(REGISTRAR'S SIGNATURE)

313-118-034-689

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
~~City of~~ Village Acequia
No. x St.
Hospital x

Registration District No. 19 File No. 100430
Primary Registration District No. 2015 Registered No. 29

FULL NAME OF CHILD John Parley ~~Alvin Earl~~ Catmull
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	1 (To be answered only in event of plural births)	yes	July 18 1915

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alvin E Catmull	FULL MAIDEN NAME	Adaline E Whittle Catmull
RESIDENCE	Rupert	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Benson Cache Co. Utah	BIRTHPLACE	Mapleton Idaho
OCCUPATION	Carpenter	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dina Anderson
it is impossible to get her
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Signature as she is out

Filed 4-10 1922 County
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF [illegible]
[illegible]ILED FOR EACH CHILD [illegible]

[illegible] 2 195[illegible]

396-212-007-155

PLACE OF BIRTH

RECEIVED JUL 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 57 File No. 102072

Primary Registration District No. 2022 Registered No. 52

FULL NAME OF CHILD Ella Valene Crone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female		Yes	3	12	1915

FATHER		MOTHER	
FULL NAME	Charles William Crone	FULL MAIDEN NAME	Eva Jensen
RESIDENCE	Bellevue Ida	RESIDENCE	Bellevue Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pratt Center Kansas	BIRTHPLACE	Park City Utah
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 # 25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Crone

Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Bellevue Ida.

Filed 6-20 1922 Robert H. Wright
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1956

249-129042-614

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District [redacted]

No. _____ St.

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

Full Name of Child Richard Veron Burnside

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy			Yes	May 29

FATHER		MOTHER	
FULL NAME	Earl C Burnside	FULL MAIDEN NAME	Rosa Ellen Wagfall
RESIDENCE	Twin Falls	RESIDENCE	Haines Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Baker Ore	BIRTHPLACE	Haines Ore
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician ~~H W Wilson~~ (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls Idaho

Filed Aug 17 1922 H W Almond M.D. State Registrar

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 25 1968

DELAYED

252-218-003-853

PLACE OF BIRTH

RECEIVED
DEC 14 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 535 E. Whitman St.

Registration District No.

File No. 106348

Hospital —

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ruth Vida Kestler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Aug. 15, 1916.

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Bert M. Kestler	FULL MAIDEN NAME Flavine L. Helm
RESIDENCE Pocatello, 535 E. Whitman St. Ida.	RESIDENCE 535 E. Whitman St. Pocatello Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Adams Co. Nebraska.	BIRTHPLACE Fort Collins, Colorado
OCCUPATION Plumber + Farmer	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs C A Bire

(Physician or midwife)

Address 934 N. Clark St, Pocatello Idaho

Filed Dec. 11 — 1922 F. W. Ahrens M.D. State Registrar.

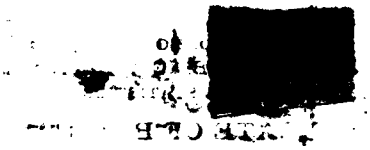
Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUL 1 1976

DELAYED

Dup C 01915-32228

941-105-822-315

PLACE OF BIRTH

RECEIVED
JAN 2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fremont

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

107757

City of Parker

Registration District No. 49

File No.

No. St.

Hospital

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD Hiroshi Imamura

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	June 6 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	S. Imamura	FULL MAIDEN NAME	Kameyo Tamura
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

1 Photostatic copy 7/7/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Midwife

I hereby certify that to the best of my knowledge this is correct

(Physician or midwife)

Address

Give names added from a supplemental report.

1 Photostat copy 12/26/41

Filed May 1 1923 C V Aldrich

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

JUL 8 1942

County of Ada
863-21,2001-386
Township of
or
Village of
or
City of Boise Idaho

RECEIVED
JAN 29 1923
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH
Division of Vital Statistics

108366

RECORD OF BIRTH

No. ..... No. in Registration Book ~~[illegible]~~
(Above numbers to be filled in only by local registrar or his deputy)

(No. ....., ... St.; ..... Ward) .....

FULL NAME OF CHILD Martha Holechek

If child is not yet named, make supplemental report as directed.

Sex of Child	Twin, triplet, or other?	No. in order of birth	Legitimate?	Date of birth
girl	(To be answered only in event of plural births)		Yes	Nov. 12, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Holechek	FULL MAIDEN NAME	Bessie Dean Thomson
POST OFFICE ADDRESS	Boise Idaho	POST OFFICE ADDRESS	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Stone Cutter	OCCUPATION	House wife

Number of children born to this mother, including present birth (3) Three

Number of children of this mother now living 3, Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 30 A.M., on the date above stated.
(Born alive or Stillborn)

Was an Ophthalmia Neonotorum Prophylactic used as required by law.....

*When there was no attending physician or midwife, then the father, householder, etc., must make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Shirts
PHYSICIAN, MIDWIFE, PARENT OR INFORMANT
(Cross out words which do not apply)

Given name added from a supplemental report.....,

19.....

Date Nov. 12. Address Boise Idaho

(Signature) ~~Don W Hamlen~~
~~Cyrus M Hamlen~~ Clerk of Courts.

Filed 2/9, 1922 Address ~~Winnemucca~~ F. W. Almond, M.D. State Registrar

NOV 24 1942

469-215-006-456

[redacted]TH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108390

County of [redacted] m

City of Shelly.

No. Farm St. Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Ida Morimoto.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Sept 15, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Riyunkichi Morimoto.	FULL MAIDEN NAME	Katsue Uno.
RESIDENCE	Shelly Idaho.	RESIDENCE	Shelly Idaho
COLOR	Japanese. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	Japanese AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Morimoto Father
No Doctor.
(Physician or midwife)

Give names added from a supplemental report.

Address

, 192

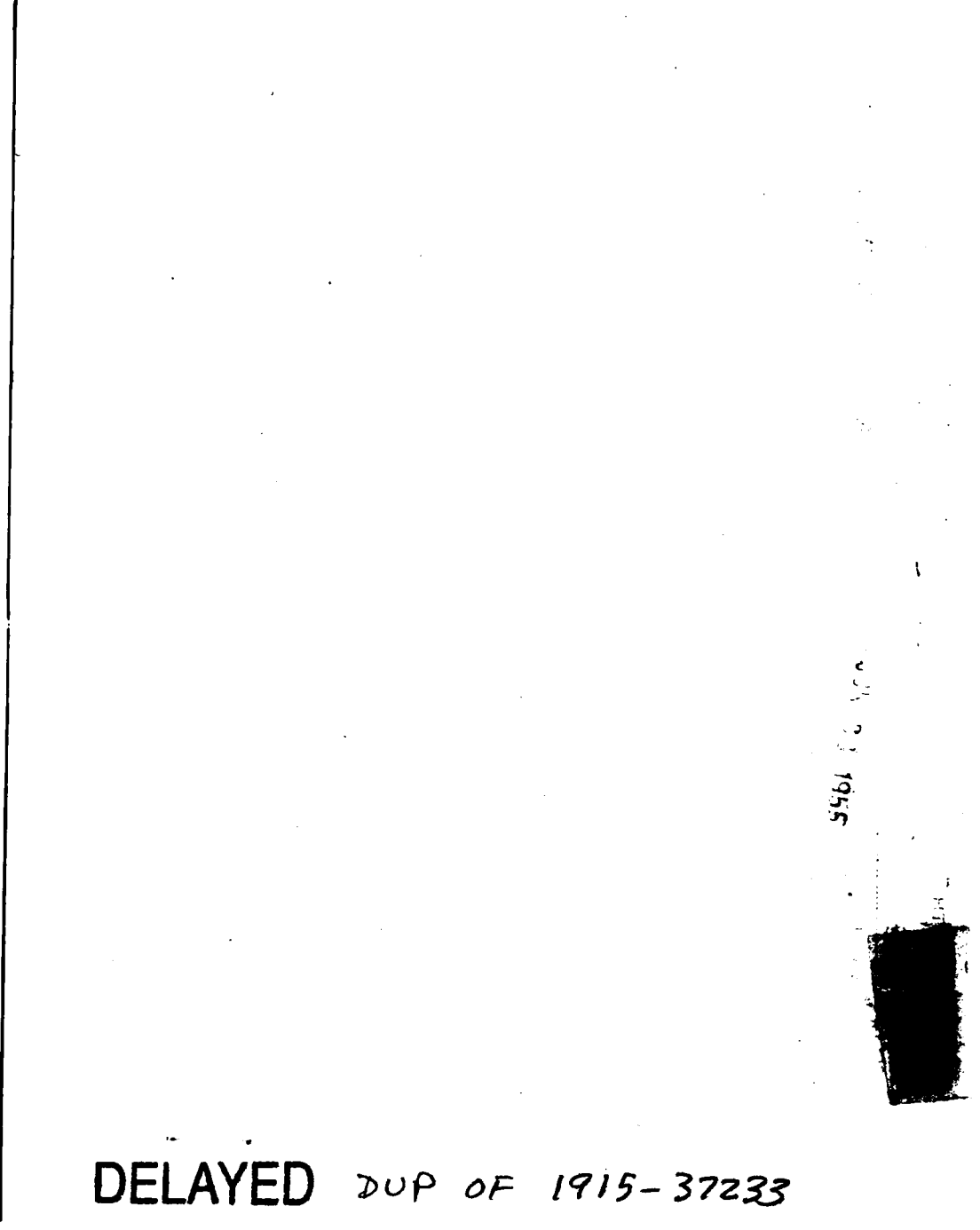
Registrar.

Filed Feb. 10 1923 F. W. Almond M.D. State Registrar.

Family known and certified by me W. F. Howard, M.D., Pocatello.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DELAYED DUP OF 1915-37233

365-204-019 168

PLACE OF BIRTH

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

11 4332

County of Custer

City of Challis

Registration District No. 108 File No.

No. St.

Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Phyllis Loveland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	April 4 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Loveland	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Challis, Idaho	RESIDENCE	Challis Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Challis, Ida

Filed SEP 10 1923 19 F. W. Almond, M.D. State Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

JUL 21 1975

[redacted]

[redacted]

[redacted]

165 713 019 281

PLACE OF BIRTH

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. _____ St.

Hospital _____

Registration District No. 108

File No. 114343

Primary Registration District No. 2186

Registered No. _____

FULL NAME OF CHILD Verl Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 13 1915

FATHER		MOTHER	
FULL NAME	Ward Jones	FULL MAIDEN NAME	Nova Shank
RESIDENCE	Challis Ida.	RESIDENCE	Challis Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a. M. on the date above stated.

(Signature) T. L. Kirtley M.D.

(Physician or midwife)

Address Challis Ida

Filed SEP 10 1923 19 F. W. Almond, M.D. State Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____ Registrar

8-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

BOTH DELAYED

(Z) DEATH HAS BORN ANOTHER YEAR

Dupel 1914 143186

217-124019 000

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Custer

City of Challis

No. _____ St.

Hospital _____

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 11 4348

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Walton L. Baxter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 24 1915 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE	Challis Ida	RESIDENCE	Challis Ida
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Challis Ida.	BIRTHPLACE	Tennessee
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley MD.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Challis, Ida

Filed SEP 10 1923 19____

F. W. Almond M. D.
State Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

County of Custer

City of Challis

Registration District No. 108 File No. 114354

No. ..... St.

Primary Registration District No. 2186 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Pauline Gardiol

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 20 1915

FATHER		MOTHER	
FULL NAME	Paul Gardiol	FULL MAIDEN NAME	Sadie Bradshaw
RESIDENCE	Challis Ida	RESIDENCE	Challis Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Challis, Ida

Filed SEP 10 1923 19.....

F. Walmund M.D.
State Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-115019-263

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

Registration District No. 108

File No. 114357

Primary Registration District No. 2186

Registered No. .....

FULL NAME OF CHILD Lyle Osborn Blume

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May 15 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Fredrick Blume	FULL MAIDEN NAME	Mammie E Bottroff
RESIDENCE	Challis Ida.	RESIDENCE	Challis Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Challis Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Kirtley MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Challis Ida

Filed SEP 10 1923 19.....

F W Almond M D
State Registrar

Registrar

8-Y-CO 38071

NOV 12 1943

DECLASSIFIED

466-116-030-219

PLACE OF BIRTH

County of Lemhi

City of Patterson

No. ..... St.

Hospital .....

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 108

File No. 114362

Primary Registration District No. 2186

Registered No. .....

FULL NAME OF CHILD Rodney W. Mower

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 16 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	John Louis Mower	FULL MAIDEN NAME	Dora Barrack
RESIDENCE	Challis Idaho	RESIDENCE	Challis Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nesha Mower
Mother
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed SEP 10 1923

F. W. Almond M.D.
State Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 4 1942

MOWER

DELAYED

412-222-040-469

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED OCT 26 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

116448

County of Shoshone

City of Mullan

Registration District No. 70

File No.

No. St.

Primary Registration District No. 1011

Registered No. 107

Hospital

FULL NAME OF CHILD Veera Maria Maki

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
gril	X		X	Yes	Nov 22 19[illegible] (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Maki	FULL MAIDEN NAME	Hanna Morlan[illegible]
RESIDENCE	Mullan Ida	RESIDENCE	Mulla
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8/1/23 19 F L [illegible]

Registrar

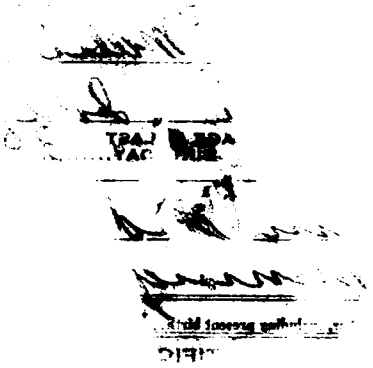
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943



462-22-240-267 (Be sure the information is complete and accurate)

Amended 10/10/75

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 116489
Local Reg. No.
Reg. Dist. No. 70

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Larson

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Larson

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Alice b. (Middle): Maude c. (Last): Roberts

4. SEX: girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 22, 1915

FATHER OF CHILD

7. FULL NAME

a. (First): David b. (Middle): Luther c. (Last): Roberts

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Section Forman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mildred b. (Middle): Eunice c. (Last): Bogart

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): New York

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Rolfs

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 8/1/23

22. REGISTRAR'S SIGNATURE: F. L. Ingle

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 5:30 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 0 9 10 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 116489

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marion Jenevie Rebecah Roberts (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1915 (Date of Event) in Larson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Marion Jenevive Rebecah Roberts	Alice M. Roberts

Subscribed and sworn to before me this 6th day of October, 1975

Notary Public, residing at Wenatchee

My commission expires 11-16-77

(Seal)

Signed Alice Maude George

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Chelan }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1975

Notary Public, residing at Wenatchee

My commission expires 11-16-77

(Seal)

Signed Richard D. Heckard

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 10/29/73 MM

Family Bible recor gives name as Alice Madue Roberts born Dec. 22, 1915 at Larson Idaho. viewed by V. S.

Marriage certif rom Washington gives names as Gordon George and Alice Roberts. dated Aug. 6, 1931. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED
OCT 26 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Larson

Registration District No. 70

File No. 116489

No. ..... St.

Primary Registration District No. 701

Registered No. 79

Hospital .....

FULL NAME OF CHILD Marion Rebecca Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
gr	X	X	Yes	Dec 22 1925

	FATHER	MOTHER
FULL NAME	David Luther Roberts	Mildred Eunice Bogart
RESIDENCE	Larson	Larson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Utah	New York
OCCUPATION	Section Foreman	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralph

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed 8/1/26 19.....

.....
Registrar

S-Y CO. 24656

OCT 2 9 1973

OCT 1 0 1975

215-205-242-612

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117956

Registration District No. 99 File No. ____

Primary Registration District No. 2177 Registered No. 193

FULL NAME OF CHILD Ida Haruko Kaneko

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	July 8 1923

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Roy S. Kaneko	FULL MAIDEN NAME	Yone Nakamura
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 1/19/42

I hereby certify that I attended the birth of this child, who was born alive, at 12 1 M. on the date above stated. 1 Photostat copy 2/27/42

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 12/23 1923 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

118940

County of Lincoln

City of Shoshone

No. 342-230-032-318 St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 3

Hospital Home

FULL NAME OF CHILD Marietta Custer

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F.	Then		1st	yes	1 / 30 / 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William W. Custer	FULL MAIDEN NAME	Mary B. Taylor
RESIDENCE	Shoshone, Ida.	RESIDENCE	Shoshone, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Shoshone, Ida.	BIRTHPLACE	Colorado Springs, Colo.
OCCUPATION	Stockgrower	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Jerome, Ida.

Filed Jany 30 1924

J. L. Fuller
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Payette

No. 765 Eighth Ave St.

Hospital 231 223 614 766

RECEIVED FEB 23, 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119196

Registration District No. ..... State File No. 119196

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Grace Beulah Stanton

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Nov. 23 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Archibald Stanton	FULL MAIDEN NAME	Alice Acelia Goodnow
RESIDENCE	Eighth Ave., Payette, Idaho	RESIDENCE	Eighth Ave. Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Cheyenne, Wyo.	BIRTHPLACE	Wilmington Vermont
OCCUPATION	Grocery Business	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette Idaho

Filed FEB 23 1924 192... F. W. Almond, M.D.
State Registrar.

JUL 14 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. 814 110 033495 St.

Hospital

RECEIVED MAR 7 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

119812

Registration District No. 100 State File No.

Primary Registration District No. 2178 Local Registrar's No. 699

FULL NAME OF CHILD MICHIYO YAMAGATA

(Certificate of no value without full name of child)

Sex of Child Male

Twin Triplet or other? and Number in order of birth X

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Jul. 10/1915 (Month) (Day) (Y

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	S. YAMAGATA	FULL MAIDEN NAME	CHIYO MINOWA
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Y	
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

Mrs Shio. Sasaki
(Signature)

(Physician or midwife)

Address

Filed 3/1 1924

J. Young
Registrar.

3/12/41 L. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

319-116 003-613

County of Bannock

City of Lava Hot Springs

No. Seventy Sixth St. Registration District No. State File No. 119983

Hospital Primary Registration District No. Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF[illegible]
BUREAU OF VITAL STATISTICS

119983

CERTIFICATE OF BIRTH

FULL NAME OF CHILD George Mackie Carey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Jan 16, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Farrow Sherman Carey	FULL MAIDEN NAME Annie Mae Walker
RESIDENCE Lava Hot Springs Idaho	RESIDENCE Lava Hot Springs Idaho
COLOR Light AGE AT LAST BIRTHDAY 16 (Years)	COLOR Medium AGE AT LAST BIRTHDAY 15 (Years)
BIRTHPLACE Toledo Ohio	BIRTHPLACE [illegible]
OCCUPATION	OCCUPATION

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) [illegible]

(~~Physician~~ or midwife)

Address

Filed Mar 21 1924 F. W. Alumbaugh M D
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

123974

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton Idaho

No. 671 202 022818 St. Registration District No. ..... State File No. 123974

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Ogawa
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	yes	Nov. 2 1915

What bactericidal solution was used in eyes? Boracic acid

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Ogawa	Chieco Hayashi
RESIDENCE	Lava Hot Springs Idaho	Lava Hot Springs Idaho
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY (Years)	32	21
BIRTHPLACE	Japan	Japan
OCCUPATION	Cafe men	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(over)

(Signature) Thomas Ogawa father
Chieco Ogawa mother
(Physician or midwife)

Address .....

Filed Aug. 15 1924 F. W. Almond M.D. State Registrar.

first certified copy issued 9-24-35 PBA

231-130-042-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
1924
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 126366

County of Twin Falls

City of Kimberly,

No. ..... St. ..... Registration District No. 36 State File No. .....

Hospital home Primary Registration District No. ..... Local Registrar's No. 86

FULL NAME OF CHILD Wilbur Roy Staley
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar. 30, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Warren Staley	FULL MAIDEN NAME	Mabel Harryman
RESIDENCE	Kimberly	RESIDENCE	Kimberly,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	HW.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Mrs Emma Pratt
midwife
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct 25 1924 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1941

DEC 2 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a [illegible] each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

City of Topaz

No. St.

Hospital 236-225003-653

STATE OF [illegible]
DEPARTMENT OF [illegible] WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 3 1925 BUREAU OF VITAL STATISTICS

128638

CERTIFICATE OF BIRTH

Registration District No. State File No. 128638

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Katherine Alice Stolpe

(Certificate of no value without full name of child)

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth Aug. 25 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Brady Stolpe	FULL MAIDEN NAME	Amelia Feller
RESIDENCE	Topaz Idaho	RESIDENCE	Topaz Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Murray Utah
OCCUPATION	Farming	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 10 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Mrs Amelia Stolpe (mother)

(Physician or midwife)

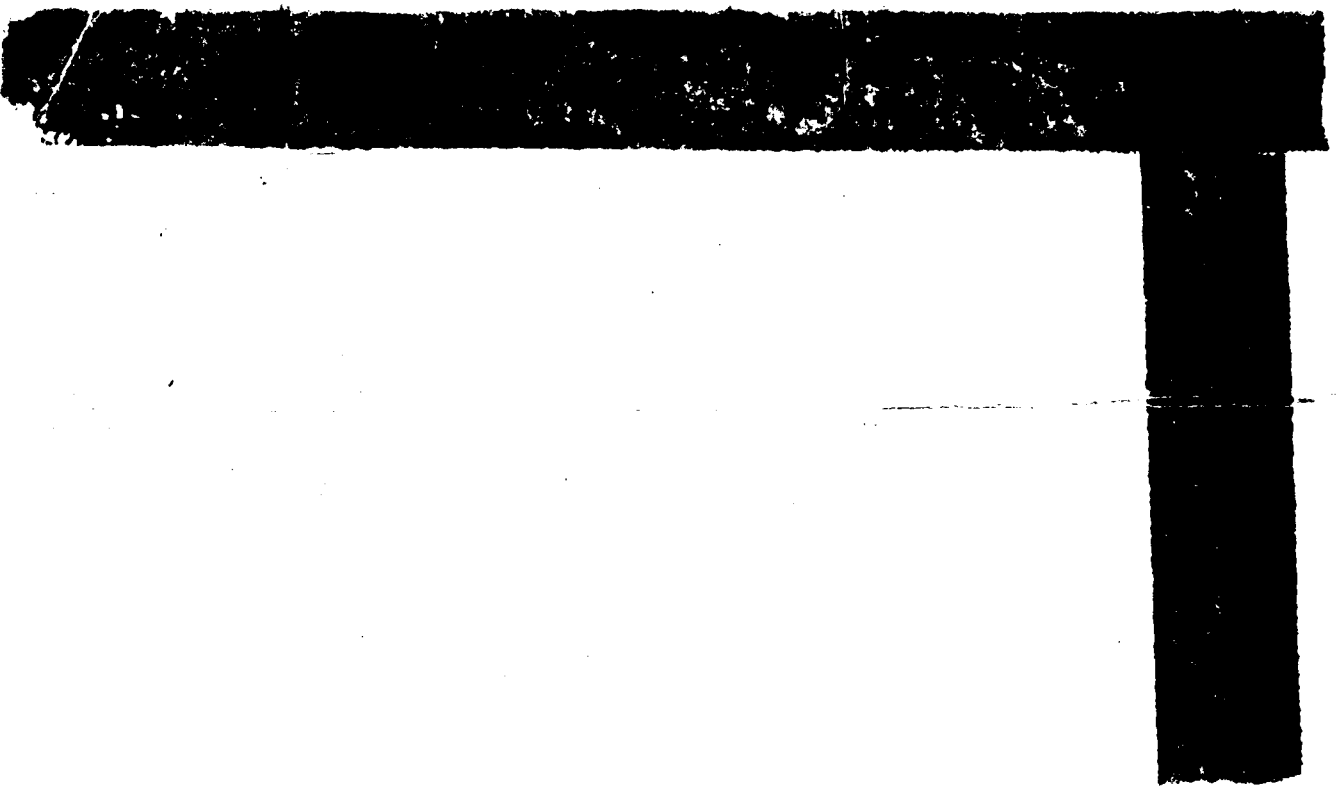
Address

, 192

Registrar.

Filed JAN 3 1925 192

F. W. Almond M.D. State Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of .....

City of Iona, Idaho.

CERTIFICATE OF BIRTH 129995

No. 455 113010 195 St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Myle Ainsworth Denning.
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth: Feb. 13 (Month) (Day) 1925 (Year)

What bactericidal solution was used in eyes? None.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Walter Denning	FULL MAIDEN NAME	Eva Caroline Ainsworth
RESIDENCE	Iona, Idaho.	RESIDENCE	Iona, Idaho.
COLOR	Dark	COLOR	Light.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Malad, Idaho.	BIRTHPLACE	Pleasant Grove, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. B. W. Denning
Iona, Idaho midwife
(Physician or midwife)

Address .....

File MAR 18 1925 192.... J. W. Almond, M.D.
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1970

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-123-230-331

PLACE OF BIRTH

RECEIVED MAY 9 1925 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

131794

County of Lemhi
City of Leadore
No. ..... St. Registration District No. 42 State File No.
Hospital ..... Primary Registration District No. 2153 Local Registrar's No. 41

FULL NAME OF CHILD Ray Cole
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov. 23 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Cole	FULL MAIDEN NAME	Lottie Clark
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Section Forman.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 11:00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Dr Macolm
Physician
(Physician or midwife)

Address .....

Filed April 30 1925 Ethel Peterson
Registrar.

....., 192...

Registrar.

154-105001 712

PLACE OF BIRTH

RECEIVED
JUL 9 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

132022

CERTIFICATE OF BIRTH

132022

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. ~~132022~~

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Juan Cruz Anduiza
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	September 5 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Juan Cruz Anduiza	FULL MAIDEN NAME	Juana Josefa Gabiola
RESIDENCE	619 Grove St. Boise Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ea. Vizcaya Spain	BIRTHPLACE	Guizaburnaga Vizcaya Spain
OCCUPATION	Hotel	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Idaho

Filed July 9 1925 F. W. Almond M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Clayton

No. 754 114 09 1453 St.

Hospital

RECEIVED
JUL 8 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 108 State File No. 132519

Primary Registration District No. 2186 Local Registrar's No. 38

FULL NAME OF CHILD Maria Sam Pedrini

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	May 14, 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Pete Pedrini	FULL MAIDEN NAME	Katherine Del Bondio
RESIDENCE	Clayton	RESIDENCE	Clayton
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2 a. m. on the date above stated.

(Signature) Mrs. T. Bradshaw

(Physician or midwife)

Address Clayton, Idaho

Filed May 1 1925 Hazel Jones Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Austin

No. 254212007693 St.

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 State File No. 132579

Hospital

Primary Registration District No. 31 Local Registrar's No.

FULL NAME OF CHILD Ellen Chloe Knutsen
(Certificate of no value without full name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth Nov 12 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Boracacid

Number of child of this mother, including present birth _____ Number of child of this mother now living, including present birth _____

FATHER		MOTHER	
FULL NAME	Eric Peter Knutsen	FULL MAIDEN NAME	Phebe Tillmore
RESIDENCE	Austin	RESIDENCE	Austin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Stockholm Denmark	BIRTHPLACE	Walsburg Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Julia Howard
Midwife
(Physician or midwife)

Give names added from a supplemental report.

_____, 192

_____
Registrar.

Address

Filed JUL 10 1925 192 F. W. Almond MD
State Registrar.

DEC 1 0 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Morton

No 249 11-009-249 St.

RECEIVED
OCT 7 . 1925
BUREAU OF VITAL STATISTICS

STATE OF ID[redacted]
DEPARTMENT OF PUBLI[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 13425555

Hospital .....

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Darrell Erwin Smith

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Oct	17	1925

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Carl Edward Smith	FULL MAIDEN NAME	Ruby Medora Smith
RESIDENCE	Morton Idaho	RESIDENCE	Morton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Montana Idaho.
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Ruby Medora Smith

MOTHER

~~(Physician or midwife)~~

Address Morton Idaho.

Filed Oct 7 1925

State Registrar.

PLACE OF BIRTH

County of Madison

City of Burton

No. R. 1 Rigby

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

137915

Registration District No. 160 State File No. 137915

Primary Registration District No. 2178 Local Registrar's No. 1331

FULL NAME OF CHILD Momoyo Kaike (Koike)
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 4 1925

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME	BANKichi Kaoko Koike	Sei WATANABE (Watanabe)
RESIDENCE	Burton R1 - 34	Burton R1 - 25
COLOR	Jap	Jap
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Photostat - 8/3/43

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Mrs. Chiba

Midwife Neighbor

(Physician or midwife)

Address R 1 Rigby

Filed 7/18 1926 J. Fleming

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

68 West 1st North

Logan, Utah

June 13, 1936

JUN 17 1936 RECEIVED

Department of Public Welfare

Bureau of Vital Statistics

Boise, Idaho

Dear Sir:

Enclosed find copy of birth certificate of my daughter, Momoyo Koike, with slight error. Born JUNE and not Jan. as written on certificate. Kindly correct this error and if filing charges are necessary will gladly forward.

Yours very truly,

Mrs Bunkichi Koike

AUG 3 1940

921-130-005-462

BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

140934

CERTIFICATE OF BIRTH

County Bonneville

City of St. Maries

No. 214 Main St. Registration District No. ..... State File No. 140934

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Takeo Isashima

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 30th 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Fusata Isashima	FULL MAIDEN NAME	Chiyono Mokino
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Okayama, Japan	BIRTHPLACE	Okayama, Japan
OCCUPATION	Laundry	OCCUPATION	Laundry

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt M.D.

(Physician or midwife)

Address .....

Filed 2/28 1926 Dan Burrell State Registrar.

RECEIVED JUN 2 - 1926

Give names added from a supplemental report.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First Certified Copy issued October 31. 1934. PBA

735-212-011-863

PLACE OF BIRTH

RECEIVED JUN 9 -

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

141339

County of Boundary

City of Meadow Creek — Registration District No. 79 — File No.

No. ..... St. — Primary Registration District No. 215-6 — Registered No.

Hospital

FULL NAME OF CHILD Lenna May Glen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes	April 12 1915

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Glen	FULL MAIDEN NAME	Mabel Hockett
RESIDENCE	Meadow Creek.	RESIDENCE	Meadow Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Penn -	BIRTHPLACE	Kansas -
OCCUPATION	Forester	OCCUPATION	Housewife

What is usual occupation of each parent, even though not employed at present time?

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mabel Glen

Walter (Physician or midwife)

Address Meadow Creek, Idaho -

Filed June 2 1916 — D. E. Fox Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-109 022-799

RECEIVED JUN 3 - 1926

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

141513

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 102 File No. .....

Hospital ..... Primary Registration District No. 6 Registered No. .....

FULL NAME OF CHILD Elmer Henry Griffel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	July 9 - 1915

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Griffel	FULL MAIDEN NAME	Martha Lena Griffel
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. L. Horgin
Per A. C. Meacham
Phys.
(Physician or midwife)

Address Ashton, Idaho.

Filed 5-27 1926 A. C. Meacham
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED AUG 24 192[illegible]
RECEIVED SEP 3 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Turner

CERTIFICATE OF BIRTH

No 744 126 003 799 St. Registration District No. 84 State File No. 143711

Hospital ..... Primary Registration District No. 2161 Local Registrar's No. 265

FULL NAME OF CHILD Russell Smith Gummersall

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male	S			Yes	April 26 1925 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A Gummersall	Bertha May Griffen
RESIDENCE	Turner, Idaho.	Turner, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) F A Gummersall
Father
(Physician or midwife)

Address Turner, Ida.

Filed 5/31 - 1926 Mrs. L. E. Fitz Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED AUG 30 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. 156128004964 St. Registration District No. ..... State File No. 143781

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Eugene Roland Jewett
(Certificate of no value without full name of child)

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth Apr - 28 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Eugene Jewett	FULL MAIDEN NAME	Ada Ruth Romero
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR		COLOR	
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) [signature]

..... (Physician ~~or midwife~~)

Address Montpelier Idaho

Filed AUG 30 1926 192... David Burrell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-129 013 795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Camas

City of Hill City

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 143949

~~Hospital~~ Home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Howard Arthur Hanford
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Dec. 29 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER		MOTHER	
FULL NAME	James Arthur Hanford	FULL MAIDEN NAME	Louise Elizabeth Gwinn
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Chicago, Ill	BIRTHPLACE	Lillian Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom
M.D.
(Physician or midwife)

Address Hill City Idaho

Filed Apr. 14 1926 David Burrell State Registrar.

Give names added from a supplemental report.

....., 192

Registrar.

NOV 27 1942

SEP 8 1944

SEP 26 1944

DELAYED

791-121-083-791

PLACE OF BIRTH RECEIVED OCT 6 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 144451

County of Bannock

City of Pocatello

No. 535 N. 6 Ave St. Registration District No. 28 State File No. 144451

Hospital ..... Primary Registration District No. 2141 Local Registrar's No. 7763

FULL NAME OF CHILD Emiglio Giannini
(Certificate of no value without full name of child)

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 2 (Month) 21 (Day) 1925 (Year)

What bactericidal solution was used in eyes? 1% agnos

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Natali Giannini	FULL MAIDEN NAME	Amelia Giannini
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Gardner	OCCUPATION	Gardner

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) H A Castle

(Physician or midwife)

Address Pocatello

Filed 10/5 1926 J. Young Registrar.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1915-

255-211-003-466

PLACE OF BIRTH RECEIVED OCT 4 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannoc

City of Pocatello

CERTIFICATE OF BIRTH 144454

No. ..... St. Registration District No. ..... State File No. 144454

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Hattie Myrtle Seeley
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	Feb. 11 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	James Delbert Seeley	FULL MAIDEN NAME	Nora Moore
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	83	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	North Carlina
OCCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } **at** ..... **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... **Registrar.**

(Signature) Mrs Nora Humes, Mother
(Physician or midwife)

Address Albion Idaho

Filed Oct 13 1926 David Durrell
Stat Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1957
OCT 27 1961
OCT 29 1962
AUG 5 1976

DELAYED

343-219.003-315

PLACE OF BIRTH RECEIVED OCT 9 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

144457

CERTIFICATE OF BIRTH

County of Bannock

City of Inkom

No. ..... St. Registration District No. 28 State File No. 144457

Hospital — Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Sylvia Anita Cutler
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 19 1925

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Joseph Sheldon Cutler	FULL MAIDEN NAME	Elizabeth LaLatta
RESIDENCE	Fort Hall Idaho	RESIDENCE	Fort Hall Idaho
COLOR	1/4 Indian	COLOR	1/2 Indian
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pocatello Idaho	BIRTHPLACE	Inkom Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Wimmer

(~~Physician or~~ midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

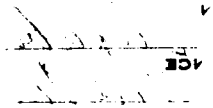
Address Pocatello Idaho Gentry

Filed OCT 9 1926 David Turrell Stall Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 1 9 1943



DECLASSIFIED

259-224001-853

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
OCT 15 1926
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 2 State File No. 144560

Hospital ..... Primary Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Mary Bernasconi
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12 - 24 - 1915

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Victor Bernasconi	FULL MAIDEN NAME	Florence Helvern
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Italy	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

Registrar.

(Signature) M. Callaway Japlin
Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-14 1926 Robt. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1926 added to received date per file number 5/13/10 ly

JUL 13 1972

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-210-00-717

PLACE OF BIRTH

RECEIVED
OCT 15 1926
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 144561

County of Ada
City of Boise
No. ..... St.
Registration District No. 2
State File No. .....
Hospital .....
Primary Registration District No. 1007
Local Registrar's No. Filed

FULL NAME OF CHILD Jaschhuis Baker
(Certificate of no value without full name of child)

Sex of Child F.
Twin Triplet or other? } and { Number in order of birth —
(To be answered only in event of plural births)
Legitimate? yes
Date of birth 8 (Month) 10 (Day) 1915 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8
Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Henry W Baker	FULL MAIDEN NAME	Mary E Page
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Gracerymen	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) M. Calloway Jaschhuis
Physician
(Physician or midwife)

Address Boise Idaho

Filed 10-14 1926 Robt. F. Pratt
Registrar.

JUL 2 1969

MAY 11 1977

DELAYED

814-105-028 RECEIVED OCT 13 1926

PLACE OF BIRTH 235

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview Ida.

No. ..... St. Registration District No. ..... State File No. 145328

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lester Laverne Hammond
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	May 5th 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robt. L. Hammond	FULL MAIDEN NAME	Steele Alma May Hammond
RESIDENCE	Bayview Ida.	RESIDENCE	Bayview Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Walla Walla Wn	BIRTHPLACE	Kimball Minn.
OCCUPATION	Miner	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192...

..... Registrar.

(Signature) Mrs. Robt. L. Hammond

..... (Physician or midwife)

Address Bayview Ida.

Filed ..... 192...

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

550-124-036-045

PLACE OF BIRTH RECEIVED SEP 21 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Daniels

No. ..... St. Registration District No. 10 State File No. 145502

Hospital ..... Primary Registration District No. 10 Local Registrar's No. .....

FULL NAME OF CHILD Lester Joseph Newbrand
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male			Yes	June	24	1925

What bactericidal solution was used in eyes? not any

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. Joseph Newbrand	FULL MAIDEN NAME	Ida Ruegsegger
RESIDENCE	Daniels, Idaho	RESIDENCE	Daniels, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Bern, Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Rosa Newhause
(Physician or midwife)

Address Daniels, Idaho

Filed SEP 22 1926 Dan Burrell Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294 220 001 855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
NOV 26 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R D St. Registration District No. 8 State File No. 146822

Hospital ..... Primary Registration District No. 2008 Local Registrar's No. 146

FULL NAME OF CHILD Bernice Marie Bruch
(Certificate of no value without full name of child)

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 9 (Month) 20 (Day) 1915 (Year)

What bactericidal solution was used in eyes? 20 a/o Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm Bruch	FULL MAIDEN NAME	Ellen Yenne
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) M. Calloway Joplin
Physician
(Physician or midwife)

Address Boise Idaho

Filed Nov 20 1926 R. H. Ratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

DUP 001915 - D69-704

WRITE PLAINLY WITH [illegible]—THIS IS A PERMANENT RECORD

N. B.—In case of more than one [illegible] with a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF RECEIVED DEC [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

147183

County of Custer

City of Clayton

No. 813 217019 665 St. Registration District No. 108 State File No.

Hospital Primary Registration District No. 2186 Local Registrar's No. 101

FULL NAME OF CHILD Antonetta Cicily Yacomella
(Certificate of no value without full name of child)

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of birth: Jan. 11 (Month) (Day) 1925 (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME: Marco Yacomella

RESIDENCE: Idaho

COLOR: White AGE AT LAST BIRTHDAY: 48 (Years)

BIRTHPLACE: Italy

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Celesta Fontana

RESIDENCE: Idaho

COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: Italy

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Registrar.

(Signature) Marco Yacomella
(Physician or midwife)

Address

Filed Oct 23 1926 Edna McKenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

231130042 815

County of Twin Falls RECEIVED APR 9 1927

City of Hansen,

No. ..... St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 State File No. 150735

Primary Registration District No. ..... Local Registrar's No. 11

FULL NAME OF CHILD Bohns W. Stastny

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug. 30, 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Stastny	FULL MAIDEN NAME	Sophia Havlek
RESIDENCE	Hansen, Idaho.	RESIDENCE	Hansen, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Checcho Slovakia	BIRTHPLACE	Checcho Slovakia
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6: A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192

.....
Registrar.

(Signature) Joe Stastny

Father
~~(Physician or midwife)~~

Address Hansen Idaho

Filed march 10, 1927

J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 5 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Collister Sluteen St.

513121001343
(If born in hospital or institution give name.)

Registration District No. 8 State File No. 150796

Prim. Registration District No. 2008 Local Registrar's No. 31

FULL NAME OF CHILD Wm Vernon Eaton
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M.	—		—	Yes	9 (Month) — 21 (Day) — 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Nathan Eaton	FULL MAIDEN NAME	Lottie Mullen
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State	—	If nonresident, give place and State	—
Color or race	W	Color or race	W
Age at last Birthday	35 (Years)	Age at last Birthday	35 (Years)
Birthplace	Iowa (City and State or Country)	Birthplace	Idaho (City and State or Country)
Occupation	M. E.	Occupation	Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5:45 a M. on the date above stated.

(Signature) M. Callaway-Joplin
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed 4-30- 1927 Paula M. Donald
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 5 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WE[illegible]
BUREAU OF VITAL STAT[illegible]

CERTIFICATE OF BI[illegible]

County of Ada
City of Boise
No. R D 2 St.
893 126 001 553
(If born in hospital or institution give name.)

Registration District No. 8 State File No. 150799
Prim. Registration District No. 2008 Local Registrar's No. 28

FULL NAME OF CHILD Allan Romer Hill
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		yes	12 (Month) 26 (Day) 19[illegible] (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth 5 (a) Born alive and now living 4

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Henry J Hill	FULL MAIDEN NAME Lizzie Wilson
Residence (Usual place of abode) Boise	Residence (Usual place of abode) Boise
If nonresident, give place and State	If nonresident, give place and State
Color or race W Age at last Birthday (Years)	Color or race W Age at last Birthday (Years)
Birthplace Sweeden (City and State or Country)	Birthplace Idaho (City and State or Country)
Occupation Farmer	Occupation Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 a M. on the date above stated.

(Signature) M Greenway Joplin
Physician
(Physician or Midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed 4-30 1927 Paula McDonnell
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss Oregon
County of Ada. } Multnomah

Certificate No. 15079
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Allan Roman Hill (Birth or death)
for Allan Roman Hill (Name on original certificate) who born (Was born or died) on Dec. 26 - 1914 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, t
true facts as shown by Father's bring present (Bible record, insurance policy, etc.) prepared on (Give date), ar

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Allan Roman Hill	Allan Romer Hill

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at. FOR STATE OF ID
My commission expires COMMISSION EXPIRES JAN. 5, 1944
[SEAL]

Signed Henry J. Hill
(Signature of parent or attendant if correcting a birth record; c attendant, funeral director, informant if correcting a death record or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. R 2 St.

165 231 001 367

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

151397

Registration District No. 8 State File No.

Prim. Registration District No. 2008 Local Registrar's No. 36

FULL NAME OF CHILD Catherine Jane Jones

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	12 — 31 — 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Griffith James	FULL MAIDEN NAME	Agnes Cox
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State	—	If nonresident, give place and State	—
Color or race	W	Color or race	W.
Age at last Birthday (Years)	43	Age at last Birthday (Years)	36
Birthplace (City and State or Country)	Wales	Birthplace (City and State or Country)	Ind
Occupation	Fireman Boise Bldg.	Occupation	Nur

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 1 a. M. on the date above stated.

(Signature) M. Calloway Jr. M.D.

Physician
(Physician or midwife)

Address Boise Idaho

Filed Dec 19 25

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 2 0 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. R.D. St.

522-229 001 714

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 151398

Prim. Registration District No. 2008 Local Registrar's No. 37

FULL NAME OF CHILD Margaret Marie Eskeldson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	Yes	12 (Month) – 29 (Day) 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead 1 Stillborn None

FATHER		MOTHER	
FULL NAME	Peter Eskeldson	FULL MAIDEN NAME	Emma Paulson
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State	—	If nonresident, give place and State	—
Color or race	W	Color or race	W.
Age at last Birthday	46 (Years)	Age at last Birthday	33 (Years)
Birthplace	Denmark (City and State or Country)	Birthplace	Sweeden (City and State or Country)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4:30 M. on the date above stated.

(Signature) M Greenway-Japlin

Physician
(Physician or midwife)

Address Boise Idaho

Filed 5-5-1927 Paula M Donald
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 1 5 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. R 4 St.

442 111 001 565

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 151404

Prim. Registration District No. 2008 Local Registrar's No. 43

FULL NAME OF CHILD Harry Musgrove
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—			Yes	4 (Month) 11 (Day) 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol +

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Calvin H Musgrove	FULL MAIDEN NAME	Jennie Noel
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State	—	If nonresident, give place and State	—
Color or race	W	Color or race	W
Age at last Birthday	35 (Years)	Age at last Birthday	19 (Years)
Birthplace	Kansas (City and State or Country)	Birthplace	Kansas (City and State or Country)
Occupation	Master Mechanic	Occupation	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 10 a. M. on the date above stated.

(Signature) McCallaway Joplin

Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed 5-9- 1927 Paula McDonald
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 4 1927

County of Ada

City of Boise

No. 1111 N. 10 St.

962-123-001-281

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 State File No. 151455

Prim. Registration District No. 1404 Local Registrar's No. 157

FULL NAME OF CHILD Harry Dale Du Rass

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	4 - 23 - 1927

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Harry A. Du Rass	FULL MAIDEN NAME	Jennie L. Sharpe
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State		If nonresident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	32	Age at last Birthday (Years)	21
Birthplace (City and State or Country)	Mich.	Birthplace (City and State or Country)	Colo
Occupation	Butcher	Occupation	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7:45 P M. on the date above stated.

(Signature) M. Greenway-Japlon

Physician

(Physician or midwife)

Address Boise Idaho

Filed 5-9-1927 Paula McDonald Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JAN 4 1944

JUL 22 1955

DELAYED

1 cup 001915-30081

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

693 112 001 · 381

(If born in hospital or institution give name.)

RECEIVED JUN 4 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 151462

Prim. Registration District No. 104 Local Registrar's No. filed

FULL NAME OF CHILD Robert E. Wilson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 — 12 — 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth — (a) Born alive and now living —

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Robert Wilson	FULL MAIDEN NAME Bertha Chatterson
Residence (Usual place of abode) Boise - Neal Road	Residence (Usual place of abode) Neal Road
If nonresident, give place and State	If nonresident, give place and State
Color or race W Age at last Birthday 42 (Years)	Color or race W Age at last Birthday 40 (Years)
Birthplace Canada (City and State or Country)	Birthplace Canada (City and State or Country)
Occupation Farmer	Occupation Keeping House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1:30 a M. on the date above stated.

(Signature) M. Calloway Japlin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 5-10-1927 Paula M. Howard

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 5 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 3 11 59 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon } ss. Certificate No. 151462

County of Tillamook } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wilson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1915 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Robert Esly Wilson

Subscribed and sworn to before me this 28th day of March, 1974

Laurine J Dunn

Notary Public, residing at Cloverdale Ore

My commission expires 6-26-77

(Seal)

Signed Evelyn W. Gaston (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cloverdale Or.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Tillamook }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 1974

Laurine J Dunn

Notary Public, residing at Cloverdale

My commission expires 6-26-77

(Seal)

Signed Irwin A Beam

(Signature of Any Credible Person)

2897 N. E. Tompkins, West Linn Or

(Street Address, City, State)

(Brother-in-law)

FORM DH 60-155 CL 5/5/72 nm

Ins. Application from United Benefit Life Ins. Co. gives name as Robert E. Wilson born Feb. 12, 1915. signed Mar. 27, 1951. Viewed by V. S.

APR 18 1974

Certified copy from Oregon of child's birth certificate. gives name as Martha Faye Wilson born Aug. 5, 1944. father;s name given as Robert Esley Wilson and mother's name as Nelva Irene Dart. state fiel No. 183. Viewed by V. S.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUN 4 1927

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

685 212 001 215
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

B

Registration District No. 2 State File No. 151463

Prim. Registration District No. 1004 Local Registrar's No. filed

FULL NAME OF CHILD Margaret Wheeler
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	Yes	4 – 12 – 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? 20 % Argyrol

Number of child of this mother, including present birth — (a) Born alive and now living —

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Frances M. Wheeler	FULL MAIDEN NAME Susie Sanels
Residence (Usual place of abode) Boise	Residence (Usual place of abode) Boise
If nonresident, give place and State —	If nonresident, give place and State —
Color or race W Age at last Birthday 28 (Years)	Color or race W Age at last Birthday 22 (Years)
Birthplace N. Y (City and State or Country)	Birthplace Nebr (City and State or Country)
Occupation Farmer	Occupation Hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 9:10 P M. on the date above stated.

(Signature) M Cullaway Joplin
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Idaho

Filed 5-10-1927 Paula M. Donald
Registrar.

492-103-031-819

LACE OF BIRTH

of Le RECEIVED AUG 26 1927

Kamiah

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

154106

CERTIFICATE OF BIRTH

154106

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Harry Dissmore
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	October 3 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

Number of child of this mother, including present birth one (a) Born alive and now living yet

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Harry W. Dissmore	FULL MAIDEN NAME Estelle Marion Harper
Residence (Usual place of abode) Kamiah Ida	Residence (Usual place of abode) Kamiah Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race American Age at last Birthday 27 (Years)	Color or race American Age at last Birthday 21 (Years)
Birthplace Cresco Iowa (City and State or Country)	Birthplace Salisbury, New Brunswick (City and State or Country)
Occupation Merchant	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 7 15 a. M. on the date above stated.

(Signature) [signature] M.D.
Kamiah Id.
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Aug 26 1927 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANEN
N. B.—In case of more than one child at birth a SEPARATE RETURN mus
each and the number of each, in order of birth stated.

245-106-022-39 RECEIVED [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 154920

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 154920

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD George Herman Buermann
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	December 6th 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Herman Buermann

Residence (Usual place of abode) Lewisville

If nonresident, give place and State .....

Color or race White Age at last Birthday 30 (Years)

Birthplace Illinois (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Carrie Lindstrom

Residence (Usual place of abode) Lewisville, Ida

If nonresident, give place and State .....

Color or race White Age at last Birthday 26 (Years)

Birthplace Sweden (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } * at 8: PM. on the date above stated.

(Signature) Herman Buermann

(Physician or midwife)

Address Klamath Falls, Oregon

Filed Oct 1 1927 David Burrell State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

DUP OF
19-34508

453-209835 736

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

156485

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. ..... State File No. 156485

Hospital at home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frances Bernice Melchert.

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth Sept. 9 (Month) (Day) 1925 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 0 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bernard Melchert	FULL MAIDEN NAME	Hannie Stone
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Home Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) X Mrs Irene Harris

by Harris attending Phy.

(Physician or midwife)

Address Sacramento, Calif

Filed Dec 2 1927 David Burns Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF CALIFORNIA,

County of Sacramento } ss.

On this 14th day of November in the year one thousand nine hundred and twenty-seven

before me ARTHUR G. WILSON, a Notary Public in and for the

County of Sacramento, State of California, residing therein,

duly commissioned and sworn, personally appeared

Mrs. Irene Stone

known to me to be the person whose name is subscribed to the within instrument,

and acknowledged that She executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal,

at my office in the County of Sacramento the day and

year in this certificate first above written.

Arthur G. Wilson

Notary Public in and for the Sacramento County of

State of California.

My commission expires

June 18th 1930

Cowdery's Form No. 32—(Acknowledgment General)

APR 29 1955

A F F I D A V I T

STATE OF WASHINGTON }
COUNTY OF WHITMAN }

Fannie Melchert, being first duly sworn on oath deposes and says: That affiant is the mother of Frances Bernice Melchert, a female child born as the issue of affiant and Bernard Melchart, at Lewiston, Idaho on September 9, 1915; that a Dr. Harris attended affiant at the time of the birth of said child and his present whereabouts is unknown to affiant; that Mrs. Irene Stone, mother of affiant, and Mrs. Punkett, who is now dead, were present at the time of the birth of said child; that no official record of the birth of said child seems to be of record in the State of Idaho and this affidavit is made in order to complete the state records relating thereto.

Fannie Melchert.

Subscribed and sworn to before me this 25th day of November 1927.

Frank Barry
Notary Public in and for the State of Washington, residing at Pullman

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Mindoka

No. 715-201-034-395 St.

Hospital —

DEC 28 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

157129

Registration District No. ..... State File No. 157129

Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Anna Gansinger
(Certificate of no value without full name of child)

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of birth May 1 1915
(Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Christ Gansinger	FULL MAIDEN NAME	Olga Lindaua
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St-Hubert. Hungray	BIRTHPLACE	Tarutina-Russia
OCCUPATION	Farming	OCCUPATION	Hauswork

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at live M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Christ Gansinger Father

(Physician or midwife)

Address 5248 S. Artesian Ave Chicago, Ill

Filed DEC 28 1927 David Burrell State Registrar.

....., 192...

Registrar.

APR 1 4 1975

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] BIRTH

RE[illegible] MAR [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

159668

CERTIFICATE OF BIRTH

County of Bonneville

City of Lincoln

No. 319-107-010-866 St. Registration District No. 73 State File No. 159668

Hospital ..... Primary Registration District No. 2150 Local Registrar's No. .....

FULL NAME OF CHILD Edward Howe Caine
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth July 7th, 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2nd

FATHER	MOTHER
FULL NAME Frederick A. Caine	FULL MAIDEN NAME Esther Hazel Howe
RESIDENCE Lincoln, Bonneville County, Idaho	RESIDENCE Lincoln, Bonneville County, Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Coalville, Summit County, Utah	BIRTHPLACE Salt Lake City, Utah
OCCUPATION Bookkeeper	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G. Mellor, M.D.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address Idaho Falls, Idaho

MAR 27 1928 192...

David Burrell
State Registrar.

JUN 2 9 1943

369-220-026-793

PLACE OF BIRTH

RECEIVED JAN 17 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby, Idaho

No. ..... St. Registration District No. ..... State File No. 160184

Hospital home Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Maxine Cordon

(Certificate of no value without full name of child)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth February 20 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Alfred (Josiah) Call Cordon	FULL MAIDEN NAME	Rose Gilchrist
RESIDENCE	Rigby, Idaho	RESIDENCE	Rigby, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	Born July 1st ~~1883~~ 1883 (Years)	AGE AT LAST BIRTHDAY	Born September 24, 1886 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Yes at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

January 5th, 1928

..... Registrar.

(Signature) K. A. Anderson M.D.

Physician

(Physician or midwife)

Address Rigby, Idaho

Filed MAR 16 1928

Dave Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED JUL 11 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

162610

County of Benewah

City of St. Maries

No. 366-110005-753 St. Registration District No. 32 State File No.

Hospital Primary Registration District No. 2049 Local Registrar's No. 32

FULL NAME OF CHILD Carl Arthur Coon

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes.	Jan. 10 1915

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hiram Arthur Coon	FULL MAIDEN NAME	Signa M. Peterson
RESIDENCE	St. Maries, Idaho.	RESIDENCE	St. Maries, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ozvatonna, Minn.	BIRTHPLACE	Stockholm, Sweden
OCCUPATION	Farmer	OCCUPATION	Mother, housewife, Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Coon

(Physician or midwife)

Give names added from a supplemental report.

....., 192.

Registrar.

Address St. Maries, Idaho.

Filed July 18 1928 O. Murray

Registrar.

693-124-003-693

PLACE OF BIRTH

RECEIVED NOV 5 1928

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166082

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Orvil Wilford Wilding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy					Dec. 24 1915

FATHER

FULL NAME: Joseph A. Wilding

RESIDENCE: Downey Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Salt Lake Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Eliza A. Barnes Wilding

RESIDENCE: Downey Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Downey Idaho

OCCUPATION: House keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hannah A. Barnes

Downey Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address .....

Filed NOV 5 1928 19.....

David Barnes
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED DEC 11 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. 464 Y10-003-266 St. Registration District No. ..... State File No. 166114

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Max Bowen Domina
(Certificate of no value without full name of child)

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth April (Month) 10th (Day) 1915 ~~192~~ (Year)

What bactericidal solution was used in eyes? boric acid Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Pearl Clayton Domina	FULL MAIDEN NAME	Mary Bowen
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Atkinson Ill.	BIRTHPLACE	Spanish Fork Utah
OCCUPATION	Pharmacist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192

..... Registrar.

(Signature) Mary Bowen Domina

..... (Physician or midwife)

Address .....

Filed Dec 11 1928 C. K. Macey State Registrar.

JAN 23 1942

NOV

c.c. 6/15/41. w.h.

Form V. S. No. 11—20m-7-26-19

RECEIVED DEC 12 1928

PLACE OF BIRTH

296-215-028 231

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

166733

County of Kootenai

City of Coeur d'Alene

Registration District No. ..... File No. 1

No. — St.

Primary Registration District No. ..... Registered No. .....

Hospital —

FULL NAME OF CHILD Emma Kromm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug. 15th 1915

FATHER		MOTHER	
FULL NAME	Philip Kromm	FULL MAIDEN NAME	Eva Stang
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Yodgna, Russia	BIRTHPLACE	Yadgna, Russia
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Phil Kromm X

Mrs Carl Schutz X
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Elk River Idaho

Filed Dec. 14 1928 C. K. Macey State Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
JUN 29
County of

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

457-211-003-314

PLACE OF BIRTH

County of RECEIVED DEC 26 1928

City of Pocatello

No. ..... St.

Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

166755

Registration District No. 28 State File No. ....

Prim. Registration District No. 2161 Local Registrar's No. 8969

FULL NAME OF CHILD Lena De Gregory
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth May, 11 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? ....

Number of child of this mother, including present birth 7 (a) Born alive and now living Six

Born alive but now dead One Stillborn ....

FATHER	MOTHER
FULL NAME Nickolas De Gregory	FULL MAIDEN NAME Gertrude Campanella
Residence (Usual place of abode) Pocatello Ida.	Residence (Usual place of abode) Pocatello Ida.
If nonresident, give place and State	If nonresident, give place and State ....
Color or race White Age at last Birthday 38 (Years)	Color or race White Age at last Birthday 35 (Years)
Birthplace Boiano, Italy. (City and State or Country)	Birthplace Boiano Italy. (City and State or Country)
Occupation Labor and Helper	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at .... M. on the date above stated.

(Signature) Pasqualina her mark Mariano midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello

Filed 12/1 1928 [signature]
Registrar.

JAN 30 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

7 19 22 001-362

County of Ada

City of Boise

No. 217½ 9th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

168430

CERTIFICATE OF BIRTH

Registration District No. State File No.

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD FLORENTINA BARAINCA

(Certificate of no value without full name of child)

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth Apr. 12th 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Joseph Barainca	FULL MAIDEN NAME	Rosario Cobeaga
RESIDENCE	Owyhee, Oregon	RESIDENCE	Owyhee, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Basco, Spain	BIRTHPLACE	Basco, Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Fred A. Pulenger

(Physician ~~[illegible]~~)

Address Boise, Idaho.

Filed Feb. 12, 1929 C. K. Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1929

County of Blaine

City of Bellevue

No. 445 222007 25 St. Registration District No. ..... State File No. 168614

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Harriet Salina Munn
(Certificate of no value without full name of child)

Sex of Child: Girl | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: Mar 22 1915 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth: Second | Number of child of this mother now living, including present birth: Second

FATHER

FULL NAME: Archie Munn

RESIDENCE: Bellevue Idaho

COLOR: White | AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Florence Ann Bellinger

RESIDENCE: Bellevue

COLOR: White | AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Boise Idaho.

OCCUPATION: House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs J. Stitt

Bellevue, Idaho.
(Physician or midwife)

Address .....

Filed FEB 21 1929 92 C. K. Macey State Registrar.

APR 23 1963

DEC 18 1968

JAN 7 1969

MAY 16 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1929

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R.F.D. # 6 St.

315-11700-212

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 169136

Registration District No. 2150 State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Masao Tanaka
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 17th 1915

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Masakichi Tanaka	FULL MAIDEN NAME Mashie Sakai
Residence (Usual place of abode) Idaho Falls, Idaho.	Residence (Usual place of abode)
If nonresident, give place and State	If nonresident, give place and State
Color or race japanese Age at last Birthday 37 (Years)	Color or race japanese Age at last Birthday 19 (Years)
Birthplace Japan (City and State or Country)	Birthplace Japan (City and State or Country)
Occupation farmer	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 5 A. M. on the date above stated.

(Signature) [signature]

Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address R.F.D. # 6, Idaho Falls, Idaho.

File APR 3 1929 19 C. K. Macey
Registrar.

APR 12 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ADA

City of Boise

No. 702 Idaho St.

445 225 001 293

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173516

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Hazel Umeda
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	February 25 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? Crede Solution

Number of child of this mother, including present birth I (a) Born alive and now living I

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Harry Umeda	FULL MAIDEN NAME	Tsune Kitamura
Residence (Usual place of abode)	Boise	Residence (Usual place of abode)	Boise
If nonresident, give place and State	Idaho	If nonresident, give place and State	Idaho
Color or race	Yellow	Color or race	Yellow
Age at last Birthday (Years)	34	Age at last Birthday (Years)	22
Birthplace (City and State or Country)	Japan	Birthplace (City and State or Country)	Japan
Occupation	Merchant	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 5 P. M. on the date above stated.

(Signature) John Barth
(Physician ~~or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Boise Ida

Filed Aug 26 1929 C H Macey State Registrar.

319-114-007-666

RECEIVED OCT 2 1929

PLACE OF BIRTH

County of Blaine

City of Manard

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 174438

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Claude Clarkson Laird
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	March 14 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth seven (a) Born alive and now living four

Born alive but now dead three Stillborn .....

FATHER	MOTHER
FULL NAME Roy Samuel Laird	FULL MAIDEN NAME Lela Myrtle Woods
Residence (Usual place of abode) Manard, Idaho	Residence (Usual place of abode) Manard, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race white Age at last Birthday 32 (Years)	Color or race white Age at last Birthday 30 (Years)
Birthplace Webster Co. Nebr. (City and State or County)	Birthplace Madison Co. Iowa (City and State or County)
Occupation farming	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 10:30 P. M. on the date above stated.

(Signature) Roy S. Laird

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Snipe Lake, Sask. Canada

Filed Oct 2 1929 C. K. Macey State Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA...
N. B.—In case of more than one child at birth a SEPARATE RETURN ... for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

No. [illegible]

Registration District No. [illegible] State File No. [illegible]

Prim. Registration District No. [illegible] Local Registrar's No. [illegible]

(Form in hospital or institution)

FULL NAME OF CHILD [illegible]

If stillborn, substitute the word "stillbirth" for name of child.

Sex of child	Twin, triplet or other	Number in order of birth	Legitimate?	Date of birth		
				(Month)	(Day)	(Year)

(Enter answers only in order of birth)

What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]

Number of child of this mother including present birth [illegible] (a) Born alive and now living [illegible]

Born alive but now dead [illegible] Stillborn [illegible]

MATERNAL NAME [illegible]

Residence (Usual place of abode) [illegible] Residence (Usual place of abode) [illegible]

Residence or alive place and state [illegible] Residence or place and state [illegible]

Color or race [illegible] Age at last Birthday [illegible] (Years) Color or race [illegible] Age at last Birthday [illegible] (Years)

Birthplace [illegible] (City and State or County) Birthplace [illegible] (City and State or County)

Occupation [illegible] Occupation [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at [illegible] M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Filed [illegible]

*Where there was no attending physician or midwife, then the father, or [illegible] should make this return. A stillborn child is one that neither breathes nor shows other evidence of [illegible]

712-106-09-313

RECEIVED OCT 17 1929

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Custer

City of Mackay

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 76 State File No. 175214

Prim. Registration District No. 215 Local Registrar's No. 443

FULL NAME OF CHILD Henry Gabiola

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Sept. 6 1929

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Eugene Gabiola	FULL MAIDEN NAME Mary Sola
Residence (Usual place of abode) Mackay Ida	Residence (Usual place of abode) Mackay Ida
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 19 (Years)	Color or race White Age at last Birthday 22 (Years)
Birthplace Spain (City and State or Country)	Birthplace Spain (City and State or Country)
Occupation Herder	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 A. M. on the date above stated.

(Signature) Eugene Gabiola

Father.

(~~Physician or midwife~~)

Address Mackay Idaho

Filed Oct. 16 1929 Rose Nowock

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 9 1964

SEP 2 5 1945

MAR 2 5 1951

MAR 2 2 1951

962-208-001-493

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 175228

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Antonia Helen Rosandick
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female				Yes	Aug 8 1915 19.. (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth I (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Martin Rosandick	FULL MAIDEN NAME	Mary Milinkovich
Residence (Usual place of abode)	1221 Grove Boise	Residence (Usual place of abode)	1221 Grove Boise
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday	36 (Years)	Age at last Birthday	24 (Years)
Birthplace	Kanica Jugoslavia Gospic (City and State or County)	Birthplace	Kanica Jugoslavia Gospic (City and State or County)
Occupation	logger and rooming house	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn **at** 8 Aug 8 1915 M. **on the date above stated.**

(Signature) Mariz Rosandick
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1221 Grove

Filed Oct. 25 1929 C K Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1945

MAR 11 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St. .....

(If born in hospital or institution give name.)

RECEIVED FEB 21 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

178513

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Helen Maxine Warren

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Dec 1 1929

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME Albert Edwin Warren	FULL MAIDEN NAME Annie Gardner
Residence (Usual place of abode) Hagerman	Residence (Usual place of abode) Hagerman
If non-resident, give place and State	If non-resident, give place and State
Color or race Caucasian Age at last Birthday 41 (Years)	Color or race Caucasian Age at last Birthday 30 (Years)
Birthplace St Marys canada (City and State or County)	Birthplace Eureka Utah (City and State or County)
Occupation Painter	Occupation House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) See other side

(Physician or midwife) mother

Address 565 College ave.

Filed Feb 21 1930 Mayfield Calif.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Beatrice Lepper State Registrar

(over)

Dr Frankbonner delivered me.
He had his office in Hagerman.
I do not know his present address.

Annie Gardner Warren
(mother.)
565 College ave
Mayfield California.

NOV 17 1952

DELIVERED

STATE OF CALIFORNIA,
COUNTY OF SANTA CLARA, } ss.

On this 18 day of February in the year one thousand nine hundred and Thirty, before me, **SIDNEY M. CUTHBERTSON,** a Notary Public in and for the County of Santa Clara, State of California, residing therein, duly commissioned and sworn, personally appeared

Mrs Annie Snider Warren

known to me to be the person whose name is subscribed to the within instrument, and acknowledged that She executed the same

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at my office in the County of Santa Clara, State of California, the day and year in this certificate first above written.

Sidney M. Cuthbertson

Notary Public in and for the County of Santa Clara, State of California.

RECEIVED MAR 10 1930

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. [illegible] St.

Registration District No. ..... File No. 178597

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Fumiko Nakao

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1915 (Year)
Female			2	Yes	Oct	11	

FATHER

FULL NAME Yonejiro Nakao

RESIDENCE Iona

COLOR Yellow

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Kiyono

RESIDENCE Iona

COLOR Yellow

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Idaho Japanese Association

(~~Physician or midwife~~)

Address Idaho Falls, Idaho.

Filed March 10 1930 Bessie N Lepper State Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

RECEIVED APR 4 1930

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

212-224 055 37

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

179226

Registration District No. 100 State File No. .....

Prim. Registration District No. 2178 Local Registrar's No. 39

FULL NAME OF CHILD Teruko Sase

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fe			Yes	Oct 6 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 7 (a) Born alive and now living 7

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Fukuye Sase

Residence (Usual place of abode) Rexburg

If non-resident, give place and State .....

Color or race Japanese Age at last Birthday 28 (Years)

Birthplace Japan (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Kitsu Igarashi

Residence (Usual place of abode) Rexburg

If non-resident, give place and State Idaho

Color or race Japanese Age at last Birthday 29 (Years)

Birthplace Japan (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Mrs Tora Ogawa mother in law

Mrs Steined Witness

(Physician or midwife)

Address Rexburg Idaho

Filed 3-27 1930 J R Young Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 30 1986

MAY 30 1986

JUL 6 1999

NOV 24 1952

2 certified copies issued 9-2-57 PBA
5251-5252

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 26 1930

PLACE OF BIRTH

County of Bannock

City of Pocatello, Idaho

No. 366 211 063-4136 St.

General Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 179324

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Margueritte M. Cook

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Nov. 11-1915 19....

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME James Arnold Cook	FULL MAIDEN NAME Margueritte McWilliams
Residence (Usual place of abode) Bancroft, Idaho	Residence (Usual place of abode) Bancroft, Idaho
If non-resident, give place and State Camden, Ala.	If non-resident, give place and State Camden, Ala.
Color or race W Age at last Birthday 25 (Years)	Color or race W Age at last Birthday 25 (Years)
Birthplace Camden, Wilcox Co. Ala. (City and State or County)	Birthplace Camden, Wilcox Co, Ala. (City and State or County)
Occupation salesman	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 7 a — M. on the date above stated.

(Signature) Margueritte M. Cook (mother)
Camden - Alabama -
(Physician or ~~midwife~~)

Address Camden, Ala.

Filed Mar 26 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 1 5 1976

754-204-801-565

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1414 Kearns St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 180034

Prim. Registration District No. 1004 Local Registrar's No. 189

FULL NAME OF CHILD Gladys Leonia Pedersen

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		—	yes	7 — 4 — 1915.

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Luther A. Pedersen	FULL MAIDEN NAME	Dovie Noel
Residence (Usual place of abode)		Residence (Usual place of abode)	Boise Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	W	Color or race	W
Age at last Birthday (Years)	29	Age at last Birthday (Years)	22
Birthplace (City and State or County)	Denmark	Birthplace (City and State or County)	Kansas
Occupation	Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at — A. M. on the date above stated.

(Signature) M. Calloway-Joplin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 4-17 1930 W. F. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

555-230-003-635

PLACE OF BIRTH

RECEIVED MAY 7 1930

County of Bannock

City of Inkom

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180063

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Martha Neeser
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	July	30	1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth fifth (a) Born alive and now living five

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Alma Jacob Neeser	FULL MAIDEN NAME	Margaret McNamara
Residence (Usual place of abode)	Inkom	Residence (Usual place of abode)	Inkom
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	49	Age at last Birthday (Years)	36
Birthplace (City and State or County)	Logan Utah	Birthplace (City and State or County)	Walla Walla, Wash.
Occupation	farmer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:45 a. M. on the date above stated.

(Signature) Margaret Neeser

(Physician or midwife)

Address Inkom Idaho

Filed May 9 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1973

RECEIVED MAY 16 1930

PLACE OF BIRTH

County of Bonneville

City of Iona

No. 942-2130 E 942 St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 180889

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Thelma Lubila Russell

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl					Dec 13 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 1

Born alive but now dead 1 Stillborn .....

FATHER		MOTHER	
FULL NAME	Henry Abrum Russell	FULL MAIDEN NAME	Treasure Russell
Residence (Usual place of abode)	Iona	Residence (Usual place of abode)	Iona
If non-resident, give place and State		If non-resident, give place and State	
Color or race	American	Color or race	American
Age at last Birthday (Years)	25	Age at last Birthday (Years)	19
Birthplace (City and State or County)	Utah	Birthplace (City and State or County)	Salina Utah
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Treasure Russell

Mother

(Physician or midwife)

Address Iona, Idaho

Filed May 17 1930 Bessie N Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1969

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED JUL 15 1930

PLACE OF BIRTH
County of Shoshone
City of Wardner
No. 461-211040-493 St.
Born at Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

181759

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Milica Mojisich
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | ~~Twin~~ ~~Triplet~~ ~~or other~~? and ~~Number~~ ~~in order~~ ~~of birth~~ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Nov. 11 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Mr. Stanko Mojisich	FULL MAIDEN NAME Kristina Mitrovich
Residence (Usual place of abode) Warner, Idaho	Residence (Usual place of abode) Warner, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday ..... (Years)	Color or race White Age at last Birthday 32 (Years)
Birthplace Pindren, Serbia (City and State or County)	Birthplace Budva, Dalmacia (City and State or County)
Occupation Miner	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

(Signature) Bepina Pehar
Nurse
(~~Physician~~ or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1837 3rd, San Diego
Filed July 15 1930 Bessie N Lepper
State Registrar.

893; H 2027 48

RECEIVED NOV 7 1930

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. [illegible] St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 185-257

Registration District No. 14 State File No. 185257

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD GORDON JOHN HILLMAN

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Dec. 13, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME JOHN I. HILLMAN

Residence (Usual place of abode) Jerome, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 29 (Years)

Birthplace Sunnydell, Fremont Co. Ida (City and State or County)

Occupation High School Principal

MOTHER

FULL MAIDEN NAME EDA DAHL

Residence (Usual place of abode) Jerome, Idaho

If non-resident, give place and State .....

Color or race White Age at last Birthday 30 (Years)

Birthplace Clarkfield, Minnesota (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6:30 A M. on the date above stated.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome, Idaho

Filed Nov. 7 1930 Bessie N. Lepper State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 30 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone RECEIVED DEC 5 1930

City of Kellogg

No. ..... St.

693-112 040-693

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 185985

Registration District No. ..... State File No. 185985

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Benjamin Archie Wilcox

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		First		Aug. 12 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1 yrs

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Wilcox	FULL MAIDEN NAME	Teresa Etta Nelson
Residence (Usual place of abode)	Kellogg, Idaho	Residence (Usual place of abode)	Kellogg, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White Age at last Birthday 31 (Years)	Color or race	White Age at last Birthday 43 (Years)
Birthplace	St. Croix, Utah (City and State or County)	Birthplace	Portland, Oregon (City and State or County)
Occupation	Miner	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11:45 A.M. on the date above stated.

(Signature) Teresa Etta Wilcox

420 Vaughn St.

(Physician or Midwife) Portland, Ore.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Dec. 8 1930 Bessie M. Lepper State Registrar.

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

1. Name of child _____
2. Sex of child _____
3. This birth occurred on (month) _____ (day) _____ (year) _____
4. Where was birth? (City or town) _____ (County) _____
5. Was birth in hospital or institution? _____
6. Full name of father _____
7. Father's color or race _____
8. Father's age at last birthday _____
9. Father's birthplace (State or foreign country) _____
10. Father's occupation _____
11. Full maiden name of mother _____
12. Mother's color or race _____
13. Mother's age at last birthday _____
14. Mother's birthplace (State or foreign country) _____
15. Mother's occupation _____
16. Number of children born to this mother, including this child _____
17. Number of children of this mother living now _____
18. Number of children of this mother born dead _____
19. Number of other children born dead _____
20. Informant _____
21. Address _____
22. Date accepted for registration _____
23. Signature of local registrar _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive / stillborn on the date above stated.

I last saw the mother on _____ and delivered the child on _____

(Signature) _____

(Professional title) _____

(Address) _____

CERTIFICATE OF PERSON IN ATTENDANCE AT BIRTH

If no physician or midwife was in attendance, this certificate should be signed by the householder or other responsible person present at the birth.

(Signature) _____

(Address) _____

MOTHER

Date given and now living _____

Place of birth (State or foreign country) _____

Usual residence _____

Color or race _____

Age at last birthday _____ (Years)

Number of previous children born alive _____

Number of previous children now living _____

Number of previous children born dead _____

Date of last previous birth _____

Length of present pregnancy _____

Was pregnancy terminated by miscarriage or abortion? _____

If so, how many months? _____

Was mother married at time of birth of this child? _____

Was mother married at time of conception of this child? _____

Was pregnancy attended by physician? _____

Was pregnancy attended by midwife? _____

Was pregnancy attended by other person? _____

Was pregnancy attended by no attendant? _____

Was pregnancy attended by physician, midwife, other person, or no attendant? _____

Was pregnancy attended by physician, midwife, other person, or no attendant? _____

Was pregnancy attended by physician, midwife, other person, or

864-221-030-617

188456

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of May

No. _____ St.

Idaho

(IF BORN IN HOSPITAL OR INSTITUTION GIVE NAME.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

188456

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Grace Irene Hodge

(IF STILLBORN, SUBSTITUTE THE WORD "STILLBIRTH" FOR NAME OF CHILD)

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (MONTH) (DAY) (YEAR)
Girl			8		Dec 21 1935

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 8 (a) Born alive and now living living 4

Born alive but now dead 4 dead Stillborn _____

FATHER	MOTHER
Full Name: John Jeremiah Hodge	Full Maiden Name: Ida Isidora Wagster
Residence (Usual place of abode): on Farm	Residence (Usual place of abode): on Farm
If non-resident, give place and State: _____	If non-resident, give place and State: _____
Color or race: white Age at last Birthday: 25 (YEARS)	Color or race: white Age at last Birthday: 35-36 (YEARS)
Birthplace: Piggott Ark (CITY AND STATE OR COUNTY)	Birthplace: Dexter Iowa (CITY AND STATE OR COUNTY)
Occupation: Farming	Occupation: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} **at** _____ **M. on the date above stated.**

(Signature) Mrs Ida I. Hodge

Mother

(Physician or Midwife)

Address May Idaho

Filed Dec 1936

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

OCT 1 8 1974

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

189193

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ..... St.

561-112-010-324

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

189193

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Noble Masaaki Nojima

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | **Legitimate?** Yes | **Date of birth** Jan. 12, 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 15%

Number of child of this mother, including present birth 8 (a) Born alive and now living 7

Born alive but now dead 2 Stillborn 0

FATHER	MOTHER
FULL NAME Masayuki Nojima	FULL MAIDEN NAME Kiyo Tsutsumida
Residence (Usual place of abode) Idaho Falls	Residence (Usual place of abode) Idaho Falls
If non-resident, give place and State	If non-resident, give place and State
Color or race Japanese Age at last Birthday 53 (Years)	Color or race Japanese Age at last Birthday 49 (Years)
Birthplace Japan (City and State or County)	Birthplace Japan (City and State or County)
Occupation Restaurant Operator	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn **at** 9 a. M. **on the date above stated.**

(Signature) John O. Mellar MD

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Jan. 1915 MARCH 1931

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Certified copy issued March 19, 1931.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-123006-845

PLACE OF BIRTH

County of Bingham

City of Shelley, Ida.

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

190242

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Burl Eugene Roberts

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 23 – 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Frank Eugene Roberts M. D.	FULL MAIDEN NAME	Gertrude Hunting
Residence (Usual place of abode)	Shelley, Ida.	Residence (Usual place of abode)	Shelley Ida
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	43	Age at last Birthday (Years)	31
Birthplace (City and State or Country)	Manchester, Delaware Co. Iowa	Birthplace (City and State or Country)	Russell Kansas
Occupation	Physician & Surgeon	Occupation	Nurse & housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 2.30 A. M. on the date above stated.

(Signature) F. E. Roberts M.D.

Shelley Ida (Physician or midwife)

Address .....

Filed May 19 31

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

BOTH
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DuPont 1915-193507

219-22-1625

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190828

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of _____

City of French Creek

No. _____ St. _____

French Creek Inn.

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Alys Mae Barkville

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? Yes

8. Date of birth Feb 22, 1905 (MONTH, DAY, YEAR)

FATHER

9. Full name: Earl Kester Barkville

10. Residence (usual place of abode) (If non-resident, give place and State): French Creek

11. Color or race: White

12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or country): Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: Constant, 19___

17. Total time (years) spent in this work: 7

MOTHER

18. Full maiden name: Mae Lois Leighton

19. Residence (usual place of abode) (If non-resident, give place and State): French Creek

20. Color or race: W

21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or country): Mass

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work: _____, 19___

26. Total time (years) spent in this work: 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (BORN ALIVE OR STILLBORN) at 4:10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Earl K. Barkville Father M. D.

(No physician in attendance), Midwife

Address 715 E 108 St Los Angeles Calif

Filed May 21, 1931

Give name added from a supplemental report _____ (DATE OF)

_____ Registrar.

_____ Registrar.

DELAYED

Form No. 966 237542

215

MAIL OR DELIVER THIS CERTIFICATE TO DEPARTMENT OF HEALTH AND SANITATION, SPOKANE, WASH.

PLACE OF BIRTH

Washington State Board of Health

County / City } SPOKANE

Bureau of Vital Statistics

Registered No._____

Registration District No. 2

Certificate of Birth

(Give name of hospital here if born in hospital.) (No. French Creek Inn. French Creek Idaho.
(Place of Birth)

FULL NAME OF CHILD Alys Mae Barkville

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single			yes	February 22, 1915

FATHER

Full Name: Earl Kester Barkville

Residence: French Creek Idaho.

Color: White

Age at last Birthday: 25 (Years)

Birthplace (State or Country): Ohio

Occupation: Rancher

MOTHER

Full Maiden Name: Mae Lois Leighton

Residence: French Creek Idaho

Color: White

Age at last Birthday: 21 (Years)

Birthplace (State or Country): Mass.

Occupation: House wife

Number of child of this mother: Second

Number of children, this mother, now living: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on Feb 22

_____, 1915, at 4:10 A.M. ~~P.M.~~

Signature Earl Kester Barkville

Father of Child
(Physician or Midwife)

present Address 715 E 108 St, Los Angeles Cal.

{ *When there was no attending physician or midwife then the father, householder, etc., should make this return. }

Give name added from a supplemental report_____

Filed_____, 19____

Registrar.

Registrar.

† Indicate which by drawing line through superfluous word.

NOTE: Please write all names distinctly, with their correct spelling.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

V.S. No. 8

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Route 6 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190836

190836

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lester Donald Smith

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth Dec. 28, 1915 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: Henry M Smith	18. Full maiden name: Myrtle Sykes [redacted]
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and state): _____
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): Ashland Neb.	22. Birthplace (city or place) (State or country): Firth Neb.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work: 20	26. Total time (years) spent in this work: 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 3 (b) Born alive but now dead: 1 (c) Stillborn: _____

28. If stillborn, period of gestation _____ { months or weeks }

29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive ✓ at 4 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____ (DATE OF)

(Signed) Henry M. Smith Father, M. D.

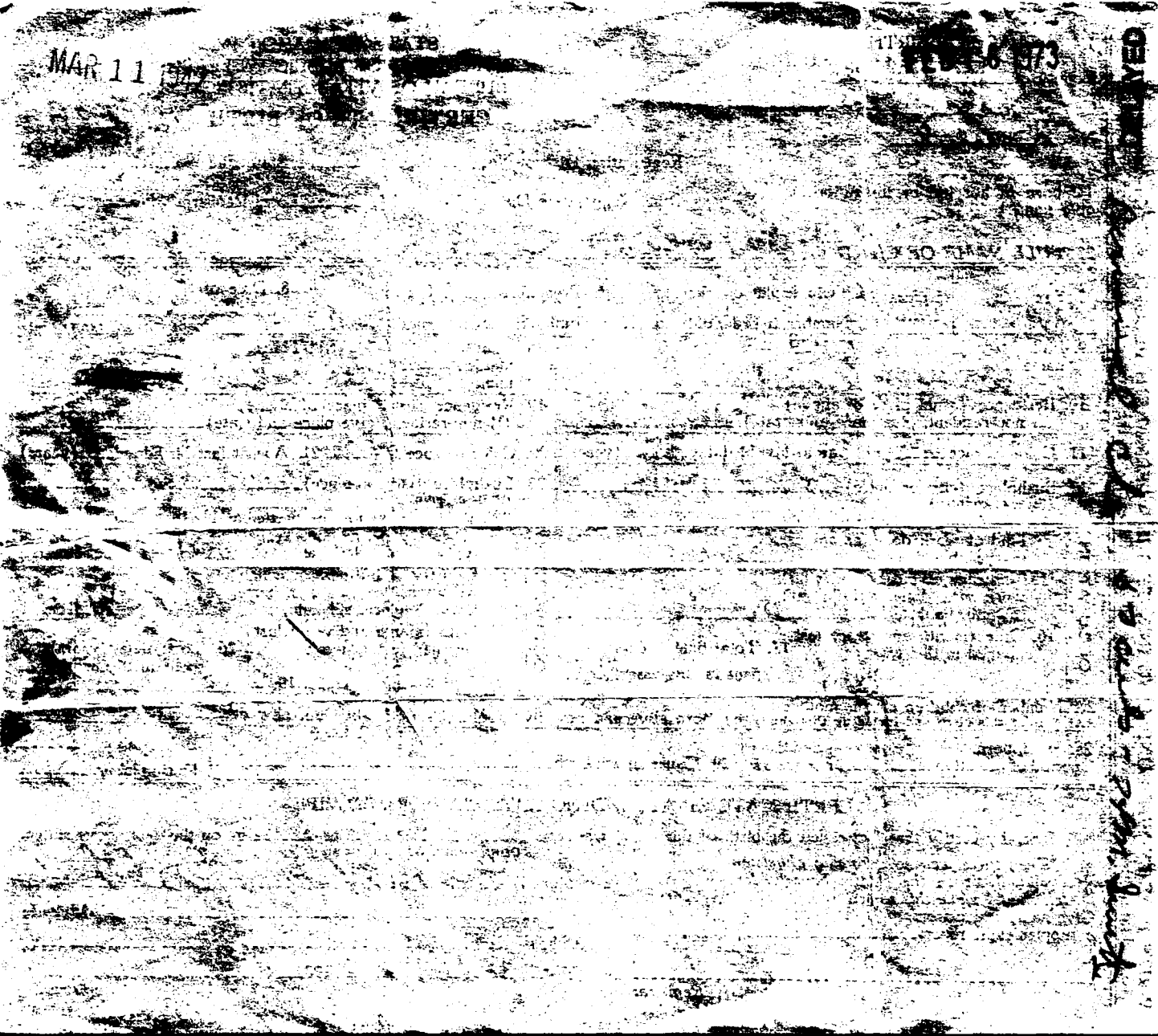
or _____ [redacted], Midwife

Address _____

Filed June 16, 1916

_____ Registrar.

_____ Registrar.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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St. Finley Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 190841

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Woodrow Finley Lundberg

3. Sex male

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth March 17, 1915 (MONTH, DAY, YEAR)

FATHER

9. Full name Nathan Oscar Lundberg

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race white 12. Age at last birthday 57 (years)

13. Birthplace (city or place) (State or country) Lincoln, Nebr.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work June 14, 1931

17. Total time (years) spent in this work all my life

MOTHER

18. Full maiden name Hannah Lydian Anderson

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race white 21. Age at last birthday 51 (years)

22. Birthplace (city or place) (State or country) Dawson Minn.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work June 14, 1931

26. Total time (years) spent in this work 26

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at a m. on the date above stated.
(BORN ALIVE [redacted])

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or Mrs Anna Finley, Midwife

Address Seattle Wash.

Give name added from a supplemental report March 17, 1916. (DATE OF)

Filed June 15, 1931

_____ Registrar.

_____ Registrar.

DELAYED

1919-

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STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

191736

Registration District No. 57 State File No. 191736

Prim. Registration District No. 2022 Local Registrar's No. 16

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. 295-118007-629 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vernile Dean Breazeal

3. Sex Male — If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — 6. Premature — Full term Yes — 7. Legitimate? Yes — 8. Date of birth 4-18, 1915 (MONTH, DAY, YEAR)

FATHER

9. Full name Samuel C. Breazeal

10. Residence (usual place of abode) (If non-resident, give place and State) Bellevue

11. Color or race White — 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or country) Tennessee

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woolen Mill & Ore Mill

16. Date (month and year) last engaged in this work Still working, 19—

17. Total time (years) spent in this work 24

MOTHER

18. Full maiden name Mary A. O'Brien

19. Residence (usual place of abode) (If non-resident, give place and State) Bellevue

20. Color or race White — 21. Age at last birthday 40 (years)

22. Birthplace (city or place) (State or country) Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ——, 19—

26. Total time (years) spent in this work 21

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation about 4 months or weeks

29. Cause of stillbirth Unknown — Before labor — During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 29 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert H. Wright, M. D.

or ——, Midwife

Address Hailey, Idaho

Give name added from a supplemental report (DATE OF)

Filed 6-30, 1931 Robt H. Wright

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

19-223025-296

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of White bird
No. _____ St.
At Home
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

192639

Registration District No. _____ State File No. 192639

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gertrude Alice Arrison.

3. Sex female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? X | 8. Date of birth June 23, 1915 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: D. William Arrison	18. Full maiden name: M. Alice Brown
10. Residence (usual place of abode) Whitebird, Idaho. (If non-resident, give place and State)	19. Residence (usual place of abode) Whitebird Idaho. (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 42 (years)	20. Color or race White 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or country) Seymour, Iowa Wayne Co.	22. Birthplace (city or place) (State or country) Avon, Idaho.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forest Ranger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June 23, 1915 — 17. Total time (years) spent in this work 8 yrs	25. Date (month and year) last engaged in this work June 23, 1914 — 26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE no certificate.

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____ (DATE OF)

Filed July, 1931

_____ Registrar. signed Mrs. M. Alice Arrison _____ Registrar.

DELAYED

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026-318

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of JEFFERSON

City of

No. ON FR FARM St.

2 MI. SO. 2 MI. EAST,

(If not in hospital or institution give name.) RIGBY IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 192643

Registration District No. State File No. 192643

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD IRVIN HAROLD CLIFFORD

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
MALE				YES	MARCH 21 1915 (MONTH, DAY, YEAR)

FATHER		MOTHER	
9. Full name	ELI CLIFFORD	18. Full maiden name	ALMEADA M. TAYLOR
10. Residence (usual place of abode) (If non-resident, give place and State)	IDA. FALLS	19. Residence (usual place of abode) (If non-resident, give place and state)	IDA. FALLS
11. Color or race W	12. Age at last birthday 33 (years)	20. Color or race W	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country)	BRIGHAM UTAH	22. Birthplace (city or place) (State or country)	AMERICAN FALLS IDA
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	FARMER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ____, 19__	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ____ months or weeks

29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (BORN ALIVE OR STILLBORN) at 10 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ELI CLIFFORD DECEASED—FATHER, M. D.

or MOTHER, Midwife

Address

Give name added from a supplemental report ____ (DATE OF)

Filed ____, 193__

Registrar.

Registrar.

REFERENCES.

JED CLIFFORD	RIGBY IDAHO.
MRS. JED CLIFFORD	RIGBY IDAHO.
LLOYD CLIFFORD	IDAHO FALLS IDAHO.

DELAYED

BONNEVILLE POST NO. 56, AMERICAN LEGION

OFFICERS
MARSHALL SCOTT, COMMANDER
JOE ARMSTRONG, FIRST VICE COMMANDER
GROVER JENSEN, SECOND VICE COMMANDER
DAVE DABELL, ADJUTANT
C. B. SQUIRES, FINANCE OFFICER
GUY POULSEN, POST CHAPLAIN
PAUL PETERSEN, HISTORIAN
WENDELL HAHN, SERGEANT-AT-ARMS
KENNETH MACKENZIE, SERVICE OFFICER

EXECUTIVE COMMITTEE
JOHN POITEVIN
JOE GESAS
JAMES S. ALLEN
STREETER WALLACE
HENRY UNDHJEM

IDAHO FALLS, IDAHO

Irvin Harold Clifford

I MRS. ELI CLIFFORD DO DECLARE THAT THE FOLLOWING IS CORRECT CONCERING THE BIRTH OF IRVIN HAROLD CLIFFORD
DATE OF BIRTH MAR. ~~23~~ 21st 1915 .LEGITTIMATE
SEX MALE.

FATHER
ELI CLIFFORD
RES.
IDAHO FALLS IDAHO.
COLOR
WHITE
BIRTHPLACE
BRIGHAM. UTAH.
AGE- 33

MOTHER
ALMEADA TAYLOR
RES.
IDAHO FALLS IDAHO.
COLOR
WHITE
BIRTHPLACE
AMERICAN FALLS IDAHO
AGE- 28

OCCUPATION
FARMER

OCCUPATION
HOUSEWIFE

NO. OF CHILD- 4 NOW LIVING- 5

ATTENDED BIRTH OF CHILD WHO WAS BORN ALIVE AT- 10 A M.

FATHER ELI CLIFFORD DECEASED

SIGNED-- Mrs. Eli Clifford
SOMETIMES Mrs L E. Clifford

REFERENCES
MRS ~~S. ELMA TAYLOR~~ JED CLIFFORD. Rigby Idaho
JED CLIFFODD BURLEY IDAHO.
LLOYD CLIFFORD RIGBY IDAHO
IDAHO FALLS . IDAHO

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

395-172014-236

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192649

Registration District No. 5 State File No. .....

Prim. Registration District No. 1009 Local Registrar's No. .....

FULL NAME OF CHILD Ellis Lingal

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	March 12 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 10%

Number of child of this mother, including present birth 8 (a) Born alive and now living 8

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME Lee C Lingal	FULL MAIDEN NAME Debby Sloane
Residence (Usual place of abode) New Plymouth	Residence (Usual place of abode) with husband
If non-resident, give place and State	If non-resident, give place and State .....
Color or race W Age at last Birthday 44 (Years)	Color or race W Age at last Birthday 45 (Years)
Birthplace Illinois (City and State or County)	Birthplace Iowa (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Wm I. Drysdale MD

(Physician or midwife)

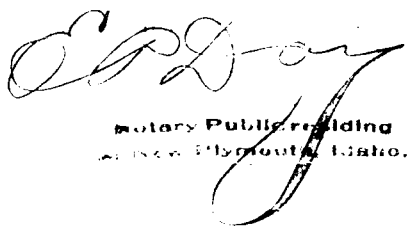
*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address New Plymouth Ida

Filed 3-14 1915 Wm I Drysdale Registrar.

July, 1930

The witnin subscribed and sworn to (By Dr.Wm.T.Drysdale) this 4th day of August, ~~19/30~~ 1930.



DELAYED

1915-
DUP OF 29683

238-205016-239

192670

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia

City of Burley

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

192670

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Josephine Schenk

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? yes | 8. Date of birth Mar 6, 1915 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name John Edward Schenk	18. Full maiden name Florence Anna Stryker
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and state) Idaho
11. Color or race white 12. Age at last birthday 32 (years)	20. Color or race white 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Kansas	22. Birthplace (city or place) (State or country) Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ___ (c) Stillborn ___

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) By mother, M. D.

Mrs John E. Schenk, ~~Midwife~~

Address _____

Give name added from a supplemental report _____ (DATE OF)

Filed Aug, 1931

_____ Registrar.

_____ Registrar.

K

References:

Mrs. C. M. Gilkey
Palo Alto, California
1212 Fulton

Mrs. Willis McCabe
909 E. 75 St.
Los Angeles, Calif.

Mrs. Florence Moore
909 E. 75 St.
Los Angeles Calif

DELAYED

538-20-1939-615

1935 21

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow

No. 234 to Nash St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 193522

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Bernice Eileen Ethredge

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Female	—	—	—	Yes	Yes	June 4th, 1915

	FATHER	MOTHER
9. Full name	John Henry Ethredge	18. Full maiden name: Rose Marie Faerber
10. Residence (usual place of abode) (If non-resident, give place and State)	Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and state): Moscow Idaho
11. Color or race	White	20. Color or race: White
12. Age at last birthday	32 (years)	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or country)	St. Clair County Missouri	22. Birthplace (city or place) (State or country): Uniontown, Wash.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work	June, 1915	25. Date (month and year) last engaged in this work: June, 1915
17. Total time (years) spent in this work	11yrs	26. Total time (years) spent in this work: 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

28. If stillborn, period of gestation — (months or weeks) 29. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at 3:00 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. L. Gritman, M. D.

or _____, Midwife

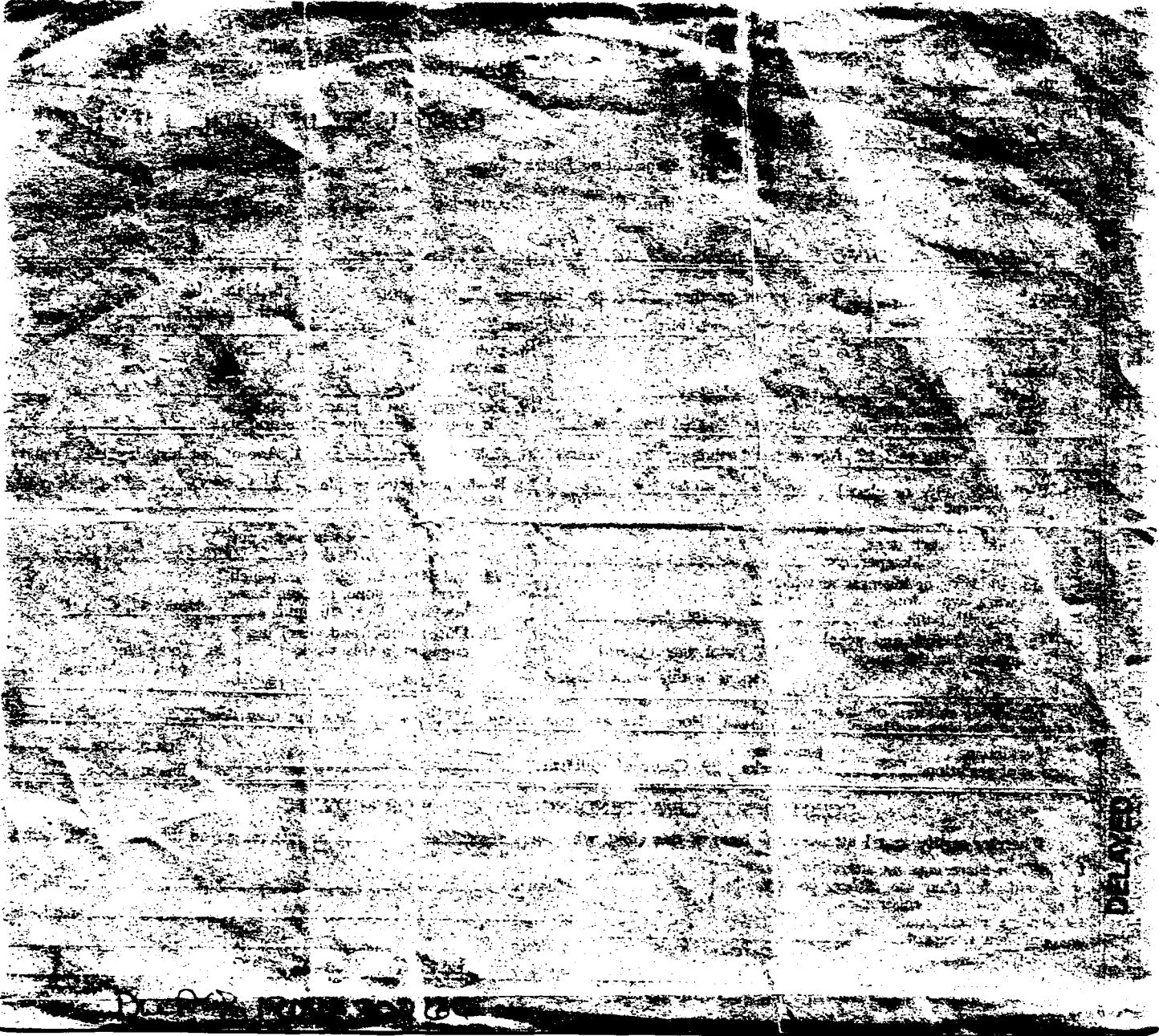
Address Moscow Idaho.

Give name added from a supplemental report _____ (DATE OF)

Filed Sept, 1931

_____ Registrar.

_____ Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 9 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 195952

County of Ada 36 114

City of Boise 001644

No. St. Alphonsus Hospital

(If born in hospital or institution give name.)

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. 479

FULL NAME OF CHILD George Lawrence Work

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 14 1931

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth One (a) Born alive and now living Yes

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME William Elmer Work	FULL MAIDEN NAME Emilie Duedenbostel
Residence (Usual place of abode) Ola Idaho	Residence (Usual place of abode)
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last Birthday (Years)	Color or race White Age at last Birthday 39 (Years)
Birthplace Kenwille Calif. (City and State or County)	Birthplace Fleteville Illinois (City and State or County)
Occupation Farmer	Occupation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at M. on the date above stated.

(Signature) Geo Callvert

(Physician or midwife)

Address

Filed 11-9 1931 W. H. Rhodes

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUN 15 1964

APR 26 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED MAR 27 1929

County of Power Co

City of Am. Falls

No. ..... St.

469-212-039-539

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

199381

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lenore Morris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	May (Month) 12 (Day) 1915 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Parley Morse Morris	FULL MAIDEN NAME Sarah Eurina Eliason
Residence (Usual place of abode) Am. Falls	Residence (Usual place of abode) Am. Falls
If nonresident, give place and State	If nonresident, give place and State .....
Color or race white Age at last Birthday 30 (Years)	Color or race white Age at last Birthday 25 (Years)
Birthplace West Portage Utah (City and State or Country)	Birthplace Rockland Idaho (City and State or Country)
Occupation Farmer	Occupation Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

(Signature) Mrs Frank Ziek

Am. Falls
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed MAR 27 1929 19.....

C. K. Macey
State Registrar.

SEP 2 4 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH Dec 4-6-32

County of [redacted] Cassia

City of Yale

No. ..... St.

271-110-016-859

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 200608

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carl Richard Sparwasser

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Nov. 10 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Fred Sparwasser	FULL MAIDEN NAME Eva Neuman
Residence (Usual place of abode) 1612 E 24 St.	Residence (Usual place of abode) 1612 E 24 St.
If non-resident, give place and State	If non-resident, give place and State Portland Ore.
Color or race white Age at last Birthday 49 (Years)	Color or race white Age at last Birthday 42 (Years)
Birthplace Russia (City and State or County)	Birthplace Russia (City and State or County)
Occupation Mechanic	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Fred Sparwasser

.....
(Physician or midwife)

Address 1612 E 24 St.

Filed April 5, 1933 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley Idaho

No. ..... St.

396 126 006-154

(If born in hospital or institution give name.)

STATE OF IDAHO APR 23 1932

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 201100

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Paul Forrest Cloft

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Nov. (Day) 26 (Year) 1915
Male				

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 3

Born alive but now dead one Stillborn .....

FATHER		MOTHER	
FULL NAME	Wilfred Cloft	FULL MAIDEN NAME	Lottie Jennsitt
Residence (Usual place of abode)	Shelley Ida	Residence (Usual place of abode)	Shelley Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	48	Age at last Birthday (Years)	44
Birthplace (City and State or County)	Adair City Utah Iron county	Birthplace (City and State or County)	Collington Utah Box Elder
Occupation	Railroad Conductor	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Wm Cloft (father)

.....

(Physician or midwife)

Address 179-4 st Idaopall Ida

Filed Apr. 1932 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

351-205(42:285

201105

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St. Boyd Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **201105**

Registration District No..... State File No.....

Prim. Registration District No..... Local Registrar's No.....

FULL NAME OF CHILD Audrey Mae League

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Nov. 5th 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth none (a) Born alive and now living none

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Cecil Bertus League	FULL MAIDEN NAME	Martha May Sheridan
Residence (Usual place of abode)	Twin Falls, Idaho	Residence (Usual place of abode)	Twin Falls, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	19	Age at last Birthday (Years)	18
Birthplace (City and State or County)	Windsor, Henry Co., Mo.	Birthplace (City and State or County)	Johnson County, Missouri
Occupation	Stage driver.	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} **at** 9:30 **A. M. on the date above stated.**

(Signature) A. Henry Dunn

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed May 1932 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

5/1/41 Z.J.

863-125-09-393

SEP 21 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205918

PLACE OF BIRTH

County of Ada

City of Boise Ada

No. 324 Washington St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Fredrick William Hotho

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 25 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Fredrick Wm Hotho	FULL MAIDEN NAME Mildred Ruth Tillett
Residence (Usual place of abode) 324 Washington St	Residence (Usual place of abode) 324 Washington St
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 18 (Years)
Birthplace Germany. (City and State or Country)	Birthplace Hood River Oregon (City and State or Country)
Occupation common Labor	Occupation house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 9 p M. on the date above stated.

(Signature) .....

.....
(Physician or midwife)

Address .....

Filed Sept 1932

Mrs Mildred Ruth Hotho Mother
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-1 13-003-249

207 4-9

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 225 So. Lincoln St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

207489

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* ROBERT DEWITT HIGLEY

3. Sex Male | *If plural births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Feb. 13, 1915 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name DeWitt Clinton Higley	18. Full maiden name Zada Laura Smith
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello, Id
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Decatur, Nebraska	22. Birthplace (city or place) (State or country) Gaines Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work 7 yrs	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) DeWitt C. Higley ~~M. D.~~

or Father ~~Midwife~~

Address _____

Filed Feb, 1936

_____ Registrar.

_____ Registrar.

Dr. O. B. Steely was the attending physician

DELAYED

Persons who knew of birth.

Mrs. W. R. Smith, 344 So. 12th Ave. Pocatello, Ida., Grandmother

Mrs. S. M. Ayres. 344 So. 12th Ave. Pocatello, Idaho. Aunt.

Mrs. A. A. Springmeyer. 1302 East 1st St. Santa Ana, Cailf. Aunt

Thanks.

D. C. Higley.

512 - 130
039 - 946

RECEIVED NOV 3 1932

207490

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

207490

Registration District No.____ State File No.____

Prim. Registration District No.____ Local Registrar's No.____

1. PLACE OF BIRTH
County of Power
City of American Falls
No.____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lorne Rowland Nash

3. Sex Male | If plural births: 4. Twin, triplet, or other____ 5. Number, in order of birth____ | 6. Premature____ Full term____ | 7. Legitimate? yes | 8. Date of birth Oct 30, 1915 (MONTH, DAY, YEAR)

FATHER

9. Full name Fred D. Nash
10. Residence (usual place of abode) (If non-resident, give place and State) Am. Falls Ida.
11. Color or race white 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work____

MOTHER

18. Full maiden name Mary Ira Rowland
19. Residence (usual place of abode) (If non-resident, give place and State) Am. Falls Idaho
20. Color or race white 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or country) Sandusky Co. Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeping
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work____

27. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living yes (b) Born alive but now dead____ (c) Stillborn____

28. If stillborn, period of gestation____ months or weeks | 29. Cause of stillbirth____ Before labor____ During labor____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:42 P. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report____ (DATE OF)

____ Registrar.

(Signed) ____, M. D.
or Mary I. Gunderson (mother) ~~Midwife~~
Address Lebanon, Ore.
Filed Nov, 1932

Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Mrs. Edw. Nash
Box 5-07
Emmett,
Ida.

Mrs. Eudora Nash
Emmett.
Ida.
Box 5-07

Mrs Hynes Luscombe,
Rt 1
Boise,
Idaho.

DELAYED

294-125-016-689

RECEIVED DEC 19 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

207509

1. PLACE OF BIRTH

County of Cassia

City of Almo

No. R F D ~~St.~~

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph Harold Bruesch Jr.

3. Sex Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term yes

7. Legitimate? yes

8. Date of birth June 25, 1915 (MONTH, DAY, YEAR)

FATHER

9. Full name Joseph Harold Bruesch ~~father~~

10. Residence (usual place of abode) (If non-resident, give place and State) Almo Ida

11. Color or race White

12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or country) New Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. home ranch

16. Date (month and year) last engaged in this work July, 1915

17. Total time (years) spent in this work years

MOTHER

18. Full maiden name Sadie Whitworth ~~mother~~

19. Residence (usual place of abode) (If non-resident, give place and State) Almo Ida

20. Color or race White

21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or country) Newton County Joplin Mo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work July, 1915

26. Total time (years) spent in this work 3 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ✓ months or weeks

29. Cause of stillbirth ✓ Before labor _____ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) Mrs. Sadie Bruesch-Nilson

or _____ Mother ~~Midwife~~

Address Toledo Oregon

Filed Dec, 1932

_____ *Registrar.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Mrs. [illegible]

Mrs. Henry [illegible]
Almo Ida.

Mr. J. J. Bruesch
Almo Ida.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

649 227026 553

(If born in hospital or institution give name.)

RECEIVED DEC 28 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

208249

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Marie Furnandiz

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female				x	Nov (Month) 27 (Day), 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? used but dont know name

Number of child of this mother, including present birth 2nd (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Wm Edward Furnandiz	FULL MAIDEN NAME	Ann Entwhistle
Residence (Usual place of abode)	Rigby Idaho	Residence (Usual place of abode)	Rigby Idaho
If non-resident, give place and State	now Dead	If non-resident, give place and State	now Dead
Color or race	white Age at last birthday 47 (Years)	Color or race	white Age at last birthday 40 (Years)
Birthplace	Yorkshire ~~Bury~~ England (City and State or County)	Birthplace	Lancashire England (City and State or County)
Occupation	Carpenter	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at Rigby Idaho M. on the date above stated.

(Signature) Mrs Marie McElherne
aunt of Child named
(Physician or midwife)

Address Rigby Idaho

Filed 12/23 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

AFFIDAVIT.

State of Idaho,
ss
County of Jefferson. On this 14th day of December in the year 1935, before me, Percy Groom, a notary public in and for the State of Idaho. personally appeared, Marie Mc,Elherne, known to me to be the person whose name is subscribed to the within instrument, nd acknowledged to me that she executed the same.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written in this certificate.

Percy Groom

Notary Public for Idaho,
residing at Rigby, Idaho.

My commission expires 4/7/35.

RECEIVED DEC 23 1935

MAY 18 1972

MAR 24 1975

SEP 11 1975

394 221 003 231

RECEIVED JAN 27 1933

PLACE OF BIRTH

County of Bannock

City of Pocatello, Idaho

No. 548 No. 4th St.

at home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

209171

Registration District No. 28 State File No.

Prim. Registration District No. 2161 Local Registrar's No.

FULL NAME OF CHILD Constance Limberopoulos
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female		yes	2	21	1915

What prophylactic was used to prevent Ophthalmia Neonatorum? 1 % Ag No. 3

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Peter Limberopoulos	FULL MAIDEN NAME	Urania Stavropoulos
Residence (Usual place of abode)	548 No. 4th	Residence (Usual place of abode)	548 No. 4th
If nonresident, give place and State		If nonresident, give place and State	
Color or race	white	Color or race	white
Age at last Birthday (Years)	28	Age at last Birthday (Years)	18
Birthplace (City and State or Country)	Greece	Birthplace (City and State or Country)	Rumania
Occupation	Grocer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 7:35 P.M. M. on the date above stated.

(Signature) William F. Howard, M.D.
(Physician or ~~midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello, Idaho

Filed Jan 23 1933 D. C. Ray Registrar
by D Bossard

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED DUP OF 1915-29170

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 1 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 211818

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. 799-228-640-766 St.
Wardner Hospital
(If born in hospital or institution give name.)

Registration District No. 123 State File No.
Prim. Registration District No. 2201 Local Registrar's No. 32

2. FULL NAME OF CHILD Ruby Lucile Price

3. Sex Female
If plural births: 4. Twin, triplet, or other Yes; 5. Number, in order of birth 1
6. Premature Yes; Full term Yes
7. Legitimate? Yes
8. Date of birth Aug 28, 1915 (MONTH, DAY, YEAR)

FATHER
9. Full name George Price
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg
11. Color or race White
12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead Miner
16. Date (month and year) last engaged in this work Aug. 11, 1933
17. Total time (years) spent in this work 15

MOTHER
18. Full maiden name Bertha Elen Goodwin
19. Residence (usual place of abode) (If non-resident, give place and state) Kellogg
20. Color or race White
21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Butterfield, Mo

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Aug 22, 1916
26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks
29. Cause of stillbirth Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at 1:50 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (DATE OF)

Registrar.

(Signed) Geo H Kennett, M. D.
or , Midwife
Address Kellogg, Idaho
Filed Apr. 28, 1933 Mrs. Helen McBride
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 27 1933

County of Cassia

City of Burley

No. R.F.D. #3 St.

275-111-016-114

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

211918

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mitchel Monroe Stephens.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	June 11, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Mitchel Monroe Stephens	FULL MAIDEN NAME	Elizabeth Jamieson
Residence (Usual place of abode)	Burley, Ida.	Residence (Usual place of abode)	Burley, Ida.
If non-resident, give place and State	Lakeview Ore. 25	If non-resident, give place and State	Lakeview Ore.
Color or race	white Age at last birthday 44 (Years)	Color or race	white Age at last birthday 37 19 (Years)
Birthplace (City and State or County)	Green River Wyoming	Birthplace (City and State or County)	Alma Wyoming
Occupation	Laborer	Occupation	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) M. M. Stephens

Father

(Physician or midwife)

Address Lakeview Ore.

Filed May 1933

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Mrs. Isabella Jamieson,
Lakeview, Ore.

Mrs. M.E. Myres,
Port Townsend,
Washington.

Mrs. Rachael Barnes,
Lakeview,
Ore.

DUP OF 15-31074

RECEIVED OCT 25 1933

215-863

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 215863

1. PLACE OF BIRTH
County of Shoshone 967720
City of Wallace 040-318
No. 507 First St. St.
Providence Hospital
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Joseph Rogers

3. Sex Male | Plural births | 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth April 20, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Joseph P. Rogers	18. Full maiden name Alice H. Taylor
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace Ida
11. Color or race White	20. Color or race W
12. Age at last birthday 25 (years)	21. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or country) Minnesota	22. Birthplace (city or place) (State or country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Desmowery, M. D.
or Physician, Midwife
Address Wallace Ida
Filed Oct, 1933

Give name added from a supplemental report .....
(Date of)

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED NOV 9 1933

County of Kootenai

City of Coeur d'Alene, Ida

No. ..... St.

684 126 028 265

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 216265

Registration District No. 30 State File No. .....

Prim. Registration District No. 1050 Local Registrar's No. 123

FULL NAME OF CHILD Eugene Francis Ohman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June (Month) 26 (Day) 1915 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol Sol.

Number of child of this mother, including present birth 5th (a) Born alive and now living Yes

Born alive but now dead No Stillborn No

FATHER	MOTHER
FULL NAME Michael J. Ohman	FULL MAIDEN NAME Matilda Blenkush
Residence (Usual place of abode) 515 W. Garden	Residence (Usual place of abode) 515 W. Garden
If non-resident, give place and State Coeur d'Alene, Idaho	If non-resident, give place and State C.D'A. Idaho
Color or race ..... Age at last Birthday 56 (Years)	Color or race ..... Age at last Birthday 34 (Years)
Birthplace Albany, Minnesota (City and State or County)	Birthplace Brockway, Minnesota (City and State or County)
Occupation Edgerman (Sawmill)	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 9 A. M. on the date above stated.

(Signature) John O Wood

(Physician or midwife)

Address Coeur d'Alene Ida.

Filed Oct. 9 1933. E. L. Spohn M.D.
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUL 30 1957

893.12.012-533

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of Sugar
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 218030

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merkley Arledge Hill

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Jan 24, 1915 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name Robertson Merkley Hill	18. Full maiden name Lulu Ellsworth
10. Residence (usual place of abode) (If non-resident give place and State) Sugar Idaho	19. Residence (usual place of abode) (If non-resident give place and State) Sugar
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) North Carolina	22. Birthplace (city or place) (State or country) Nampa Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Barber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Present, 1915	17. Total time (years) spent in this work 3 yrs	25. Date (month and year) last engaged in this work Present, 1915	26. Total time (years) spent in this work 1 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
none other than (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Lulu Hill Conant, M. D.
or Mother, Midwife
Address Route 4, Boise Ida.
Filed Jan, 1916
Registrar.

JUL 2 0 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED FEB 12 1934

County of Cassia

City of Burley

No. R.F.D. St.

659-109-016-363

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

218168

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Darwin Roland Ferrin
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy				Yes	Oct. 9, ~~1915~~, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living Yess

Born alive but now dead No Stillborn No

FATHER		MOTHER	
FULL NAME	David Squire Ferrin	FULL MAIDEN NAME	Ellis Lucretia Tolman
Residence (Usual place of abode)	R.F.D. Burley Idaho	Residence (Usual place of abode)	R.F.D. Burley Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	20	Age at last birthday (Years)	19
Birthplace (City and State or County)	Huntsville, Utah	Birthplace (City and State or County)	Marrion, Idaho
Occupation	Farmer	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4:15 A.M. on the date above stated.

(Signature) A. E. Tolman

Burley Idaho ~~(Physician or midwife)~~ Nurse

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 2-12-1934 ..... Registrar.

Oct 7 9 1945

DELAYED

DUP OF 15-32323

156-115-010-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 147 - 2 St. St.

Residence

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

219046

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD William Roy Jeffers

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	June 15, 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living Yes

Born alive but now dead ——— Stillborn .....

FATHER		MOTHER	
FULL NAME	Joe Jeffers	FULL MAIDEN NAME	Gene Iona Smith
Residence (Usual place of abode)	147 2nd	Residence (Usual place of abode)	Idaho Falls Idaho
If non-resident, give place and State	Idaho Falls	If non-resident, give place and State	147 2nd.
Color or race	White	Color or race	White
Age at last birthday	24 (Years)	Age at last birthday	18 (Years)
Birthplace	Council Bluffs Iowa (City and State or County)	Birthplace	Logan Utah (City and State or County)
Occupation	Salesman	Occupation	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Joe Jeffers M.D.

(Physician or midwife)

Address 2752 adams Ogden Utah

Filed June 1935

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Dr. Hollister - attending physician - Dead
Mrs O.H. Price - nurse - residence unknown
Mrs R.C. Phillips - Pocatello Idaho 950 N Grant
Mrs. W.R. Jefferis Salt Lake City 768-5 ave
Mrs. A.C. Smith 741 So 5 - Pocatello Idaho

JUL 2 2 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

1934

County of Kootenay

City of Coeur d'Alene

No. C d'A ave St.

238 718 028 951

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219595

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carl Eugene Schmidt

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	aug 18, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living yes

Born alive but now dead x Stillborn x

FATHER		MOTHER	
FULL NAME	Carl Christian Schmidt	FULL MAIDEN NAME	Maude Meba Riddle
Residence (Usual place of abode)	Coeur d'Alene	Residence (Usual place of abode)	Coeur d'Alene
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	white	Color or race	white
Age at last birthday (Years)	36	Age at last birthday (Years)	29
Birthplace (City and State or County)	Stuttgart, Germany	Birthplace (City and State or County)	Medical Lake Wn
Occupation	Butcher	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Dr John Busby

(Physician or midwife)

Address Coeur d'Alene, Ida

Filed Feb 1937

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219811

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. None St.

767 231 024-212

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219811

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD Simona Goicoechea

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 31, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? ____

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead None Stillborn None

FATHER

FULL NAME Euleterio Goicoechea

Residence (Usual place of abode) Hagerman, Idaho

If non-resident, give place and State ____

Color or race Spanish Basque Age at last birthday 36 (Years)

Birthplace Legetio, Spain (City and State or County)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Eulalia Sabala

Residence (Usual place of abode) Hagerman, Idaho

If non-resident, give place and State ____

Color or race Spanish Basque Age at last birthday 32 (Years)

Birthplace Elanchobe, Spain (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 2:00 P. M. on the date above stated.

(Signature) Eulalia Goicoechea
Mother
(Physician or midwife)

Address #931 Weatherlow St Susanville, Calif.

Filed 4-1 1934 ____
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Rafaela Aspitarte, Gooding, Idaho
Simona Goicoechea " "
Gregoria Ascuena " "

State of California)
) ss.
County of Lassen)

Eulalia Goicoechea, being first duly sworn deposes and states that she made the foregoing statements, which are true of her own knowledge.

Eulalia Goicoechea

Subscribed and sworn to before me
this 2nd day of April, 1934.

E. B. Coffin

Notary Public in for the County
of Lassen, State of California.

My commission expires March 17, 1935

666-208.025-343

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 222335

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 222335

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD ~~Teresa Roxanna~~ Wood, Arlene

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes.	April (Month) 8 (Day), 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate

Number of child of this mother, including present birth Three (a) Born alive and now living Three

Born alive but now dead None Stillborn —

FATHER	MOTHER
FULL NAME William Commodore Wood	FULL MAIDEN NAME Lydia May Cullers
Residence (Usual place of abode) Harpster, Idaho	Residence (Usual place of abode) Harpster, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 47 (Years)	Color or race White Age at last birthday 26 (Years)
Birthplace Barton Co., Missouri (City and State or County)	Birthplace Jenkins County, Missouri (City and State or County)
Occupation Carpenter	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 p. M. on the date above stated.

(Signature) William C. Wood (Father)

(~~Physician or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 423 - C St San Diego Calif.

Filed June 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

J. H. Wisner - Grangeville Idaho
J. W. Wilson - " " " "
W. A. Sarmed Harpster " "

DELAYED

315-228-026-469

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

222337

CERTIFICATE OF BIRTH

222337

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ida Langhear
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	Feb. (Month) 28 (Day), 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth First (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Oliver Max Langhear	FULL MAIDEN NAME Lula L. Morrow
Residence (Usual place of abode) Rigby, Idaho	Residence (Usual place of abode) Rigby, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 21 (Years)	Color or race White Age at last birthday 20 (Years)
Birthplace ..... (City and State or County)	Birthplace Pronto, Kansas (City and State or County)
Occupation Laborer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11 a. M. on the date above stated.

(Signature) X Lydia Gallup
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 1021 No. Main, Pocatello, Ida

Filed Feb 1936 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO)
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

22333

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-115-32-769

PLACE OF BIRTH JUL 9 1934

County of Lincoln

City of Shoshone

No. ..... St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 222350

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Antonio Gorrindeia

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin, Triplet, or other None | and | Number in order of birth 1st (To be answered only in event of plural births) | Legitimate Yes | Date of birth Sept. 15, 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

Number of child of this mother, including present birth 1 | (a) Born alive and now living 0

Born alive but now dead 0 | Stillborn 0

FATHER

FULL NAME Not Known

Residence (Usual place of abode) .....

If non-resident, give place and State .....

Color or race ..... Age at last birthday ..... (Years)

Birthplace ..... (City and State or County)

Occupation .....

MOTHER

FULL MAIDEN NAME Juana Gorrindeia

Residence (Usual place of abode) Shoshone, Idaho

If non-resident, give place and State .....

Color or race Spanish Age at last birthday ..... (Years)

Birthplace Spain (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 3 P. M. on the date above stated.

(Signature) Chas. F. Zeller M.D.

(Physician ~~or midwife~~)

Address Jerome Idaho

Filed 11/7 1934 Chas. F. Zeller Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Rep of 1915 34612

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-184-00-313

PLACE OF BIRTH

County of Ada

City of Eagle, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

223230

RECEIVED OCT 17 1934

CERTIFICATE OF BIRTH 223230

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD James Erwin Bartlett
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male			One	Yes	Dec. 4 (Month) (Day), 19 15 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Harry Erwin Bartlett	FULL MAIDEN NAME	Edna Layton
Residence (Usual place of abode)	Eagle, Idaho	Residence (Usual place of abode)	Eagle, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	24 (Years)	Age at last birthday	20 (Years)
Birthplace	Kirwin, Kansas (City and State or County)	Birthplace	Magnolia, Colorado (City and State or County)
Occupation	Store Clerk	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11.20 A.M. on the date above stated.

(Signature) Harry Erwin Bartlett
Father
(Physician or midwife)

Address 1004 Chicago St. Caldwell Idaho

Filed July 1935

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs Geo. F. Gentleff 822 Dearborn St.
Caldwell, Idaho.

Mrs Richard Cotton, Eagle, Idaho.

Mrs Frank Winting 7124 South Central Ave
Los Angeles, Calif.

JUN 2 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Arbon Oneida
City of ARBON
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 23237

Registration District No. ..... State File No. .....
Prim. Registration District No. 2 Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Emmett Lee

3. Sex MALE | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth JAN 17, 1915 (Month, Day, Year)

FATHER

9. Full name Emmett O Lee
10. Residence (usual place of abode) (If non-resident, give place and State) Arbon Ida
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Chehalis Wn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work 1906 to ....., 1915
17. Total time (years) spent in this work 9 yrs

MOTHER

18. Full maiden name Katherine Bell Stoltz
19. Residence (usual place of abode) (If non-resident, give place and State) Arbon Ida
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or country) Dayton Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work 1906 to ....., 1915
26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....
29. If stillborn, period of gestation ..... { months or weeks } 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6 A m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) ..... , M. D.
or Emmett O Lee (Father), Midwife
Address Dayton Wash.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 7-27, 1934
Registrar.

J. A. Scott, Harrisons Idaho
Roy Lindley, Arbon Idaho
E H Davis, Arbon Idaho

NOV 27 1912

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-231-006-713

PLACE OF BIRTH

County of ADA

City of Boise

No. 1008 Idaho St.

(If born in hospital or institution give name.)

STATE OF IDAHO 223242
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223242

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD CARMEN ARREDONDO
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Dec 31, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth first (a) Born alive and now living ~~yes~~

Born alive but now dead — Stillborn —

FATHER

FULL NAME IRINEO ARREDONDO

Residence (Usual place of abode) .....

If non-resident, give place and State 1008 Idaho St.

Color or race white Age at last birthday 31 (Years)

Birthplace MEXICO (City and State or County)

Occupation restaurant proprietor

MOTHER

FULL MAIDEN NAME CRESENCIA LACA

Residence (Usual place of abode) 1008 Idaho St.

If non-resident, give place and State Boise, Idaho

Color or race white Age at last birthday 30 (Years)

Birthplace SPAIN (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:00 P. M. on the date above stated.

(Signature) Irineo Arredondo

Father
(Physician or midwife)

Address 1062 Michigan Ave., Detroit, Mich

Filed 8-6 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUAN A. CHAVEZ
1221 EUCLID St.
Road 5. South Boise

JACK ANDUISA
GROVE ST.
Bet. 7th & 6th

MATEO ARREGUI
DE LA MAR HOTEL
GROVE ST.

JUL 1947
OCT 21 1968
JUN 29 1967

DUP 001915 364196

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-106-239-249

PLACE OF BIRTH

County of Power

City of Roy

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 223246
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 223246

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jack Raymond Davis
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day), 19 (Year)
Male				yes	Oct. 6, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 6 (a) Born alive and now living yes all

Born alive but now dead — Stillborn —

FATHER

FULL NAME John Theodore Davis

Residence (Usual place of abode) Roy, Ida

If non-resident, give place and State .....

Color or race White Age at last birthday 25 (Years)

Birthplace Decatur Macon Co. Ill. (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Ella May Smith

Residence (Usual place of abode) Roy, Ida

If non-resident, give place and State .....

Color or race White Age at last birthday 21 (Years)

Birthplace Moscow, Idaho (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 3 A.M. on the date above stated.

(Signature) ~~Mrs. Mary Jenkins~~ John Theodore Davis (Father)
(Physician or midwife)

Address Roy, Ida

Filed 8-6 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

G. F. Tussing, Roy, Idaho
John Forrest, Roy, Idaho
Fred Pearson, Roy, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AUG 27 1934 Copy

County of Bingham

City of Moreland

No. ..... St.

813-106-006-557

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

224030

CERTIFICATE OF BIRTH 224030

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Franklin England Hatch
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male			X	Yes	April 6, 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Orgal

Number of child of this mother, including present birth 3 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Simmons Franklin Hatch	FULL MAIDEN NAME Tressia Laura England
Residence (Usual place of abode) Moreland, Idaho	Residence (Usual place of abode) Moreland, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 25 (Years)	Color or race White Age at last birthday 24 (Years)
Birthplace Orangeville, Utah Emery Co. (City and State or County)	Birthplace Plain City, Utah, Weber Co. (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) x Mary A. S. Hatch
(~~Physician~~ or midwife)

Address Moreland, Idaho

Filed Aug 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 12 1934

STATE OF IDAHO 224035
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224035

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. — St.

296-128.025-366

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Erwin William Brackman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 28 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn .....

FATHER	MOTHER
FULL NAME: Charles William Brackman	FULL MAIDEN NAME: Gertrude Loveland Brackman
Residence (Usual place of abode): Grangeville, Idaho	Residence (Usual place of abode): Grangeville
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 31 (Years)	Color or race: White Age at last Birthday: 31 (Years)
Birthplace: Hamilton, Texas (City and State or County)	Birthplace: Hurst, Texas (City and State or County)
Occupation: Rancher	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } **at** 5 17 **M. on the date above stated.**

(Signature) Father

(Physician or midwife)

Address Grangeville, Idaho

Filed Apr 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Nurse

Miss Vinnie Rowland

216-13 Ave.

Caldwell. Idaho.

DELAYED

253107 025993 SEP 27 1934

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Ferdinand
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 225254

Registration District No. 105 State File No. .....
Prim. Registration District No. 2183 Local Registrar's No. 62

2. FULL NAME OF CHILD Ralph Emerson Bell Jr.

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth May 7th, 1925 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ralph Emerson Bell Sr.	18. Full maiden name: Edna M. Riley
10. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand	19. Residence (usual place of abode) (If non-resident, give place and State): Ferdinand
11. Color or race: W	12. Age at last birthday: 40 (years)
20. Color or race: W	21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or country): West Virginia	22. Birthplace (city or place) (State or country): Nebraska
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Station Agent	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: May, 1925	17. Total time (years) spent in this work: 11 yrs
25. Date (month and year) last engaged in this work: May, 1925	26. Total time (years) spent in this work: 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. O. Stevenick, M. D.
or ....., Midwife
Address Cottonwood Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Oct. 2, 1934 N. F. Carr
per S.B. Registrar.

MAR 21 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Hayden Lake (near)

No. Coeur d'Alene St.

763 215 02 769

(If born in hospital or institution give name.)

1934 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 225297

CERTIFICATE OF BIRTH

Registration District No. 30 State File No.

Prim. Registration District No. 1050 Local Registrar's No. 320

FULL NAME OF CHILD Barbara Dolores Polk

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of birth January 15 (Month) (Day), 1915 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Arg. No 3

Number of child of this mother, including present birth Fifth (a) Born alive and now living Five

Born alive but now dead none Stillborn none

FATHER

FULL NAME Sidney Monroe Polk

Residence (Usual place of abode) Hayden Lake

If non-resident, give place and State

Color or race White Age at last birthday 44 (Years)

Birthplace Missouri, Centerville (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Lucy Emily Going

Residence (Usual place of abode) Hayden Lake

If non-resident, give place and State

Color or race White Age at last birthday 42 (Years)

Birthplace Eminence, Missouri (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:45 A. M. on the date above stated.

(Signature) Dr. John Busby (Deceased)
By. Anna M. Polk (Mother)
(Physician or midwife)

Address Hayden Lake Idaho

Filed Aug. 22 1934 E. L. Sparks, M. D.
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minidoka
City of Minidoka
No. 249 105 034 954 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 225431

CERTIFICATE OF BIRTH

Registration District No. 19 State File No.
Prim. Registration District No. 2015 Local Registrar's No. 110

2. FULL NAME OF CHILD Edward David Smith

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 5, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name August H. Smith	18. Full maiden name Mary Renz
10. Residence (usual place of abode) (If non-resident, give place and State) Minidoka	19. Residence (usual place of abode) (If non-resident, give place and State) Minidoka
11. Color or race White 12. Age at last birthday 27 (years)	20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) Acron (State or country) Colo	22. Birthplace (city or place) Donavan (State or country) Nebraska
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Lumber Hawling	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hrof
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 1 year	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) none.
none (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 6 Am. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. Fred Renz, Midwife
Address Loveland Colo.
Filed Oct. 1 - 1934, 1915 E. H. Elmore
Registrar.

Give name added from a supplemental report ..... (Date of)
Mrs Mary Smith
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Cavendish

No. 845 - 111 018 - 243 St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED NOV 1934

CERTIFICATE OF BIRTH 225718

Registration District No. 19 State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Carl Merton Hurd

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	July 11, 1915

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead none Stillborn none

FATHER

FULL NAME Philip Jacob Hurd

Residence (Usual place of abode) Cavendish Idaho

If non-resident, give place and State

Color or race White Age at last birthday 33 (Years)

Birthplace Coleman Mich (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Nova Sutton

Residence (Usual place of abode) Cavendish Ida

If non-resident, give place and State

Color or race white Age at last birthday 23 (Years)

Birthplace Grainfield Kansas (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 8:30 P.M. on the date above stated.

(Signature) Mrs. E. L. Pearson (Mother)

~~Kendrick Idaho~~

(Physician or midwife)

Address Kendrick Idaho

Filed 19

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

Mrs. J. Candler Cavendish Ida.
Mrs. W. E. Tarry Cavendish Ida
Mrs. Lily Choate Teakean Ida.

AUG 30 1957

299/125-0.24-918 NOV 21 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

226580

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 22 State File No. .....
Prim. Registration District No. 2018 Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Ray Briggs

3. Sex	If plural births: 4. Twin triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male	✓	4	✓	Yes	Nov 25, 1915

FATHER	MOTHER
9. Full name: Samuel D. Briggs	18. Full maiden name: Stella May Ray
10. Residence (usual place of abode) (If non-resident, give place and State): Wendell	19. Residence (usual place of abode) (If non-resident, give place and State): Wendell
11. Color or race: W	12. Age at last birthday: 41 (years)	20. Color or race: W	21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or country): Boise Ida	22. Birthplace (city or place) (State or country): Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, saw-mill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1 a.m. on the date above stated.
(Born Alive or Stillborn)

[*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*]

(Signed) E. L. Dimmerton M.D.
or ..... Midwife
Address Wendell Ida
Filed Oct 23, 1934 E L Dimmerton
Registrar.

WRITE PLAINLY with UNFADING INK. Fees are to be collected in accordance with law. Each certificate must be signed by the attending physician or midwife, if any, and by the father, householder, etc., if there was no attending physician or midwife. Certificate must be filed with the local registrar of the district in which birth occurred within 10 days after birth and before burial or removal from district. Information must be given for each, and the number of each, in order of birth stated. a SEPARATE RETURN must be made for each.

MAR 1 6 1966

APR 2 6 1967

JUL 8 1949

AUG 7 1944

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene, Idaho
No. Second St. St.
[illegible] 18 028 819
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 227200

Registration District No. 30 State File No.
Prim. Registration District No. 1050 Local Registrar's No. 350

2. FULL NAME OF CHILD Frederick Samuel Vesser

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? Yes | 8. Date of birth Nov. 18 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edwin Crockett Vesser	18. Full maiden name Irene M Harper
10. Residence (usual place of abode) Coeur d' Alene (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Coeur d' Alene (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Mo. (State or country)	22. Birthplace (city or place) Wisconsin (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 3 years	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argyrol Sol
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 5A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John O'Meara, M. D.
or ....., Midwife
Address Coeur d' Alene, Idaho
Filed Sept. 27, 1934 E. L. Spohn, M. D.
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

JUN 9 1978

DELAYED Dup of 1916 - 37047

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-347-619-349

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 2 2 227487
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

227487

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Agnes Lenora Boyd
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin / Triplet / or other? (To be answered only in event of plural births): and | Number in order of birth: 2 | Legitimate? | Date of birth: Sept 17, 1915 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? S. Protargol 2%

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME: John Stevart Boyd

Residence (Usual place of abode): Challis, Idaho

If non-resident, give place and State .....

Color or race: White Age at last birthday: 27 (Years)

Birthplace: Challis, Idaho (City and State or County)

Occupation: Clerk

MOTHER

FULL MAIDEN NAME: Charlotte Mae Turner

Residence (Usual place of abode): Challis, Idaho

If non-resident, give place and State .....

Color or race: White Age at last birthday: 27 (Years)

Birthplace: Cassville, Mo. (City and State or County)

Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11 P. M. on the date above stated.

(Signature) C. S. Kurtley M.D.
(Physician or midwife)

Address Challis Ida.

Filed Dec 23 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DELAYED

265-103-006-718

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Do not know

(If born in hospital or institution give name.)

STATE OF IDAHO 227 ~~227~~ 227495

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Joseph Bert Kontor

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	March (Month) 3rd (Day), 1915 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth one (a) Born alive and now living one

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Albert Kontor	FULL MAIDEN NAME	Francis Gaydesky
Residence (Usual place of abode)	Blackfoot	Residence (Usual place of abode)	Blackfoot
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Wht. Age at last birthday 34 (Years)	Color or race	Wht. Age at last birthday 32 (Years)
Birthplace	Columbia Neb. (City and State or County)	Birthplace	Ashton Neb. (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) (over)

.....

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed 12/28 1934 .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of the Physician is not known and the mother and father are dead, being an aunt of Joseph Bert Kontor, I Anna O'Conner personaly will make affidavit that the questions on the reverse side are correct

Subscribed and sworn to before me this 29th. day of December 1934.

Notary Public in and for the State of Washington, residing at Arlington.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 109016 — 314

PLACE OF BIRTH

County of CASSIA RECEIVED

City of ALBION

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO 227507
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 227507

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD RALPH EVERTT MARSHALL
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
MALE					april (Month) NINTH (Day), 1915 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 7 seven (a) Born alive and now living 7 seven

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME WILLIAM RUBEN MARSHALL	FULL MAIDEN NAME Ella Ann Lamberson
Residence (Usual place of abode) Farm	Residence (Usual place of abode) Farm
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 37 (Years)	Color or race White Age at last birthday 32 (Years)
Birthplace Watrous New Mexico (City and State or County)	Birthplace Basco Ill (City and State or County)
Occupation Farmer	Occupation House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at six a.M. on the date above stated.

(Signature) William Ruben Marshall
Father
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address 114 Webb St. Silverton, Ore.

Filed Jun 1935 .....
Registrar.

Mrs Lillian Powell. Albion Idaho.
Mrs C M Hickson 170 N. 20th Salem Ore.
Mrs O J Pugh. Salem. Ore.

SEP 21 1944

363-115-009-443

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

227508

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 75 File No.

No. St.

Primary Registration District No. 3155 Registered No. 832

Hospital

FULL NAME OF CHILD William Morris Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 15 1915

FATHER		MOTHER	
FULL NAME	M J Cole	FULL MAIDEN NAME	Delema Durham
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mich.	BIRTHPLACE	Canada
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.34 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Sandpoint

Filed Sept 14 1915 M McKinnon

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.* In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DuPO01915-32523

DELAYED

296-120-028-239

2275 M

JAN 14 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 727 Bancroft St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Kenneth Francis Raymond Bro

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
male					Dec 20, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Loyd Bro	18. Full maiden name Anna Klinka
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Idaho
11. Color or race white 12. Age at last birthday 3027 (years)	20. Color or race white 21. Age at last birthday 3435 (years)
13. Birthplace (city or place) (State or country) Milwaukee Wisconsin	22. Birthplace (city or place) (State or country) Shell Lake Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc cook	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. restaurant	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Dec. 20, 1915 — 17. Total time (years) spent in this work 12	25. Date (month and year) last engaged in this work Dec. 10, 1915 — 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks — 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or 727 Bancroft ave., Midwife
Address Mrs Anna Bro Mother
Filed Jan, 1936
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

437-129-001-432

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 State File No. 228529

Prim. Registration District No. 1004 Local Registrar's No. .....

2. FULL NAME OF CHILD Orville Lee McPhail

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth November 29, 1915 (Month, Day, Year)
Male				

FATHER

9. Full name: Howard McPhail

10. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

11. Color or race: White | 12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or Country): Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: .....

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: .....

MOTHER

18. Full maiden name: Mamie Francis McBurney

19. Residence (usual place of abode) (If non-resident, give place and State): Boise, Idaho

20. Color or race: White | 21. Age at last birthday: 38 (years)

22. Birthplace (city or place) (State or Country): Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: .....

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7:35 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Wm. H. Tukey, M. D.

or ....., Midwife

Address Boise, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed Feb. 28, 1921 R. H. Pratt

Registrar.

Dec 20 1915 - 8 6 5 2 1

BOTH — BY MISTAKE

DELAYED

JUN 1 1947

RECEIVED MAR 8 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229401

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Kootenai
City of Emida
No. ..... St.
766-114-028-154
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Kenneth Roland Root

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct. 14, 1915 (Month, Day, Year)

FATHER

9. Full name: John Wesley Root, Jr

10. Residence (usual place of abode) Emida (If non-resident, give place and State) Idaho

11. Color or race W | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Glenwood, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work all

MOTHER

18. Full maiden name: Nellie Vermont Andrew

19. Residence (usual place of abode) Emida (If non-resident, give place and State) Idaho

20. Color or race W | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or country) Friend, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work all

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6.15 Am m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ..... M. D.

or Mrs Ada M Starke, Midwife

Address Tekoa, Washington

Filed Mar, 1935

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

People who knew of the birth of Kenneth Roland Root October 14, 1915, at 6.15 AM. Emida, Idaho.

DELAYED

Mrs. Hazel Grant, Hines, Calif.,

Mrs. Iula Yarnell, Oakesdale, Washington.

Mrs. Eleanor Naffszigar, Pullman, Wash.

Allan English, Emida, Idaho.

Mrs. Claude Magers, Emida, Idaho.

Dr. Platt of St. Maries, Idaho was called for the birth but arrived two hours after the baby was born. The baby was received by Mrs. Ada Garthe, Tekoa, Wash. who was nurse.

766 117 003 253

231013

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. **231013**

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Wilbur Morris Goodin

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	June 19, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Wilbur Ray Goodin	18. Full maiden name: Anita Clara Bell
10. Residence (usual place of abode) (If non-resident, give place and State): Bancroft	19. Residence (usual place of abode) (If non-resident, give place and State): Bancroft
11. Color or race: W | 12. Age at last birthday: 35 (years)	20. Color or race: W | 21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Nebraska	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anita Clara Goodin (Mother), Month

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June, 1935

Registrar. Registrar.

RECEIVED APR 8 1935

138-128-005-256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231015

1. PLACE OF BIRTH
County of Bannock, Idaho
City of Pocatello
No. 546 East Hayden St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gregory Athens or Athanasakopoulos

3. Sex Masc. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 28, 1915 (Month, Day, Year)

FATHER
9. Full name Gust Athens or Athanasakopoulos
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Pyrgos, Elias~~ ~~Greece~~ Pocatello
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Agios Georgios, Pyrgos Greece

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner of a
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. restaurant
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 10 Years

MOTHER
18. Full maiden name Paraskevi Georgopoulou
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello ~~Dead~~
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) .....

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4th (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Julia Pullos (Aunt), ~~M. D.~~
or ....., Midwife
Address .....
Filed Apr 8, 1935
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

JAN 11 1943

266-227 009 362

231935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boaner

City of Priest River

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 231935

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alice Minnie Koffel

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct 22, 1915 (Month, Day, Year)

9. Full name of FATHER: Marion LeRoy Koffel

10. Residence (usual place of abode) (If non-resident, give place and State) Priest River White

11. Color or race White 12. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or country) Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Woodsman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woods

16. Date (month and year) last engaged in this work Oct 22 15

17. Total time (years) spent in this work 6

18. Full maiden name of MOTHER: Josephine Losh

19. Residence (usual place of abode) (If non-resident, give place and State) Priest River

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or country) Priest River, Ida.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct. 22nd., 1915

26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2.30 A.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ..... M. D.

or Josephine Koffel mother Midwife

Address Priest River

Filed May 29, 1935

Registrar.

JAN 12

W. H. Z. Koffel, Kootenai Ida.

Mrs. Edward Hanushar, Priest River Ida

Mr. Howard Koffel, ~~Bus~~ Kootenai Ida

425-213001 259

RECEIVED JUN 17 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

232012

JUNE 17 1935

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ~~115~~ 311 So. 6th St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Serafina Angela Uberuaga

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth 6/13, 1935 (Month, Day, Year)

FATHER

9. Full name Joe Uberuaga
10. Residence (usual place of abode) (If non-resident, give place and State) 116 So 6th
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 6/13, 1935 | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Hilda Bernardo
19. Residence (usual place of abode) (If non-resident, give place and State) 116 So 6
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 6/13, 1935 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 5P m. on the date above stated.

(Signed) Fred A Pettengill, M. D.
or ....., Midwife
Address Boise Idaho

Filed June, 1935

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

FEB 23 1971

959 115 028 666

1. PLACE OF BIRTH Kootenai

County of ~~Coeur D'Alene~~

City of Harrison

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 232813

232813

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Floyd Alfred Reinecke

3. Sex Male

If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature..... Full term yes

7. Legitimate? yes

8. Date of birth November 15 ~~193~~ 1915 (Month, Day, Year)

FATHER

9. Full name Arthur H. Reinecke

10. Residence (usual place of abode) (If non-resident, give place and State) Harrison

11. Color or race White 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Bay City & Michigan

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Band Sawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Box factory

16. Date (month and year) last engaged in this work November, 1915

17. Total time (years) spent in this work 6 years

MOTHER

18. Full maiden name Mabel Ethel Woods

19. Residence (usual place of abode) (If non-resident, give place and State) Harrison

20. Color or race White 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Deer Island Oregon.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report.....

(Date of)

.....
Registrar.

(Signed) Mrs. A. H. Reinecke (Mother) M. D.

or ..... Midwife

Address E. Stanwood, Wash. Route #1

Filed ....., 193S.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

Mrs. N. A. Pratt,
1439 N. 56th.,
Seattle, Wash.

Mrs. A. B. Hermansen,
Station A.
Everett, Wash.

Mrs. C. Andrus,
2648 So. Rimpau Blvd.,
Los Angeles,
Calif.

JUL 25 1935 RECEIVED

419-124-614-719

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R. R. 2. St.

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 233814

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ellis Milton Marmon

3. Sex Male | If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 24, 1935 (Month, Day, Year)

FATHER

9. Full name Nathaniel Crew Marmon

10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida

11. Color or race white | 12. Age at last birthday 62 (years)

13. Birthplace (city or place) Jamesfield (State or Country) Logan Co Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. X

16. Date (month and year) last engaged in this work ....., 1935 | 17. Total time (years) spent in this work life

MOTHER

18. Full maiden name Eunice Ann Darling

19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell Ida

20. Color or race white | 21. Age at last birthday 52 (years)

22. Birthplace (city or place) Broken bow (State or Country) Lincoln Co, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work ....., 1935 | 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) (Mother) Eunice [redacted]

or Ann Marmon, Midwife

Address Caldwell Idaho R # 2

Filed July 23, 1935

Registrar.

AUG 17 19

Mrs. Bertha Mawson
Caldwell, Ida.
R#2

Mr. Mac Wood
1551 Oak St.
Eugene, Oregon.

Mrs. Jonas Rudisill
Caldwell, Ida.
R#3.

998.-210-042-793

JUL 10 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234640

1. PLACE OF BIRTH
County of Twin Falls Idaho
City of Kimberly Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 37 State File No. .....
Prim. Registration District No. 2085 Local Registrar's No. 263

2. FULL NAME OF CHILD Josephine Riha

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Aug-10-th-1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Peter Riha	18. Full maiden name Apolena Prcikova
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly Idaho
11. Color or race W. | 12. Age at last birthday 41 (years)	20. Color or race W. | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Hovarany Austria	22. Birthplace (city or place) (State or Country) Hovarany Austria
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Fisewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Peter Riha Father
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 6-21-35, 193.. J. A. Humphrey Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 23 1943

759-113-032-369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone AUG 19 1935
No. farm St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 234762
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Theodore Manuel Perry

3. Sex male | If plural births: 4. Twin, triplet, or other -- ; 5. Number, in order of birth - | 6. Premature no; Full term Yes | 7. Legitimate? yes | 8. Date of birth July, 13 1915 (Month, Day, Year)

FATHER

9. Full name Manuel Afonso Perry
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone, Idaho
11. Color or race white | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Cervaes, Portugal.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work at that time 19__
17. Total time (years) spent in this work 9 yrs.

MOTHER

18. Full maiden name Mary Conceicao Correia
19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Idaho.
20. Color or race white | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Cervaes, Portugal

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work to that time 19__
26. Total time (years) spent in this work 1¼ yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? do not remember

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation -------- months or weeks ____
30. Cause of stillbirth --- Before labor -- During labor - -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Father

Give name added from a supplemental report ____ (Date of)

(Signed) Manuel A. Perry, ~~M. D.~~
or ____, ~~Midwife~~
Address Shoshone, Idaho
Filed ____, 193__

Registrar.

Registrar.

These people know of this birth

John Perry	Fairfield, Idaho
Cordie Perry	Fairfield, Idaho
Arthur D. Silva	Shoshone, Idaho
Adelaide Silva	Shoshone, Idaho

DELAYED

652-108'039 959

1. PLACE OF BIRTH SEP 13 1935 RECEIVED

STATE OF IDAHO 234796
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 234796

County of Power
City of American Falls
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Earl Weber

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Sept 8, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Chris Weber	18. Full maiden name: Katherine Reiman
10. Residence (usual place of abode) (If non-resident, give place and State): American Falls	19. Residence (usual place of abode) (If non-resident, give place and State): American Falls
11. Color or race: White; 12. Age at last birthday: 54 (years)	20. Color or race: White; 21. Age at last birthday: 42 (years)
13. Birthplace (city or place) (State or country): S. Dak.	22. Birthplace (city or place) (State or country): S. Dak.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Machine shop
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 5 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Katherine Weber, M. D.
or Mother, Midwife
Address 1530 - E- Worth St
Filed Sept 13, 1935

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

...RVED FOR BINDING

DELAYED

869-103-016-457

239206

JAN 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 239206

1. PLACE OF BIRTH
County of Cassia
City of Sublette
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 119 State File No. .....
Prim. Registration District No. 2198 Local Registrar's No. .....

2. FULL NAME OF CHILD Harley Victor Horn

3. Sex M | If plural births No | 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 3, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name Christian O Horn	18. Full maiden name Bertha Unger
10. Residence (usual place of abode) Sublette (If non-resident, give place and State) Ida	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race W	20. Color or race W
12. Age at last birthday 47 (years)	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Reed Cy Michigan	22. Birthplace (city or place) (State or country) Yakima Wash.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At home	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work Life	26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn No

29. If stillborn, period of gestation No months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:15 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Persis Horn, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Jan 12, 1936 C I Sater
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

P.C. 44141

RECEIVED MAY 23 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

239984

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Power
City of Landing
No. 699-230 039-392 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Ruby Ardella Perkins

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 1 30, 1935 (Month, Day, Year)

FATHER

9. Full name Willard Perkins
10. Residence (usual place of abode) (If non-resident, give place and State) [illegible]
11. Color or race W | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) West Weber Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work 1 30, 1935 | 17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Clementine Lish
19. Residence (usual place of abode) (If non-resident, give place and State) Rockland
20. Color or race ..... | 21. Age at last birthday 19 (years)
22. Birthplace (city or place) (State or Country) Rockland Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 5 1, 29, 1935 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs Willard Perkins M. D.
or MOTHER, Midwife
Address Rupert Idaho.

Filed 5-23, 1935

Registrar.

OCT 7 1976

FEB 25 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240253

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Ida
No. 720 N. 8th St.
493-109-003-236
(If born in hospital or institution give name.)

Darrel

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Paul ~~Harold~~ Miller Paul Darrel Miller

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ✓ Full term ..... | 7. Legitimate? Yes | 8. Date of birth Dec. 9, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Emil Julius Miller	18. Full maiden name Rosa Ellen Scott
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida
11. Color or race White 12. Age at last birthday 22 (years)	20. Color or race White 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or country) Germany	22. Birthplace (city or place) (State or country) Magdly, Indiana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O.S.L. shops	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 2	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mr. E. J. Miller (Father), M.D.

or ~~Mrs. Christiansen~~, Midwife

Address ~~Field~~

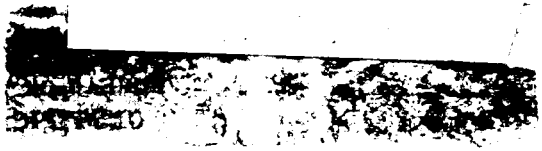
Filed March 3, 1936

Registrar.

Registrar.

Please make a record of this.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



491-110839-386

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of POWER MAR 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

City of .....
No. ..... St. .....
(If born in hospital or institution give name.)

CERTIFICATE OF BIRTH 240763

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HAROLD EUGENE DRAKE

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? YES | 8. Date of birth APRIL 10, 1935 (Month, Day, Year)

FATHER

9. Full name LE ROY DRAKE
10. Residence (usual place of abode) AMERICAN FALLS (If non-resident, give place and State) .....
11. Color or race WHITE | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) FARMERSBURG (State or country) INDIANA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name JESSIE BELLE THOMPSON
19. Residence (usual place of abode) AMERICAN FALLS (If non-resident, give place and State) .....
20. Color or race WHITE | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) DELPHI (State or country) INDIANA

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) LeRoy Drake M. D.
or ....., Midwife
Address HANSEN IDAHO

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed Mar, 1936
Registrar.

AUG 1 4 1943

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH 163 038 -719

County of Payette

City of Payette

No. ..... St.

Idaho

(If born in hospital or institution give name.)

MAR 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

240884

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 240884

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Coy Bena

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Feb 13, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Edward Bena	18. Full maiden name Margaret Rose Gaines
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale	19. Residence (usual place of abode) (If non-resident, give place and State) Midvale
11. Color or race W	20. Color or race W
12. Age at last birthday 35 (years)	21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Seneca Mo.	22. Birthplace (city or place) (State or country) Seneca Mo
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeep
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Full time	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Four (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Margaret Rose Bena, M. D.

or Mother, Midwife

Address Port Angeles Wash

Filed 3/26/36, 193.....

Registrar.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

1- Mrs Olson. ~~Weiser Cove~~
Weiser Ida - JAN 12 1965

2- Bill F. Berra
Payette Ida.

3- Lula Berra.
Payette Ida.

769 115 006893

241878

APR 20 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

241878

1. PLACE OF BIRTH
County of
City of Blackfoot
No. St.
Idaho
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Raymond Deval Portz

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth 15 April 1936 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Portz	18. Full maiden name Katherine Himelgarn
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot	19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) Fort Recovery Ohio	22. Birthplace (city or place) (State or country) Coldwater Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work April, 1915 17. Total time (years) spent in this work 8 yrs	25. Date (month and year) last engaged in this work April, 1915 26. Total time (years) spent in this work 9 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation XXXXXX months or weeks | 30. Cause of stillbirth XXXXXXXXXXXXXXXXXXXX Before labor XXXXX During labor XXXXX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Raymond D. Atchley, M. D.
or , Midwife
Address

Give name added from a supplemental report
(Date of)

Filed April, 1936

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF CALIFORNIA,)
) ss.
COUNTY OF SAN DIEGO,)

On this 15th day of April, 1936, before me, L. B. Grant, a Notary Public, personally appeared Raymond D. Atchley known to me to be the person who subscribed to the within instrument.

WITNESS my hand seal this 15th day of April, 1936.

L. B. Grant

Notary Public in and for said County and State.

MD SIGNED

BOTH DELAYED

Deputy

665-705-009 169

APR 23 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

241887

1. PLACE OF BIRTH
County of Bonner
City of Cabinet, Idaho.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Glenn Byron Owen

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Feby. 5th, 1915 (Month, Day, Year)

FATHER

9. Full name: Francis Eugene Owen.
10. Residence (usual place of abode) (If non-resident, give place and State): Cabinet, Idaho
11. Color or race: white
12. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or country): Forest City Iowa.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ry Station Agent
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad
16. Date (month and year) last engaged in this work: Now employed, 19 .....
17. Total time (years) spent in this work: 15 Yrs.

MOTHER

18. Full maiden name: Anne Katherine Jorgens
19. Residence (usual place of abode) (If non-resident, give place and State): Cabinet, Idaho.
20. Color or race: white
21. Age at last birthday: 27 (years)
22. Birthplace (city or place) (State or country): Hope North Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Present work, 19 15
26. Total time (years) spent in this work: 7 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Cant say attending Dr. dead.
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at ..... m. on the date above stated.

Signed [redacted] Katherine Owen M. D.
or Mother Midwife
Address Francis Eugene Owen Father

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Filed 4/22/36, 193 .....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr & Mrs Mike Mulvihill, Farmers.
Cabinet, Idaho.

Mr & Mrs Jack Arthurs, Farmer & logger.
Sand Point, Idaho.

Mr & Mrs Frank Rogers, Track Supvr., NP Ry Co.
Sand Point, Idaho.

Mr & Mrs N. P. Matheny, Telegraph Operator, NP Ry Co.,
Sand Point, Idaho.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada JUN 5 1936

City of Boise

No. 413 122 001 713 St.

R # 2

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242738

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Raymond Matteson

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M.			✓	yes	4 22, ~~193~~ 1915

FATHER	MOTHER
9. Full name: James Arthur Matteson	18. Full maiden name: Myrtle Ann Jackson
10. Residence (usual place of abode) (If non-resident, give place and State): Boise R#2	19. Residence (usual place of abode) (If non-resident, give place and State): Boise R 2
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 34 (years)	21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Nebraska	22. Birthplace (city or place) (State or Country): Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Hwf.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno 3 1 70

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Book, M. D.

or ....., Midwife

Address N Boise Idaho

Give name added from a supplemental report ..... (Date of)

Filed ....., 193.... .....

Registrar. Registrar.

AUG 4 1965

DELAYED

DUP OF IS-3005Y

492-121-015 254

1. PLACE OF BIRTH — 1936 — STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
242901

CERTIFICATE OF BIRTH

County of Caribou
City of Soda Springs, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clarence Mikesell

3. Sex

If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth 7th

6. Premature No; Full term Yes

7. Legitimate? Yes

8. Date of birth 1/21/15, 193.... (Month, Day, Year)

FATHER

9. Full name John Mikesell

10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs, Ida.

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Logan Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work All my life

MOTHER

18. Full maiden name Iona Beus

19. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs, Ida.

20. Color or race W | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House

25. Date (month and year) last engaged in this work Since Married, 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at 10 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Ellis Hackley, M. D.
or Physician, Midwife
Address Soda Springs, Idahc

Filed 4-13-, 1936 Dr. Russell Tigert
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

FEB 7 1969

666 101 037369

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Owyhee
City of Cliffs
No. ..... St.
(If born in hospital or institution give name.)

MAY 26 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

243524

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Bennett Woods

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Full term	yes	Dec. 1, 1915

FATHER	MOTHER
9. Full name: Ora M. Woods	18. Full maiden name: Carrie B. Cornish
10. Residence (usual place of abode) (If non-resident, give place and State): Cliffs, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Cliffs, Ida
11. Color or race: W	12. Age at last birthday: 35 years	20. Color or race: W	21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or country): Nebraska	22. Birthplace (city or place) (State or country): Australia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ora M. Woods Father, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed May 26, 1936 ..... Registrar.

Mrs Olive Hardisty Clifton Jct.
Mrs Paul Hardisty " "
Mrs Thos Whitby " "

OCT 15 1937

294-227040-495

243671

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St.
(If born in hospital or institution give name)

RECEIVED JUN 26 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 243671
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Estelle Simons

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Girl		Twin	1		X	Yes	5/27/1915

FATHER	MOTHER
9. Full name: William Thomas Simons	18. Full maiden name: Margaret Elizabeth Minns
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Idaho
11. Color or race: W	12. Age at last birthday: 32 (years)
20. Color or race: W	21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or country): Dallas, Oregon	22. Birthplace (city or place) (State or country): W. Virginia
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Banker	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work: Present, 19	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work: Present, 19	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol - 10%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos (months ~~weeks~~) 30. Cause of stillbirth: detached placenta (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6:00 a- m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. H. Mason, M. D.

or ....., Midwife

Address Kellogg, Idaho

Filed June 26, 1936

Give name added from a supplemental report .....
(Date of)

Registrar.

Registrar.

963 119 039 363

243698

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lewis

City of Rockland

No. ____ St. Private Home

(If born in hospital or institution give name.)

JUL 15 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243698

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Burlen V. Kalcomb

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term yes	7. Legitimate? yes	8. Date of birth Sept 19, 1915 (Month, Day, Year)
Male				

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Ross Lloyd Kalcomb	Edna Lorene Calvert
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	Rockland Idaho	Rockland Idaho
11. Color or race / 20. Color or race	W	W
12. Age at last birthday (years) / 21. Age at last birthday (years)	21	19
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Marion Iowa	Williamsburg Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Trucking	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ____, 19____ / 25. Date (month and year) last engaged in this work ____, 19____		
17. Total time (years) spent in this work / 26. Total time (years) spent in this work		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Arg Nos

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) L. G. Logan, M. D.

or ____, Midwife

Address Rockland

Filed July 7, 1936

Registrar. Registrar.

919 711 028-269

JUL 15 1936 RECEIVED

W3 704

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243704

1. PLACE OF BIRTH
County of Kootenai
City of Spirit Lake
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 243704
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Oiva August Rainio,

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth Feb. 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Albanus Rainio,	18. Full maiden name Sofia Koivisto,
10. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake	19. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake
11. Color or race white 12. Age at last birthday 36 (years)	20. Color or race white 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or country) Kangasala, Finland	22. Birthplace (city or place) (State or country) Kangasala, Finland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc woodsman,	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. woods,	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work October, 1915 — 17. Total time (years) spent in this work 18	25. Date (month and year) last engaged in this work January, 1915 — 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs A Rainio Mother, [redacted]

or ....., Midwife

Address Box 37, Dudley, Idaho

Filed July 15, 1936

Registrar.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Witnesses

Mrs. Oscar Joki, – 416 N. Davideon Ave., Coeur D'Alene, Ida.

Mr. Herman Helander, – Sandpoint, Idaho.

Mrs. Alarik Hannula, – Coeur D'Alene, Idaho.

Amended 6-26-57 294-223.011-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 79 File No. 24955

Hospital ____ Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Catherine Doris Simonds
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	December 23 1915

What bactericidal solution was used in eyes? 1% agNO3

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clinton Dwight Simonds	FULL MAIDEN NAME	Inga Tew
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Big Stone, S. Dak.	BIRTHPLACE	Wahpeton, N. Dak.
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Mrs. Inga Tew Simonds

Mother
(Physician or midwife)

Address Bonners Ferry

Filed July 1, 1936 E. E. Fry
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH — AUG 17 1936 REC'D

County of Boundary

City of Bonners Ferry

No. ____ St.

(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 244955

Registration District No. 79 State File No. ____

Prim. Registration District No. 215 Local Registrar's No. 6

2. FULL NAME OF CHILD Catherine Doris Simonds

3. Sex F. | If plural births: 4. Twin, triplet, or other L | 5. Number, in order of birth L | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 13 1936 (Month, Day, Year)

FATHER

9. Full name Clinton Dwight Simonds

10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry

11. Color or race W. | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Big Stone, S. Dak.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Inga Tew

19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry

20. Color or race W. | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Wahpeton, N. Dak.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Ag NO3

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

(Signed) Mrs Inga Tew Simonds, ~~M. D.~~ Mother, ~~Midwife~~

or ____

Address Bonners Ferry, Idaho

Filed July 1st., 1936 ____ Registrar.

JUN 27 1957

JUL 20 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 244955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Catherine Doris Simonds (Name on Original Certificate) who was born (Was Born or Died) on December 23, 1916 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Genealogy Record of the Simonds Family prepared on 1927 publishing date (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
School Record	Bonners Ferry, Idaho - school year of 1924 viewed by v.s.	
Date of Birth	December 23, 1916	December 23, 1915

Subscribed and sworn to before me this 10th day of December, 1956.
Notary Public, residing at Notary Public Residing at Boise, Idaho
My commission expires My Commission expires August 6, 1960.
(Seal)

Signed Clinton D. Simonds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bonners Ferry Idaho P.O.Box 27
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 1956.
Notary Public, residing at Notary Public Residing at Boise, Idaho
My commission expires My Commission expires August 6, 1960.
(Seal)

Signed Inga Lew Simonds
(Signature of Any Credible Person)
Bonners Ferry Idaho Box 27
(Street Address, City, State)

FORM DPH 55. 155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. ____ St.
(If born in hospital or institution give name.)

AUG 17 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

245526

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Eleanor Jean McDonald

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Feb 14, 1915 (Month, Day, Year)

FATHER

9. Full name: William McDonald
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race: White 12. Age at last birthday: 33 (years)
13. Birthplace (city or place) (State or country): Nova Scotia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Celia [redacted] Walker
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race: White 21. Age at last birthday: 23 (years)
22. Birthplace (city or place) (State or country): Cambridge Massachusetts

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 5:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm. L. Smith, M. D.
or ____ Midwife
Address Wallace Idaho
Filed Aug 17, 1936

Give name added from a supplemental report ____
(Date of)
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Cornwall
No. 693-116-024-693 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 245565

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Palmer Russell Williams

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Full term	yes	Nov. 16, 1915 193...

FATHER	MOTHER
9. Full name: Owen O. Williams	18. Full maiden name: Agnes Williams
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Ida
11. Color or race: W | 12. Age at last birthday: 56 (years)	20. Color or race: W | 21. Age at last birthday: 39 (years)
13. Birthplace (city or place) (State or country): Wales, England	22. Birthplace (city or place) (State or country): Cambridge, Minn.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: farming 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work.....	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 9
(a) Born alive and now living 9 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was // (Born Alive or Stillborn) at 4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Agnes Williams (Mother) (signature on affidavit), M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
Filed Aug. 28, 1936, 193.....

Registrar. Registrar.

AFFIDAVIT WITH REFERENCE TO THE BIRTH OF

PALMER RUSSELL WILLIAMS

STATE OF IDAHO)
) ss.
County of Latah)

Agnes Williams, being first duly sworn, on oath, deposes and says: That she is the mother of Palmer Russell Williams who was born on November 16, 1915 at Cornwall, about seven miles East of Moscow, in Latah County, Idaho; that Owen O. Williams is the father of Palmer Russell Williams. That the bureau of Vital Statistics of the State of Idaho has no record of said birth for the reason that no report was made to said Bureau of Vital Statistics of the State of Idaho of the birth of said child;

That the said Palmer Russell Williams resides with affiant and her husband, Owen O. Williams, in Moscow, Idaho.

Agnes Williams

Subscribed and sworn to before me this 27 day of July, 1936.

Notary Public in and for the State of Idaho, Residing at Moscow, Idaho.

SEP 19 1958

JUL 27 1958

AFFIDAVIT WITH REFERENCE TO THE BIRTH OF

PALMER RUSSELL WILLIAMS

STATE OF IDAHO |
: ss.
County of Latah |

Bessie Spitler, being first duly sworn, on oath, deposes and says: That she was present on November 16, 1915, when the above named, Palmer Russell Williams was born about seven miles east of Moscow, Idaho; That he is the son of Owen O. Williams and Agnes Williams, his wife, who now reside at Moscow, Idaho, and that Palmer Russell Williams resides with his parents at Moscow, Idaho;

Affiant further says on oath that no report was made to the Bureau of Vital Statistics of the State of Idaho with reference to the birth of the said Palmer Russell Williams.

Bessie Spitler.

Subscribed and sworn to before me this 27 day of July, 1936.

Notary Public in and for the State of Idaho, Residing at Moscow, Idaho

1. PLACE OF BIRTH
County of Latah
City of Cornwall
No._____st.

(If born in hospital or institution give name.)

AUG 28 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. __ Local Registrar's No.____

2. FULL NAME OF CHILD PALMER RUSSELL WILLIAMS

3. Sex: Male; If plural births)4. Twin, triplet or other---)5. Number, in order of birth; 6. Premature__; Full term__; 7. Legitimate yes; 8. Date of birth Nov. 16, 1915

9. Full Name FATHER: Owen O. Williams	18. Full maiden name MOTHER: Agnes Williams
10. Residence (usual place of abode) (if non-resident, give place and state): Moscow, Idaho.	19. Residence (usual place of abode) (If non-resident, give place and state): Moscow, Idaho
11. Color or race: white; 12. Age at last birthday: 77 years	20. Color or race: white; 21. Age at last birthday: 60 years
13. Birthplace (city or place) (State or country): Wales, England	22. Birthplace (city or place) (State or country): Cambridge, Minnesota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm 16. Date (month and Year) last engaged in this work: October, 1912 17. Total time (years) spent in this work: 50	OCCUPATION 23. Trade, profession or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home 25. Date (month and year) last engaged in this work: Still so engaged 19____ Total time (years) spent in this work: 26.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead none (c) Stillborn_____

29. If stillborn, period of gestation_____) months or weeks; 30. Cause of stillbirth_____) Before labor_____) After labor_____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I am the mother of this child, who was born alive at 11 o'clock A.M. on the date above stated. (born alive or stillborn)

(Signed) no doctor present, M.D.

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

+ Agnes Williams Midwife-Mother

Address Moscow, Idaho

Give name added from a supplemental report_____ Date of

Filed _____, 193__ _____ Registrar

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

355-117-819-433

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246566

Registration District No. 76 State File No. .....
Prim. Registration District No. 2153 Local Registrar's No. 478

2. FULL NAME OF CHILD Edmund Grover Cearley

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Yes	Yes	Apr. 17, 1915

FATHER	MOTHER
9. Full name: Edmund Le Roy Cearley	18. Full maiden name: Minnie Effie McLevrin
10. Residence (usual place of abode) (If non-resident, give place and State): Clayton Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Clayton Ida
11. Color or race: White 12. Age at last birthday: 29 (years)	20. Color or race: White 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or country): ELLIS Ida	22. Birthplace (city or place) (State or country): DICKEY Ida
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Ranch work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home work
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 4 (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

.....
Registrar.

(Signed) ....., M. D.
or Sandee M. Bradshaw P.N. Midwife
Address Clayton Idaho
Filed Sept 10, 1936 Rose N. Thibodeau
Registrar.

259 116 034 855

NOV 9 19[illegible]

247664

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247664

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Minadoka
City of Paul
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elmer Andrew Serr

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? ..... | 8. Date of birth Sept. 16th 1915 (Month, Day, Year)

FATHER

9. Full name Andrew Serr
10. Residence (usual place of abode) (If non-resident, give place and State) Paul Idaho
11. Color or race White 12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or country) Russia

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work always

MOTHER

18. Full maiden name Christine Heer
19. Residence (usual place of abode) (If non-resident, give place and State) Paul Idaho
20. Color or race White 21. Age at last birthday 41 (years)
22. Birthplace (city or place) (State or country) South Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Andrew Serr, ~~M. D.~~
or Father, Midwife
Address Paul Idaho
Filed Nov. 9, 1936

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mr. Gottlieb Schenk Jr. Rupert Idaho
Mrs. Katie Schenk Rupert Idaho
Mrs. Marie Heer Paul Idaho
R. 1.

JAN 16 1970

689-115-005-249

NOV 12 1936 RECEIVED

N 8643

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

248643

1. PLACE OF BIRTH
County of Benewah
City of St. Maries
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Foster White

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Nov. 15 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas C. White	18. Full maiden name Maud L. Smith
10. Residence (usual place of abode) (If non-resident, give place and State) St. Maries	19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race ..... | 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or country) Near Greenville Darke Co., Ohio	22. Birthplace (city or place) (State or country) Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Employee	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work Nov., 1915 | 17. Total time (years) spent in this work 2	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. White, M. D.
or Father ~~Midwife~~
Address Saint Maries - Idaho
Filed Nov. 12, 1936

Give name added from a supplemental report .....
(Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs A. F. Sw[illegible] St Marie, Ida.
H. B. Caines
Mrs. William Trueman " "

MAR 13 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JAN 21 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250712

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 318-12 Wk 653 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Horace Albert Taylor

3. Sex Male.
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature No. Full term yes.
7. Legitimate? yes.
8. Date of birth Sept. 27 ~~193~~ 1915 (Month, Day, Year)

FATHER
9. Full name Frank Taylor
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.
11. Color or race Wh. | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented Farm.
16. Date (month and year) last engaged in this work Present, 1915
17. Total time (years) spent in this work 4 yrs

MOTHER
18. Full maiden name Clara Adelia ~~Taylor~~
19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida
20. Color or race Wh. | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Sherman County Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present, 1915
26. Total time (years) spent in this work 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank Taylor Father ~~M. D.~~
or Clara Ad. Taylor ~~Midwife~~ Mother.
Address [illegible]

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 1/21/37, 193 ..... Registrar.

[redacted]

Mrs Furne Plummer Caldwell Idaho

JUL 21 1958

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-110-040-466

PLACE OF BIRTH

County of Shoshone

City of Larson

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
FEB 2 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251441

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jack Wilbur Scott
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	September (Month) 10 (Day), 1915 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth five (a) Born alive and now living five

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME David Roscoe Scott	FULL MAIDEN NAME Anna Downs
Residence (Usual place of abode) Larson	Residence (Usual place of abode) Larson
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 39 (Years)	Color or race White Age at last birthday 38 (Years)
Birthplace Birmingham, Iowa (City and State or County)	Birthplace Davenport, Iowa (City and State or County)
Occupation Stationary Engineer	Occupation Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) F W Rolfe MD

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mullan Ida

Filed 2/2/37 19 .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 691-125-014-413 PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

(If born in hospital or institution give name.)

MAR 20 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252433

Registration District No. ..... State File No. 252433

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thurman Edward Frank

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec 25, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thurman J. Frank	18. Full maiden name Dora Belle Mattingly
10. Residence (usual place of abode) (If non-resident, give place and State) Wilder	19. Residence (usual place of abode) (If non-resident, give place and State) Wilder Ida.
11. Color or race W | 12. Age at last birthday 27 (years)	20. Color or race ..... | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Wayne Co. Ohio.	22. Birthplace (city or place) (State or Country) Henry Co. Missouri.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rider	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs Cecilia Frank, Midwife

Address Wilder Idaho RD1

Filed MAR 20 1937, 193.. ..... Registrar.

Mrs E. M. Small Wilder Ida.
Mrs. S. A Stonehocker Wilder "
Mrs. E. B. Brush Wilder "

FEB 11 1964

756-130-025 215 2 2V3V32

RECEIVED

MAY 5 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho
City of Woodland
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 253532

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Glenn Howard George

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? yes	8. Date of birth June 30, 1915 (Month, Day, Year)
male					

FATHER	MOTHER
9. Full name Milton Aaron George	18. Full maiden name Lizzie Sanders
10. Residence (usual place of abode) (If non-resident, give place and State) Woodland	19. Residence (usual place of abode) (If non-resident, give place and State) Woodland
11. Color or race white | 12. Age at last birthday 39 (years)	20. Color or race white | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) Union Iowa	22. Birthplace (city or place) (State or country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. H. Sigman, M. D.

or ....., Midwife

Address Kamiah - Idaho

Filed May 5, 1937 Pearl Dillingham State Registrar.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255465

JUL 13 1937

1. PLACE OF BIRTH
County of Denver
City of
No. 165-218030-193 St.
(If born in hospital or institution give name.)

Registration District No. 41 State File No.
Prim. Registration District No. 2116 Local Registrar's No.

2. FULL NAME OF CHILD Esther May Jones

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 18, 1915 (Month, Day, Year)

FATHER

9. Full name J. P. W. Jones
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Rifle Colorado

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Myrtle Archbald
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) (State or Country) Denver Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ am the ~~birth~~ father of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. P. W. Jones, M. D.
or ....., Midwife
Address

Give name added from a supplemental report
(Date of)

Filed ~~Chas E. Bell~~ 7-E-Bell, 1937 Chas E. Bellamy
Registrar.

REGISTRAR
DEPARTMENT PUBLIC HEALTH
TOPPENISH, WASH.

7/13/37

July 1 - 1937

255465

Clio E. Bellamy
Salmon, Idaho.

Dear Registrar:-

JUL 13 1937

Inclosed you will fine the birth certificate I ask you for some time ago. This family had no Doctor and so the father signed the certificate, as he was the only one there when the child was born. How much will a certificied copy of same cost me. Let me know at once please.

Yes. I am the Registrar here.

Is it hot where you live? we are now having our summer. Very Warm

Thank you. Edna A. Drake

533-121001-366

258537

SEP 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258537

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St. .....

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Frank Elliott

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth June 21, 1915 (Month, Day, Year)

FATHER

9. Full name W. D. Elliott

10. Residence (usual place of abode) (If non-resident, give place and State) R7D5 Boise

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Kas -

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Stage hand.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Agnes M. Cowger

19. Residence (usual place of abode) (If non-resident, give place and State) R7D5 Boise

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Kas -

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11.30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) John Bock, M. D.

or ....., Midwife

Address Boise Ida

Filed SEP 17 1937, 193.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

759-208039-8

1. [illegible]TH
County [illegible]
City of Rockland
No. ..... St.
(If born in hospital or institution give name.)

NOV 8 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

260416

CERTIFICATE OF BIRTH

Registration District No. 25 State File No. .....

Prim. Registration District No. 2072 Local Registrar's No. 95

2. FULL NAME OF CHILD Illa Lorene Perry

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 8, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lorenzo Dan Perry	18. Full maiden name Vera Harris
10. Residence (usual place of abode) Rockland Idaho (If non-resident, give place and State)	19. Residence (usual place of abode) Rockland Idaho (If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 28 (years)	20. Color or race W. 21. Age at last birthday 22 (years)
13. Birthplace (city or place) Perry Utah (State or country)	22. Birthplace (city or place) Brigham City Utah (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm Labor	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Now, 1915 17. Total time (years) spent in this work Life	25. Date (month and year) last engaged in this work Now, 1915 26. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 P m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. P. Logan, M. D.

or ....., Midwife

Address Rockland Idaho

Give name added from a supplemental report ..... (Date of)

Filed 10-25-, 1937 Irene Saling Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each and the number of each, in order of birth stated.

FEB 15 1973

632-130-001-799

261534

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 261534

1. PLACE OF BIRTH
County of Boundery
City of Bonners Ferry
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Leo Olson

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 30, 1915 (Month, Day, Year)

FATHER

9. Full name Henry Albert Olson
10. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry Idaho
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Visby Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building
16. Date (month and year) last engaged in this work June 30, 1915
17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Mary Price
19. Residence (usual place of abode) (If non-resident, give place and State) Bonners Ferry Idaho
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Germany

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work June 30, 1915
26. Total time (years) spent in this work Lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead - (c) Stillborn -

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 12.30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Henry Albert Olson Father, M. D.
or ....., Midwife
Address Bonners Ferry, Idaho.

Give name added from a supplemental report .....
(Date of)

Filed Dec. 28, 1937

Registrar. Registrar.

WRITE PLAINLY ... one child at birth a Separate ...

... IS A PERMANENT RECORD. N. B.—In case of more than ... made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 15-31397

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO,
County of Boundary. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Albert Olson being first duly sworn says that he is the father (Relationship of child)* of Edward Leo Olson

born June 30, 1915 (Date of birth) at Bonners Ferry, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Edward Leo Olson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. E. E. Fry M. D. was the Midwife medical attendant at the birth of said Edward Leo Olson and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Henry Albert Olson

P. O. Address Sandpoint, Idaho.

Subscribed and sworn to before me this 14th. day of December, 1937.

Earl E Olson
Notary Public.

Residing at Sandpoint, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 21 1942

AUG 18 1942

219-105-003.699

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 7 1938

Registration District No. ..... State File No. 261552

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock.
City of Pocatello Idaho,
No. No. Garfield ave St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Martin Lewis Baird

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Apr 5, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name Martin Lee Baird	18. Full maiden name Elsie Rebecca [illegible]
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello	19. Residence (usual place of abode) 572 [illegible] Pocatello
11. Color or race White | 12. Age at last birthday 47 (years)	20. Color or race White | 21. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) Lancaster County New Mexico	22. Birthplace (city or place) (State or Country) Lancaster Co. New Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Solution of Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living Four (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.
or Elsie Rebecca [illegible] Midwife
Address .....

Filed JAN 7 - 1938

.....
Registrar.

.....
Registrar.

...NLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Bannock~~ Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Elsie R Baird being first duly sworn says that She is the mother of Martin Louis Baird
(Relationship of child)*

born April 5 1915 at Pocatello, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Martin Louis Baird hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John Clark Arnout M. D. was the ~~Midwife~~ medical attendant at the birth of said Martin Louis Baird and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

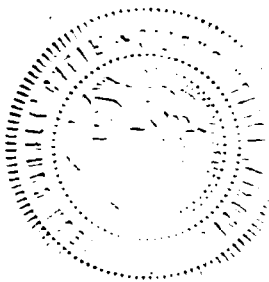
Name of Affiant Elsie R Baird — mother
P. O. Address 512 Beech Str.

Subscribed and sworn to before me this 4th day of JANUARY, 1938

V. B. Longana
Notary Public.

Residing at BAKERSFIELD, CALIFORNIA, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A 339-118-033-244

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

261573

JAN 17 1938

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Emmett Summers Clifford

3. Sex: Male

If plural births: 4. Twin, triplet, or other: none; 5. Number, in order of birth: none

6. Premature: no; Full term: yes

7. Legitimate? yes

8. Date of birth: Dec. 19, 1935 (Month, Day, Year)

FATHER

9. Full name: Elmer Emmett Clifford

10. Residence (usual place of abode) (If non-resident, give place and State): Antelop, Ida.

11. Color or race: White | 12. Age at last birthday: 23 (years)

13. Birthplace (city or place) (State or Country): Labelle, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: December 19, 1935

17. Total time (years) spent in this work: 2 years

MOTHER

18. Full maiden name: Essie Eliza Summers

19. Residence (usual place of abode) (If non-resident, give place and State): Antelop, Idaho

20. Color or race: White | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Burton, Idaho.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home.

25. Date (month and year) last engaged in this work: December 19, 1935

26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: one (b) Born alive but now dead: none (c) Stillborn: none

29. If stillborn, period of gestation: none (months or weeks)

30. Cause of stillbirth: none (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193...

.....
Registrar.

JAN 17 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Essie Eliza Clifford being first duly sworn says that she is the mother (Relationship of child)* of Emmett Summers Clifford born December 19, 1915 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Emmett Summers Clifford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr.-- Crisman M. D. was the ~~Midwife~~ medical attendant at the birth of said Emmett Summers Clifford and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Essie Eliza Clifford

P. O. Address Portland, Oregon

Subscribed and sworn to before me this 15th day of January, 1938

J. W. [illegible]
Notary Public.

Residing at Rexburg, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 3 0 1945

JUL 3 0 1945

269-216-878-653

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Payette
City of Payette
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262607

Registration District No. ..... State File No. 262607
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clema May Korup

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	Dec 16, 1915

FATHER	MOTHER
9. Full name: Carl Korup	18. Full maiden name: Wenona L. Wells
10. Residence (usual place of abode) (If non-resident, give place and State): Payette	19. Residence (usual place of abode) (If non-resident, give place and State): Payette
11. Color or race: wh | 12. Age at last birthday: 37 (years)	20. Color or race: wh | 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or Country): Germany	22. Birthplace (city or place): Odebett (State or Country): Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: meat cutter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } \| 30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Roy Bates, M. D.
or 1319 Jeff, Midwife
Address Boise, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Feb. 4, 1938, 193.... Pearl Dillingham
Registrar.

..... Registrar.

FEB 27 1970
SEP 24 1970

JAN 24 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Camas
City of Fairfield
No. Ida St.
696-209 013-695
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 263555
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Virginia, Frostenson

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 9, 1915 (Month, Day, Year)

FATHER

9. Full name Martin Fritz Frostenson
10. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
11. Color or race White 12. Age at last birthday 60 (years)
13. Birthplace (city or place) (State or Country) Dynebodo 37 V Vanga Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work March, 1938
17. Total time (years) spent in this work 5-8

MOTHER

18. Full maiden name Jennie O. Oredson
19. Residence (usual place of abode) (If non-resident, give place and State) Fairfield
20. Color or race White 21. Age at last birthday 60 (years)
22. Birthplace (city or place) (State or Country) Granhult 37 V. Vanga, Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work March, 1938
26. Total time (years) spent in this work 31

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol, 10%

28. Number of children of this mother Five (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) a Birth m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Annie C. Thurber, Midwife
Address Fairfield Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

RECEIVED MAR 10 1938

Filed ....., 193.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Ashton

No. 316 216 022 815 St.

(If born in hospital or institution give name.)

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

263559

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Nevra Berneice Cook

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: May 16 (Month) (Day) 1938 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

Number of child of this mother, including present birth: one (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME: James Watson Cook

Residence (Usual place of abode): Ashton Idaho

If non-resident, give place and State .....

Color or race: White Age at last Birthday: 29 (Years)

Birthplace: Ft. Payne Alabama (City and State or County)

Occupation: Telephone lineman

MOTHER

FULL MAIDEN NAME: Evie Cecilia Hansen

Residence (Usual place of abode): Ashton Idaho

If non-resident, give place and State .....

Color or race: White Age at last Birthday: 20 (Years)

Birthplace: Manti Utah (City and State or County)

Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at premature one A.M. on the date above stated.

(Signature) E L Sharp

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed MAR 11 1938 19..... Registrar.

869-12044-415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Midvale
No. ..... St.
(If born in hospital or institution give name.)

MAR 7 1918

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264517

Registration District No. 86 State File No. .....
Prim. Registration District No. 1212 Local Registrar's No. 16

2. FULL NAME OF CHILD Bruce Horning

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? yes
8. Date of birth July 22, 1915 (Month, Day, Year)

FATHER

9. Full name Benjamin Franklin Horning
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Shambaugh, Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Now, 1915
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rhoda May Davis
19. Residence (usual place of abode) (If non-resident, give place and State) Midvale
20. Color or race White 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Pocahontas Randolph Co. Ark.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Now, 1915
26. Total time (years) spent in this work Twelve

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living Two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 10 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) W H Marshall, M. D.
or ....., Midwife
Address Weiser Idaho
Filed March 7, 1918 Marie Hawthorne Registrar.

791 106 035 791

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264562

MAR 31 1938

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Nez Perce
City of Southwick Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Benjiman Eugene Grant

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 6th 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clarence Franklin Grant	18. Full maiden name: G.Elsa McCoy Grant
10. Residence (usual place of abode) (If non-resident, give place and State): Southwick Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Southwick Ida
11. Color or race: W | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Harrison Mich	22. Birthplace (city or place) (State or Country): Southwick Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.F.D Mail Carri	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: Mar 1916, 19	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work: Mar 28 1938, 19	26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dr J W Stoneburner

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was August 6th 1915 at 2P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____, M. D.
or Clarence F Grant Father
Address North Bend B.C. Canada

Filed March 31, 1938 _____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

Canada

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Province

~~State~~ of British Columbia
County of Westminster } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clarence Franklin Grant being first duly sworn says that he is the Father of Benjiman Eugene Grant
(Relationship of child)*

born August 6th 1915 at Southwick, Nez Perce Co, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Clarence F Grant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Benjiman Eugene Grant hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr J W Stoneburner, M. D. was the ~~Midwife~~ medical attendant at the birth of said Benjiman Eugene Grant and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Clarence Franklin Grant

P. O. Address North Bend B.C. Canada

Subscribed and sworn to before me this 29th day of March 1938, 19

at North Bend BC

[signature]
~~Notary Public.~~

A STIPENDIARY MAGISTRATE IN AND FOR THE COUNTIES OF WESTMINSTER AND YALE

Residing at ..., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

395-22 040-699

264590

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 4 1938

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 264590

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Georgene Rose Olsen

3. Sex Girl | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 21, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Martin Olsen	18. Full maiden name Kathryn Margaret Wright
10. Residence (usual place of abode) (If non-resident, give place and State) Wallace, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Wallace
11. Color or race W	20. Color or race W
12. Age at last birthday 38 (years)	21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) New Way Europe	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Jan, 1915	25. Date (month and year) last engaged in this work Jan, 1915
17. Total time (years) spent in this work 10 yr	26. Total time (years) spent in this work 9 mo

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 2:35 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [redacted], M. D. / Midwife

Give name added from a supplemental report Mrs. Kathryn M. Olsen

Address Wallace Ida

(Date) March 28 1938

Filed Mar 27, 1938

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—This is a permanent record. Use typewriter if possible. Do not abbreviate. Make no erasures. Do not write in any space not provided for the information. If one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Kathryn W. Lien being first duly sworn says that she is the mother (Relationship of child)* of Georgene Rose Lien born January 21, 1915 (Date of birth) at Mullan, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Georgene Rose Lien hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Muckstead was the Midwife medical attendant at the birth of said Georgene Rose Lien and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. Kathryn W. Lien

P. O. Address Mullan Ida

Subscribed and sworn to before me this 5th day of April, 1938

P. M. Duckwall
Notary Public.

Residing at Mullan Ida, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

445 718 -005 -113

RECEIVED
APR 25 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265528

Registration District No. 32 State File No.

Prim. Registration District No. 2049 Local Registrar's No. 27

1. PLACE OF BIRTH
County of Benewah - Kootenai
City of St. Maries, Idaho
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theodore John Mueller

3. Sex: Male

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? yes

8. Date of birth September 8 1915 (Month, Day, Year)

FATHER

9. Full name: Henry Christian Mueller

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race: White | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Wyk auf Fohr Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: February, 1914

17. Total time (years) spent in this work: 18

MOTHER

18. Full maiden name: Marie Anna Mueller Jacot

19. Residence (usual place of abode) (~~If non-resident, give place and State~~): St. Maries, Idaho

20. Color or race: White | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): St. Maries Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ? m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Marie A. Mueller, Mother, ~~M.D.~~

or , Midwife

Address St. Maries

Filed April 22, 1938 Walter Colberg
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie A. Mueller being first duly sworn says that she is the Mother (Relationship of child)* of Theodore John Mueller born Sept. 18, 1915 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Theodore John Mueller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant Marie A. Mueller

P. O. Address St. Maries

Subscribed and sworn to before me this 22nd day of April, 1938

Walter Peberg, U. S. Commr.
~~Notary Public~~

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A219 122-042 2A

~~Refer to #30134R~~

266620

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

266620

JUN 17 1938

1. PLACE OF BIRTH

County of Twin Falls Ida

City of Buhl

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melvin LeRoy Barmettlor

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male						Aug 22d 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Robert A. Barmettlor	18. Full maiden name Adda D. Barmettlor
10. Residence (usual place of abode) (If non-resident, give place and State) dead	19. Residence (usual place of abode) (If non-resident, give place and State) dead
11. Color or race white 12. Age at last birthday 57 (52) (years)	20. Color or race white 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. until 1933
16. Date (month and year) last engaged in this work in fall of, 1919	25. Date (month and year) last engaged in this work ....., 1923
17. Total time (years) spent in this work all his life	26. Total time (years) spent in this work all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JUN 17 1938 193.. .....
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED DUP OF 1915 -- 32193

Dup of 1915 30148 + 32193

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Clara L. Chamberlain being first duly sworn says that I am am the Older sister of Melvin LeRoy Barmettler
(Relationship of child)*
born August 22d 1915 at Rupert Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Melvin LeRoy Barmettler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Dr. Murphy M. D. was the Midwife medical attendant at the birth of said Melvin LeRoy Barmettler and that the said medical attendant is (I do not know where he is)
(Now deceased (or) cannot be located)

Name of Affiant Clara L. Chamberlain
P. O. Address 5422-N.E. 18 ave.

Subscribed and sworn to before me this 9th day of June, 1938

Notary Public for Oregon
My commission expires Jan 5 1941 Residing at Portland Oregon, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 4 1973

A213-125-009-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 267380

JUN 9 1938

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of Latah

City or Rural Community

No. ____ St. ____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald Clair Bachman

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth: ~~May~~ July 25 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Edward Bachman	18. Full maiden name: Selina Schärer
10. Residence (usual place of abode) (If non-resident, give place and State): Farm Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Farm Idaho
11. Color or race: white 12. Age at last birthday: 57 (years)	20. Color or race: white 21. Age at last birthday: 47 (years)
13. Birthplace (city or place) (State or Country): Switzerland	22. Birthplace (city or place) (State or Country): Switzerland
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work: September 1930	17. Total time (years) spent in this work: 50
25. Date (month and year) last engaged in this work: still Housekeeper 19____	26. Total time (years) spent in this work: 52

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 13 (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed June, 1938

Registrar. Registrar.

one child at birth a Separate Return must be made for each, and the number ... in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Latah } ss.

Selina Bachman of ..... being first duly sworn says that she is the mother of Donald Clair Bachman
(Relationship of child)*

born July 25-1915 at Troy, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Donald Clair Bachman

..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none ..... M. D. was the Midwife medical attendant at the birth of said Donald Clair Bachman ..... and that the said medical attendant is none
(Now deceased (or) cannot be located)

Name of Affiant Selina Bachman

P. O. Address Troy Idaho.

Subscribed and sworn to before me this 7th day of June, 1938

L. E. Brooke
Notary Public.

Residing at Troy, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A168 702 036-459

PLACE OF BIRTH

Oneyda (near Franklin)

Franklin

St.

n hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 21 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 268827

Prim. Registration District No. ..... Local Registrar's No. .....

NAME OF CHILD Arlo Franklin Johnson

If plural births	4. Twin, triplet, or other	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth Dec 2, 1915 (Month, Day, Year)
	5. Number, in order of birth			

FATHER

Victor Johnson

nce (usual place of abode) n-resident, give place and State) Franklin Idaho

or race Swedish 12. Age at last birthday 41 (years)

ace (city or place) Sweden te or Country)

de, profession, or particular d of work done, as spinner, yer, bookkeeper, etc. Factory supt

stry or business in which k was done, as silk mill, mill, bank, etc. Utah Condensed Milk Co.

(month and year) engaged in this work ch, 1904

17. Total time (years) spent in this work 11 yrs

MOTHER

18. Full maiden name Elna Merrill

19. Residence (usual place of abode) (If non-resident, give place and State) Franklin Idaho

20. Color or race white | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) Logan Utah (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

prophylactic was used to prevent Ophthalmia Neonatorum? .....

r of children of this mother 4 (At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

born, of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

y certify that I attended the birth of this child, who was ..... at 11:15 P m. on the date above stated.
(Born Alive ~~or Stillborn~~)

there was no attending physician , then the father, householder, etc., ke this return.

(Signed) ....., M. D.

or ....., Midwife

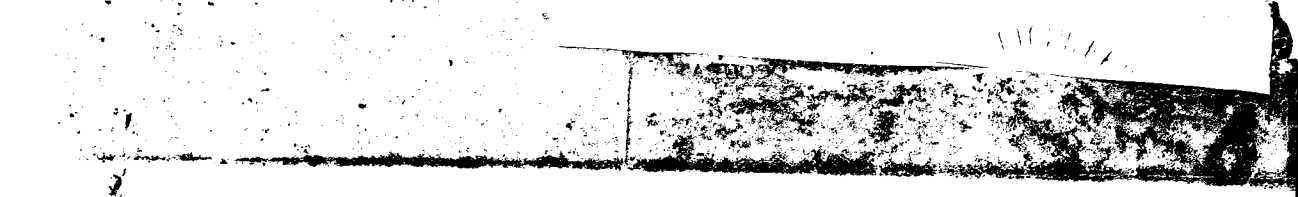
Address .....

added from ental report Victor Johnson (Date of)

Filed JUL 21 1938, 193.....

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Cache } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Victor Johnson being first duly sworn says that he is the father (Relationship of child)* of Arlo Franklin Johnson born Dec. 2, 1935 (Date of birth) at Franklin, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Arlo Franklin Johnson are hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Quick M. D. was the ~~Midwife~~ medical attendant at the birth of said Arlo Franklin Johnson and that the said medical attendant is ~~deceased~~ (cannot be located)

Name of Affiant Victor Johnson

P. O. Address 153 Richmond, Utah

Subscribed and sworn to before me this 21st day of July, 1938

Notary Public.

Residing at Richmond, Utah, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-8-41

791 111 010-419

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. None St.

(If born in hospital or institution give name.)

AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26887 5

268875

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Dante Grady

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term X	7. Legitimate? Yes	8. Date of birth May 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Grady	18. Full maiden name Jennie Mariana
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race White | 12. Age at last birthday 43 (years)	20. Color or race White | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Castalcyre Italy	22. Birthplace (city or place) (State or Country) St Angelo Italy
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May 11, 1915	17. Total time (years) spent in this work 7 yrs.
25. Date (month and year) last engaged in this work ____, 19__	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living Yes (b) ~~Born alive but now dead~~ ____ (c) ~~Stillborn~~ ____

29. ~~If stillborn,~~ ~~period of gestation~~ ____ { months or weeks

30. ~~Cause of stillbirth~~ ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

Registrar.

(Signed) Frank Grady, ~~M. D.~~

or ____, ~~Midwife~~

Address Idaho Falls, Idaho father

Filed ____, 193__

AUG 8 - 1938

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Los Angeles } ss.

Frank Grady being first duly sworn says that

he is the father (Relationship of child)* of Dante Grady

born May 11 1915 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dante Grady

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wallister, Idaho Falls M. D. was the Midwife medical attendant at the birth of said Dante Grady and that the said medical attendant is now deceased
(Now deceased (or) ~~cannot~~ be located)

Name of Affiant Frank Grady

P. O. Address 208 N. Rowan, Los Angeles, Calif.

Subscribed and sworn to before me this 6th day of August, 1938

Barry Sullivan
Notary Public.

Residing at 107 N. Detman ave., ~~Idaho.~~
Los angeles, Cal.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

295-101-042415

268900

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 17 1938

CERTIFICATE OF BIRTH

268900

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Twin Falls
City of Shoshone Ferry
No. _____ St.
(If born in hospital or institution give name.) _____

2. FULL NAME OF CHILD Joseph Andrew Kingsvold

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth December 1 193 (Month, Day, Year) 1915

FATHER

9. Full name Andrew Kingsvold Twin Falls
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Norway

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ferryman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Martha Larsine Nyelfevick
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls, Idaho
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Norway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks | 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at 10 a m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Mrs. Martha Kingsvold (Mother) M. D.
or _____
Address Route 1 Box 449 A Hawthorne California

RECEIVED

Filed AUG 17 1938 193

Registrar.

INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California } ss.
County of Los Angeles

Martha Kingswold being first duly sworn says that

She is the mother of Joseph Andrew Kingswold
(Relationship of child)*

born December 1 1915 at Twin Falls County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Joseph Andrew Kingswold desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Joseph Andrew Kingswold hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr C Alexander M. D. was the Midwife medical attendant at the birth of said Joseph Andrew Kingswold and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Martha Kingswold

P. O. Address Route 1 Box 449A Hawthorn Calif

Subscribed and sworn to before me this 13th day of August, 1938

Chas E Jefferson
Notary Public.

Residing at Hawthorn Calif, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Aug. 21, 1941

154 108028 - 219

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 8 - 1938

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Twin Beaches St.

(If born in hospital or institution give name.)

Registration District No. 30 State File No. 269530

Prim. Registration District No. 2051 Local Registrar's No. 205

2. FULL NAME OF CHILD Allen Edgar Anderson

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan 8, ~~193~~ 1915 (Month, Day, Year)

FATHER

9. Full name Albin Anderson

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches

11. Color or race White | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Narsen Dalarne, Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work now, 19....

17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Mary Ann Barker

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Beaches

20. Color or race White | 21. Age at last birthday 29 (years)

22. Birthplace (city or place) (State or Country) Houston, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homemaker

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work now, 19....

26. Total time (years) spent in this work 12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.

or Albin Anderson Father, ~~Midwife~~

Address .....

Filed July 23, 1938 L. Krotchen MD Registrar.

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albin Anderson being first duly sworn says that he is the Father (Relationship of child)* of Allen Edgar Anderson born Jan. 8, 1915 (Date of birth) at Home at Twin Beaches, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Allen Edgar Anderson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No doctor was present at birth M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is ..... (Now deceased (or) cannot be located)

Name of Affiant Albin Anderson
P. O. Address Coeur d' Alene, Idaho

Subscribed and sworn to before me this 23 day of July, 1938.

Jas. A. Foster
Clerk of the District Court Notary Public.
Residing at Ex-Officio Auditor and Recorder, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Certified Copy issued Feb. 11, 1941. E.W.

249-120
A019/559

269993

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269993

RECEIVED
SEP 1 - 1938

1. PLACE OF BIRTH
County of Custer
City of Barton Flat
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alonzo Fred Burton

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth December 20, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Fred Burton	18. Full maiden name Ellen S. Neilson
10. Residence (usual place of abode) (If non-resident, give place and State) Barton, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Barton, Idaho
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 26 (years)
13. Birthplace (city or place) Ravenna (State or Country) Nebraska	22. Birthplace (city or place) Scipio (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ranching	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work December, 1915	25. Date (month and year) last engaged in this work December, 1915
17. Total time (years) spent in this work 20 years	26. Total time (years) spent in this work 18 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed Sept 1, 1938 Pearl Dilling Lamp
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return m... made for each ... in order of birth stated

APR 6 1942

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Fred Burton being first duly sworn says that he is the Father (Relationship of child)* of Alonzo Fred Burton born Dec. 20th, 1915 (Date of birth) at Mackey, Idaho., Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alonzo Fred Burton hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Mason of Mackey, Idaho. M. D. was the medical attendant at the birth of said Alonzo Fred Burton and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant. Fred Burton

P. O. Address. Route No.3 Nampa, Idaho.

Subscribed and sworn to before me this 31 day of August, 1938

Notary Public.

Residing at Nampa, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 6 1942
DEC 4 1942
NOV 24 1943

A-619-201-035-213

271076

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271076

1. PLACE OF BIRTH

County of Nezperce

City of Jacques Spur, Idaho SEP 23 1938

No. ____ St.

(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Mary Dorothy Ward

3. Sex: female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth Dec 1, 1915 (Month, Day, Year)

FATHER

9. Full name: Clarence Elliott Ward

10. Residence (usual place of abode) (If non-resident, give place and State): Jacques Spur

11. Color or race: white

12. Age at last birthday: 28 (years)

13. Birthplace (city or place) (State or Country): Corning Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: Dec 1, 1915

17. Total time (years) spent in this work: 7 yrs

MOTHER

18. Full maiden name: Mary Elizabeth Bacon

19. Residence (usual place of abode) (If non-resident, give place and State): Jacques Spur

20. Color or race: white

21. Age at last birthday: 19 (years)

22. Birthplace (city or place) (State or Country): Lost Prairie Oregon Wallowa County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: home wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: 1 yr. 11 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) one

(a) Born alive and now living: 1 yes (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of stillbirth: ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 7:15 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed SEP 23 1938, 193____

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary E. Gusseck being first duly sworn says that she is the mother of Mary Dorothy Ward
(Relationship of child)*

born December 1, 1915 at Jacques Spur, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Dorothy Ward hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Sarah Hartman ~~M.D.~~ was the Midwife medical attendant at the birth of said Mary Dorothy Ward and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary E. Gusseck.

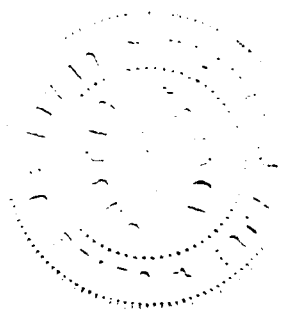
P. O. Address Culdesac, Idaho

Subscribed and sworn to before me this 17th day of September, 19 38

Enola L Hamlin
Notary Public.

Residing at Lewiston, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



819-228-001-659

271097

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. RFD II St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 271097
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Lucile Harmon

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 28th, 1915 (Month, Day, Year)

FATHER
9. Full name John Harmon
10. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
11. Color or race W | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street car conductor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Vesta E. Ferrel
19. Residence (usual place of abode) (If non-resident, give place and State) Boise Ida
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? $AgNO_3$-1% —

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Baick, M. D.
or ....., Midwife
Address Boise Ida

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193.... Pearl Dillingham State Registrar.

SEP 28 1938

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

795-204-020-291

1. PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 6 1938

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 271116

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Nople Evila Greeno

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth October 4th, 1915 (Month, Day, Year)

FATHER

9. Full name Edward Anson Greeno

10. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Oriska North Dakota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming own farm

16. Date (month and year) last engaged in this work October, 1915

17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Mamie Pearl Braucht

19. Residence (usual place of abode) (If non-resident, give place and State) Mountain Home

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Joy Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work October, 1915

26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mamie Pearl Greeno, ~~M. D.~~

or mother of child, ~~Midwife~~

Address New Dayton, Alberta

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed OCT 6 1938, 193 .....

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~State of~~ Canada
~~County of~~ Province of Alberta } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mamie Pearl Greeno of New Brayton, Alberta, Married Woman being first duly sworn says that she is the mother (Relationship of child)* of Hoyle Evila Greeno

born October 4th 1915 (Date of birth) at Mountain Home, Elmore County, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hoyle Evila Greeno

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. F. Frasey M. D. was the ~~Midwife~~ medical attendant at the birth of said Hoyle Evila Greeno and that the said medical attendant ~~is~~ Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mamie Pearl Greeno

P. O. Address New Brayton Alberta

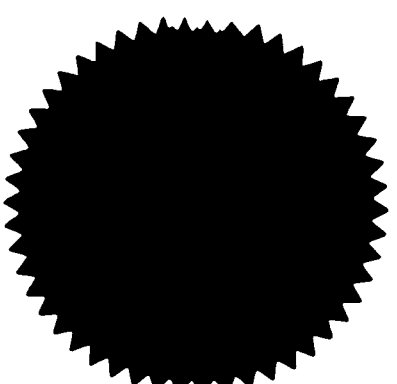
Subscribed and sworn to before me this 3rd day of October, 19 38

Harry P. Mauzie
Notary Public.

Residing at Lethbridge Alberta, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 6



351-131-025-554

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271125

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Idaho
City of near Boles P.O. on Homestead OCT 10 1938
No. ..... St.
Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Earl Wallace Ceaser

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd | 6. Premature No. Full term Yes. | 7. Legitimate? Yes | 8. Date of birth January 31, 1935 (Month, Day, Year)

FATHER

9. Full name Marshall Sandusky Ceaser
10. Residence (usual place of abode) (If non-resident, give place and State) Boles Idaho
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Colton Whitman County Wash

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work September, 1914 | 17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Cora Uretta Herrick Ceaser
19. Residence (usual place of abode) (If non-resident, give place and State) Boles Idaho
20. Color or race White | 21. Age at last birthday 55 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work To present date | 26. Total time (years) spent in this work Entire Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) – Two
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation None months or weeks | 30. Cause of stillbirth None Before labor None During labor None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Mrs Leonard at – p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Marshall Sandusky Ceaser Father, M. D.
or Unknown now was Boles Idaho Midwife
Address 208 East 25th St. Vancouver Wash

Filed OCT 10 1938, 193... Pearl Lillingham
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Clark } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Uretta Herrick Ceaser being first duly sworn says that she is the Mother (Relationship of child)* of Earl Wallace Ceaser born January 31-1915 (Date of birth) at Bales, Idaho County, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—~~1937~~ Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Earl Wallace Ceaser hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Leonard ~~M. D.~~ was the Midwife ~~medical~~ attendant at the birth of said Earl Wallace Ceaser and that the said medical attendant is No Medical Attendant - Midwife Can not be located (Now deceased (or) cannot be located)

Name of Affiant Cora Uretta Herrick Ceaser

P. O. Address 208 East 25th St Vancouver Wash

Subscribed and sworn to before me this 7th day of October, 1938

Roy Hesselfine
Notary Public.

Residing at Vancouver Washington Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FADING IT

Certified Copy, Issued [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

8V-127.022.296 AMENDED ITEM #2 2-1-99 MS

272316

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 272316

1. PLACE OF BIRTH

County of Fremont

City of Marysville

No. ..... St.

NOV 14 1938

(If born in hospital or institution give name.)

Registration District No. 99 State File No. .....

Prim. Registration District No. 2177 Local Registrar's No. 1285

2. FULL NAME OF CHILD Richard Vardel Hammond

DARVEL

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate	8. Date of birth (Month, Day, Year)
Male			Yes	Yes	Nov 27, 1915

FATHER	MOTHER
9. Full name: Darvel Ray Hammond	18. Full maiden name: Emma Mae Brower
10. Residence (usual place of abode) (If non-resident, give place and State): Marysville	19. Residence (usual place of abode) (If non-resident, give place and State): Marysville
11. Color or race: white | 12. Age at last birthday: 31 (years)	20. Color or race: white | 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Utah	22. Birthplace (city or place) (State or Country): Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum: Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Ashton Idaho

Give name added from a supplemental report .....

(Date of)

Filed Nov 8, 1938 Sarah B Munk

Registrar.

Registrar.

APR 20 1964

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

1-20-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 1915-272316
Date Filed NOV. 14, 1938

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for RICHARD VARDEL HAMMOND (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on NOV. 27, 1915 (Date of Event)

in MARYSVILLE (FREMONT) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
#2 CHILD'S NAME	RICHARD VARDEL HAMMOND	RICHARD DARVEL HAMMOND

Subscribed and sworn to before me this 25th day of January, 1999.

Notary Public, Gwen G. Kinder

Residing at Farmington, Utah

My commission expires _____

(Seal)

GWEN G. KINDER
1316 North Highway 89
Farmington, Utah 84025
My Commission Expires
August 17, 2001
STATE OF UTAH

+ Richard W Hammond
Signature of Applicant

+ 941 E 2525 N - N.OGDEN, UT
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc Creadt

STATE OF UTAH CERTIFICATE OF BIRTH FILED5/26/1942 LOCAL FILE #698-D SHOWS GARY RAY HAMMOND BORN MAY 18, 1942 IN OGDEN (WEBER) UT TO MARY JANE CHAFFIN AND RICHARD DARVEL HAMMOND VIEWED VS.

HEAD STONE SHOWS RICHARD DARVEL HAMMOND BORN NOV. 27, 1915 DIED JUNE 3, 1981 VIEWED VS.

CERTIFICATE OF ORDINATION SHOWS RICHARD DARVEL HAMMOND WAS ORDAINED A TEACHER IN THE LDS CHURCH JULY 19, 1964 VIEWED VS.

A664 110-010-766

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Garwood

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 30 1938

CERTIFICATE OF BIRTH

273285

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD John Albert Fountain

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth May 10, ~~193~~ 1915 (Month, Day, Year)

FATHER

9. Full name: Albert Ensley Fountain

10. Residence (usual place of abode) (If non-resident, give place and State): Garwood, Idaho

11. Color or race: white | 12. Age at last birthday: ~~43~~ 45 (years)

13. Birthplace (city or place) (State or Country): Lone Tree, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: farm

16. Date (month and year) last engaged in this work ____, 1938

17. Total time (years) spent in this work 26

MOTHER

18. Full maiden name: Alice Jennie Goodrich

19. Residence (usual place of abode) (If non-resident, give place and State): Garwood, Idaho

20. Color or race: white | 21. Age at last birthday: 37 (years)

22. Birthplace (city or place) (State or Country): Decker, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work ____, 1928

26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of) ____

Filed Nov, 1938

Registrar. ____ Registrar.

DUP OF 15-30332

DELAYED DUP OF 1915-30332

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alice J Fountain being first duly sworn says that ..... is the Mother of John Albert Fountain
(Relationship of child)*

born May 10th 1912 at Garwood, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that ..... desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Albert Fountain hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Freestone ~~M. D.~~ Midwife was the medical attendant at the birth of said John Albert Fountain and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Alice J Fountain

P. O. Address 761 - Garden Lake Idaho

Subscribed and sworn to before me this 27th day of October, 1938

[signature]
Notary Public.

Residing at Rathdrum, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A369-110035-391

273290

NOV 30 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 273290

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston.
No. 405 Prospect Ave, St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Richard Ray Loring.

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 10 1915 (Month, Day, Year)

FATHER

9. Full name Ralph Stoodley Loring
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Boston, Mass.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Building Const.
16. Date (month and year) last engaged in this work Jan 10, 1915 | 17. Total time (years) spent in this work 14

MOTHER

18. Full maiden name Lucy Howland Crapo
19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston
20. Color or race White | 21. Age at last birthday 32 (years)
22. Birthplace (city or place) (State or Country) Burlington, Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Jan 9, 1915 | 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed Nov. 30, 1938

Registrar. | Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California. } ss.
County of Los Angeles.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ralph S. Loring being first duly sworn says that

He is the father (Relationship of child)* of Richard Ray Loring

born January 10, 1915 (Date of birth) at Lewiston, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Richard Ray Loring

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. E. Morris and F. P. Nourse M. D's ~~was~~ were the Midwife medical attendant at the birth of said Richard Ray Loring and that the said medical attendant is are deceased. (Now deceased (or) cannot be located)

Name of Affiant Ralph S. Loring

P. O. Address 987 E. Mountain St., Pasadena, Calif.

Subscribed and sworn to before me this 26th day of November, 1938

Phyllis M. Boyce
Notary Public.

Residing at Pasadena, Calif., ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires Feb. 10, 1940

A959102006-768

273338

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 19 1938

1. PLACE OF BIRTH — Bingham
County of [redacted]
City of Blackfoot
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 273338
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD: Theodore Reinhold Reich.

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth Oct. 2nd, 1935 (Month, Day, Year)

FATHER

9. Full name: Balser Reich
10. Residence (usual place of abode) [redacted] (If non-resident, give place and State) Blackfoot, Ida.
11. Color or race: White
12. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Marion Junction, So. Dak.
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: Oct 30th, 1935
17. Total time (years) spent in this work: 15yrs

MOTHER

18. Full maiden name: Katherine Gohl.
19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot, Ida.
20. Color or race: White
21. Age at last birthday: 18 (years)
22. Birthplace (city or place) (State or Country): Eureka, So. Dak.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housekeeper
25. Date (month and year) last engaged in this work: Oct. 30th, 1935
26. Total time (years) spent in this work: 18yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation XXX ..... { months or weeks
30. Cause of Stillbirth XX ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193....

Registrar. Registrar.

DECEASED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blackfoot } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Katherine Reich being first duly sworn says that She is the Mother of Theodore Reinhold Reich
(Relationship of child)*

born Oct. 2, 1915 at Blackfoot, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Theodore R. Reich desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Theodore R. Reich hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Midwife - had none M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is can not be located don't know her name.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Katherine Reich

P. O. Address R5 Yakima

Subscribed and sworn to before me this 14 day of December 1938

Marion Woodcock
Notary Public.

Residing at Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 20 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonne
City of Placerville
No. 294-19 008-799 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 3 1939
CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 274350
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Walter Kimbal

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth Sept 19th, 1915 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name John, Elliot, Kimbol	18. Full maiden name Bonnie, Elizabeth, Price
10. Residence (usual place of abode) (If non-resident, give place and State) Placerville, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Placerville Ida
11. Color or race White | 12. Age at last birthday 19 (years)	20. Color or race White | 21. Age at last birthday 14 (years)
13. Birthplace (city or place) (State or Country) Eau Clair- Wisconsin	22. Birthplace (city or place) (State or Country) St Louis, Mo-
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrian.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work June 1st, 1915	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Unknown	26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
ONE
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth ..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was..... (Born Alive or Stillborn) at..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Bonnie Elizabeth Kimbal (Mother), M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report.....
(Date of)

Filed JAN 3 1938, 193.. Pearl Dillingham
Registrar.

.....
Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bonnie Elizabeth Kimbal being first duly sworn says that she is the Mother of James Walter Kimbal
(Relationship of child)*

born Sept. 19th 1915 at Placerville Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Walter Kimbal hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that She has forgotten Mr's name But I do know him to be dead M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Bonnie Elizabeth Kimbal
P. O. Address P.O. Box 2251.

Subscribed and sworn to before me this 29th day of December, 1938

Elbert S Helana
Notary Public.

Residing at Boise Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

2 Certified Copies issued Jan. 14, 1941. E.W.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

274368

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

274368

JAN 7 1939

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. 853-107 034 914 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. also
Prim. Registration District No. ..... Local Registrar's No. 274343

2. FULL NAME OF CHILD DAVE HELMER

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth June 7, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Gottfred Helmer	18. Full maiden name Susanna Rau
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Russia	22. Birthplace (city or place) (State or Country) Russia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work life	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ~~Mary Rau~~ her mark Wm. Wiley, M. D.
or Mary Rau, Midwife
Address Paul, Idaho (grandmother)

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed ....., 193.... Registrar.

JAN 7 1939

DWP 61915 · 274543

BOTH
DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

~~State~~ Province of Alberta
~~County of~~ Canada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gotfried Helmer being first duly sworn says that he is the father (Relationship of child)* of David Helmer born June 7th 1915 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said David Helmer hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

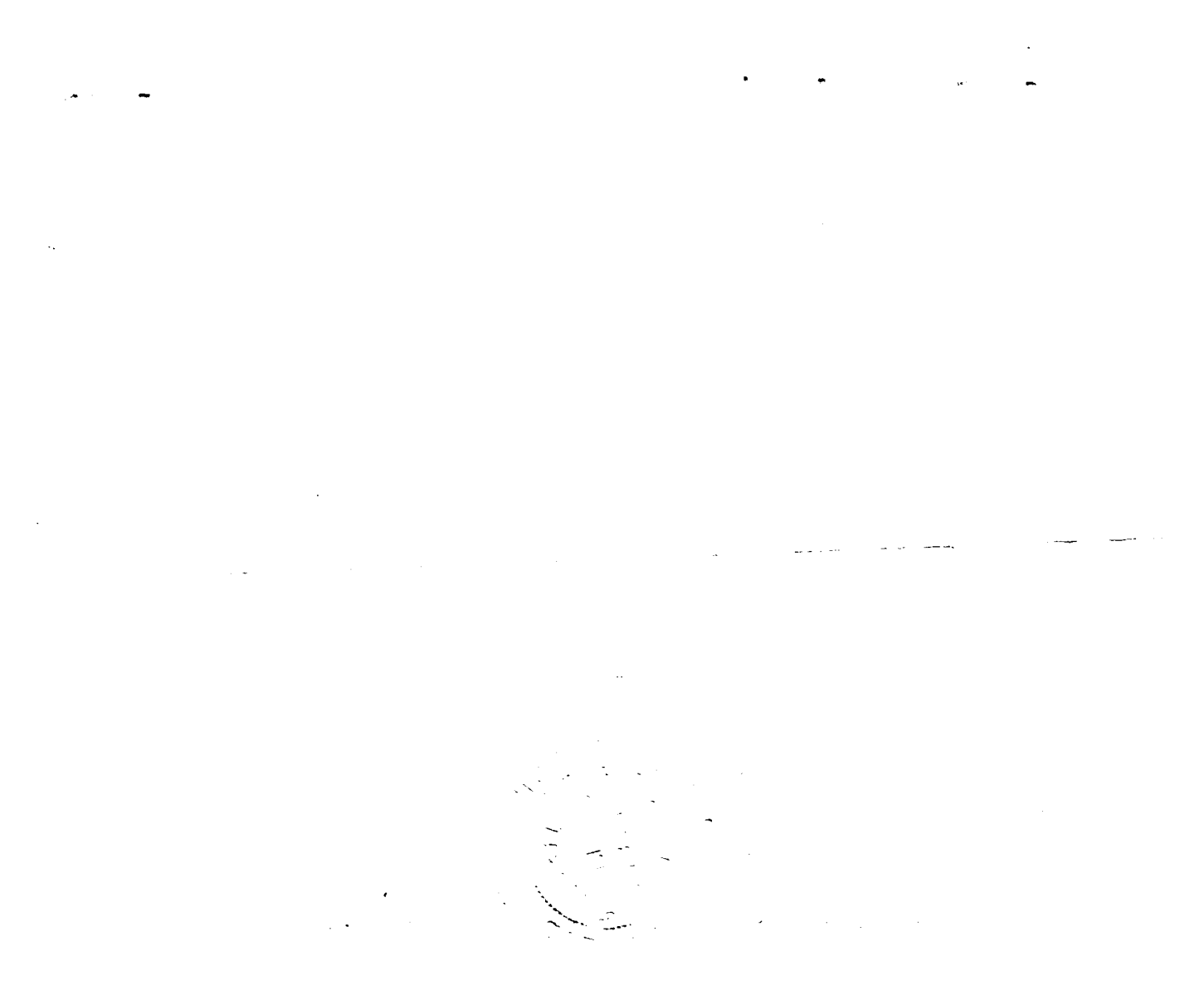
Affiant further states that Mrs Montgomery ~~M. D.~~ Midwife was the medical attendant at the birth of said David Helmer and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Gotfried Helmer
P. O. Address Lethbridge Alberta

Subscribed and sworn to before me this 24th day of December, 1938

[illegible] Kaunson
Notary Public.
Residing at Lethbridge Alberta ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Rau being first duly sworn says that she is the grandmother (Relationship of child)* of DaveHelmer born June 7, 1915 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dave Helmer hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that affiant ~~XXX~~ was the Midwife medical attendant at the birth of said Dave Helmer and that the said medical attendant is none (Now deceased (or) cannot be located).

Name of Affiant Mary Rau her mark
Witness C B Wiley

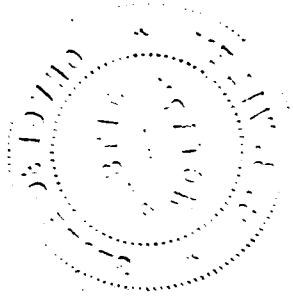
P. O. Address Paul, Idaho

Subscribed and sworn to before me this 5th day of January, 1939.

C B Wiley
Notary Public.

Residing at Paul, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. 968 718 040 693 St.
(If born in hospital or institution give name.)

JAN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275398

275398

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Howard Rolin

3. Sex Boy | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 18, 1915 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	John Rolin	18. Full maiden name Hannah Emelia Wickstrom
10. Residence (usual place of abode) (If non-resident, give place and State)	Mullan Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Mullan Ida
11. Color or race W	12. Age at last birthday 29 (years)	20. Color or race W — 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country)	Holanda Sweden	22. Birthplace (city or place) (State or Country) Kimstad Vermland Sweden
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laveler +	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Watchmaker	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	May, 1915	25. Date (month and year) last engaged in this work May, 1915
17. Total time (years) spent in this work	7 yrs	26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5% sol

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11 a. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) F. W. Rolfs, M. D.
or ....., Midwife
Address Mullan Ida

Filed JAN 26 1939, 193.... Registrar.

OCT 6 1972

294 122 022 212

275402

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

JAN 26 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275402

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gordon Henry Simmons

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Oct. 22, 1915 (Month, Day, Year)

FATHER

9. Full name John Simmons

10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho

11. Color or race White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) ..... (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lula Baker

19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho

20. Color or race White 21. Age at last birthday ..... (years)

22. Birthplace (city or place) Ashton Idaho (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum Inunsuitable

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 22 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Ashton Idaho

Give name added from a supplemental report .....
(Date of)

Filed JAN 26 1939, 193.....

Registrar. Registrar.

466-215 028-713

RECEIVED
JAN 27 1939

275413

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275413

1. PLACE OF BIRTH

County of Kootenai

City of St. Maries, Idaho.

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Vera Rebecca Moody.

3. Sex female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature — Full term yes

7. Legitimate? yes

8. Date of birth Dec. 15, 1915 (Month, Day, Year)

FATHER

9. Full name William Moody

10. Residence (usual place of abode) (If non-resident, give place and State) St Maries Ida

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Greley Minnesota P. O. Thomson Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill

16. Date (month and year) last engaged in this work December 15th 1915

17. Total time (years) spent in this work 22

MOTHER

18. Full maiden name Ora May Palm.

19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries Idaho.

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Butler. Missouri.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Dec. 15, 1915

26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag No 3 Sol.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8 a m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report William Moody
(Date of)

..... Registrar.

(Signed) Mrs. Ora May Moody, ~~M.D.~~

or ..... Mother, ~~Midwife~~

Address St. Maries, Idaho.

Filed 1/27/39, 193..

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

C. A. Bottolfsen [redacted], GOVERNOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of IDAHO
County of BENEWAH } ss.

Mrs Ora May Moody being first duly sworn says that she is the mother (Relationship of child)* of Vera Rebecca Moody born December 15, 1915 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Vera Rebecca Moody hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kingsolving M. D. was the Midwife medical attendant at the birth of said Vera Rebecca Moody and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs. Ora May Moody.
P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 24th day of January, 1939

Notary Public.

Residing at ....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of BANNOCK

City of Grace

No. 231 128-003-912 St.

(If born in hospital or institution give name.)

RECEIVED FEB 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275447

72-275447

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Orville [redacted] Black

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	No. Full term Yes	Yes	JAN 28, 1915 (Month, Day, Year)

FATHER

9. Full name: Martin Black

10. Residence (usual place of abode) (If non-resident, give place and State): Grace, Idaho

11. Color or race: white | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Morgan, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: None

16. Date (month and year) last engaged in this work: January, 1915

17. Total time (years) spent in this work: 25

MOTHER

18. Full maiden name: Lizzie Rasmussen

19. Residence (usual place of abode) (If non-resident, give place and State): Grace, Idaho

20. Color or race: white | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Mink Creek, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: January, 1915

26. Total time (years) spent in this work: 16

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn 1

29. If stillborn, period of gestation: 6 months (months ~~or weeks~~)

30. Cause of Stillbirth: Unknown — During labor ..... Before labor: Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 9 P. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Mrs. Lizzie Black, ~~M. D.~~

or ....., ~~Midwife~~

Address .....

Filed ....., 193...

FEB 15 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Lizzie Black being first duly sworn says that

She is the ~~Son~~ Mother of Robert Arville

(Relationship of child)*

born Jan. 28, 1915 at Grace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert Arville Black.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is Cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Lizzie Black

P. O. Address Harper

Subscribed and sworn to before me this 8th day of Feb, 1939

Roy W Darnall
Notary Public.

Residing at Harper Ore, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Com. Expires July 7, 1939

869 118 019-862

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

275465

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. ____ St. ____
(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Eugene Hosford Horton

3. Sex
If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ✓
7. Legitimate? Yes
8. Date of birth 11/18/15, 193__ (Month, Day, Year)

FATHER

9. Full name D. H. Horton
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Store
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Ruth Alice Hosford
19. Residence (usual place of abode) (If non-resident, give place and State) Clayton
20. Color or race White 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Shelley Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ____, 19__
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks
30. Cause of Stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Subscribed and sworn to before me this 28 day of Jan., 1939
Mae G. Atwood
State Registrar

Give name added from a supplemental report ____
(Date of)

(Signed) ____ M. D.
or Ruth a. Horton Mother / Midwife
Address ____

Filed Jan. 28, 1939 Mae G. Atwood
State. Registrar.

Registrar.

MAR 1 0 1975

619-117 028-315

II 276415

1. PLACE OF BIRTH

County of Kootenai

City of C.D. Alene

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1939

CERTIFICATE OF BIRTH

276415

Registration District No. 12 State File No. .....

Prim. Registration District No. 1003 Local Registrar's No. 145

2. FULL NAME OF CHILD Robert James Ward.

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	July 17, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Wesley Ward	18. Full maiden name Madge Landon
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d, Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d, Alene
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) Montana	22. Birthplace (city or place) (State or Country) Montana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive (Born Alive or Stillborn) at 10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) George W Ward, ~~M. D.~~

or Father, Midwife

Address San Juan Bautista

Filed FEB 9 1939, 193....

.....
Registrar.

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of San Benito } ss.

George Wesley Ward being first duly sworn says that he is the father (Relationship of child)* of Robert James Ward born July 17th 1915 (Date of birth) at Coeur d. Alene, Kootenai Co., Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert James Ward hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. C. Dwyer M. D. was the ~~Midwife~~ medical attendant at the birth of said Robert James Ward and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant George W Ward

P. O. Address San Juan Bautista

Subscribed and sworn to before me this 17th day of February, 1939

E A Pearce
Notary Public.

Residing at San Juan Calif, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493 105 020 285

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

REC'D FEB 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276434

1. PLACE OF BIRTH
County of Shoshone
City of Shoshone Ida
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. Shoshone State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Myrle M. Miller

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Aug 5, 1915 (Month, Day, Year)

FATHER

9. Full name: Rasselas J. Miller
10. Residence (usual place of abode) (If non-resident, give place and State) ____
11. Color or race: W
12. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or country): San Francisco Cal

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: Ranch
16. Date (month and year) last engaged in this work: ____, 1939
17. Total time (years) spent in this work: 10

MOTHER

18. Full maiden name: Grace V. Sherman
19. Residence (usual place of abode) (If non-resident, give place and State) ____
20. Color or race: W
21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or country): South Bend Indiana

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: own home
25. Date (month and year) last engaged in this work: ____, 19____
26. Total time (years) spent in this work: 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) R. J. Miller Father, M. D.
or ____, Midwife
Address 525 4th ave. Kent Wash.

Give name added from a supplemental report ____ (Date of)

Filed FEB 27 1939, 193____

Registrar. ____ Registrar.

Mr Adolph Svachanka.
P.O. Box 271
Auburn Wash.

Mr & Mrs Dan McDonald.
Rt. 3 Box 913
Auburn Wash.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of King } ss.

Grace V. Miller being first duly sworn says that

she is the Mother of Merle M. Miller
(Relationship of child)*

born August 5, 1915 at Thurman, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Merle M. Miller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no Doctor or Midwife present M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Grace V. Miller

P. O. Address 525 - 4th ave So. Kent, Wn

Subscribed and sworn to before me this 9 day of January, 1939

Fred McAdoo Notary Public.

Residing at Kent, Washington., ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

269-208-040-339

1. PLACE OF BIRTH
County of Shoshone
City of Avery Ida.
No. ____ St. ____
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 3 1939

CERTIFICATE OF BIRTH

V 76450

Registration District No. ____ State File No. 276450
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Myrtle Georgina Norke.

3. Sex Girl | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ____ Full term ✓ | 7. Legitimate? yes | 8. Date of birth November 8th 1916 (Month, Day, Year)

FATHER

9. Full name Henry William Norke.
10. Residence (usual place of abode) (If non-resident give place and State) Avery Ida
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Elsten Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C.M. & St. P. Ry Co
16. Date (month and year) last engaged in this work November, 1915
17. Total time (years) spent in this work three

MOTHER

18. Full maiden name Bessie Jane Clifford
19. Residence (usual place of abode) (If non-resident, give place and State) Avery Ida
20. Color or race White | 21. Age at last birthday 31 (years)
22. Birthplace (city or place) (State or Country) Stockbridge Wis.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work November, 1915
26. Total time (years) spent in this work Nineteen.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother Eleven (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation ____ {months or weeks}
30. Cause of Stillbirth ____ {During labor ____ Before labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 11 6 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report Henry William Norke.
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Registrar.

Filed MAR 3 1939, 193...

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington
County of Spokane } ss.

Henry William Locke being first duly sworn says that he is the Father (Relationship of child)* of Myrtle Georgina Locke born December 8 - 1913 (Date of birth) at Cheney, Idaho, whose certificate of birth is hereto attached, and that Henry William Locke desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Myrtle Georgina Locke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Holmes M. D. was the ~~Midwife~~ medical attendant at the birth of said Myrtle Georgina Locke and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Henry William Locke

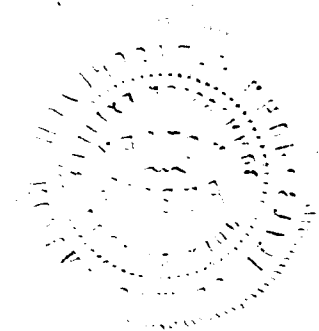
P. O. Address E 1504 - 11th Ave. Spokane, Washington

Subscribed and sworn to before me this 28th day of February 1939, 19

John Green Clark
Notary Public.

Residing at Spokane, Washington, ~~Idaho.~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A314 221041918

276479

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276479

1. PLACE OF BIRTH
County of Teton
City of Driggs
No. ..... St. MAR 9 1939

Registration District No. ..... State File No. .....

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Adelia Lillian Lampe

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 21, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Martin Lampe	18. Full maiden name Susette Zahner
10. Residence (usual place of abode) (If non-resident, give place and State) Bates, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Bates, Idaho
11. Color or race white | 12. Age at last birthday 28 (years)	20. Color or race white | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Bremen, Germany	22. Birthplace (city or place) (State or Country) Wattweill Switzerland
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work October, 1915 | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work October, 1915 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Mar, 1939

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED Dup of 1915-34770

Dup of 1915 34770

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Nevada
County of Clark } ss.

Suzette Lampe Sheppard being first duly sworn says that she is the mother of Adelia Lillian Lampe

(Relationship of child)*

born October 21, 1915 at Dripps, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Adelia Lillian Lampe hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Martin M. D. was the ~~Midwife~~ medical attendant at the birth of said Adelia Lillian Lampe and that the said medical attendant is Cannot be located.

(Now deceased (or) cannot be located)

Name of Affiant Suzette Lampe Sheppard

P. O. Address 329 So Second St Las Vegas Nevada

Subscribed and sworn to before me this 24th day of February, 1939

W B Farrington

Notary Public.

My Commission Expires February 18th, 1941 Residing at Las Vegas Nevada, Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 23 19[illegible]

554 222 03-255

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 15 1939

276495

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 548 N. Fourth Ave St.
Born at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Basiliki Nick Nemtsa

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth 12/22/1915 193 (Month, Day, Year)

FATHER

9. Full name: Nick G. Nemtsa
10. Residence (usual place of abode) Pocatello Ida (If non-resident, give place and State) 548 N. 4th
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Greece (State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairying
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dairy Farm
16. Date (month and year) last engaged in this work 1915, 19
17. Total time (years) spent in this work 3 yrs

MOTHER

18. Full maiden name: Katherine P. Beno
19. Residence (usual place of abode) Pocatello Ida (If non-resident, give place and State) 548 N. 4th
20. Color or race white | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Greece (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work 1915, 19
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

witnesses to Mark Blackhurst Elenora Zaccardi

(Signed) Her Pashalena + Mariano Midwife
or Pashalena Mark Mariano, M. D.
Address 618 N 8th Pocatello Ida

Filed MAR 15 1939 193

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Bannock } ss.

Nick P. Beno being first duly sworn says that

he is the Uncle (Relationship of child)* of Basiliki Nick Nemtsa

born 12/22/1915 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Basiliki Nick Nemtsa

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Pashalena Mariano ~~XXXX~~ was the Midwife medical attendant at the birth of said Basiliki Nick Nemtsa and that the said medical attendant is now living at Pocatello Idaho (Now deceased (or) cannot be located)

Name of Affiant Nick P Beno

P. O. Address R.F.D. #1 Pocatello Ida

Subscribed and sworn to before me this 14 day of Mar, 1939

J. Blackburn
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

493-203-006-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 20 1939

CERTIFICATE OF BIRTH **277409**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mueller, Margarette

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2nd	Yes	May 3 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2nd (a) Born alive and now living Yes

Born alive but now dead — Stillborn —

FATHER	MOTHER
FULL NAME —	FULL MAIDEN NAME Mueller
Residence (Usual place of abode) —	Residence (Usual place of abode) —
If nonresident, give place and State —	If nonresident, give place and State —
Color or race — Age at last Birthday — (Years)	Color or race White Age at last Birthday — (Years)
Birthplace — (City and State or Country)	Birthplace — (City and State or Country)
Occupation —	Occupation —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 8 a.m. May 3rd 1915 M. on the date above stated.

(Signature) Joseph B. Adams M.D.

(Physician or midwife)

Address now - Huntington Park Cal formerly Blackfoot Idaho

Filed 2 1939

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

493-103-506-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

(If born in hospital or institution give name.)

MAR 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 277410

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Miller, Lavell
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / ~~Triplet~~ or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1st	No	May 3 1915

What prophylactic was used to prevent Ophthalmia Neonatorum? Yes - Ag. No 3

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead ~ Stillborn ~

FATHER	MOTHER
FULL NAME ~	FULL MAIDEN NAME Miller
Residence (Usual place of abode) ~	Residence (Usual place of abode) ~
If nonresident, give place and State ~	If nonresident, give place and State ~
Color or race ~ Age at last Birthday ~ (Years)	Color or race White Age at last Birthday ~ (Years)
Birthplace ~ (City and State or Country)	Birthplace ~ (City and State or Country)
Occupation ~	Occupation ~

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at On May 3 1915 M. on the date above stated.

(Signature) Joseph B Dawson MD

(Physician or midwife)

Address now - Huntington Pk Calif

Date MAR 27 1939 Blackfoot Idaho

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DUP OF 15-327195

551-125 1020-349 279478

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Elmore
City of Mountain Home
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED MAR 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 State File No. 277419
Prim. Registration District No. 2020 Local Registrar's No. 6

2. FULL NAME OF CHILD Clifford Albert Evans

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 25, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ernest Harrison Evans	18. Full maiden name: Lena Ellen Turner
10. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Mountain Home (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 29 (years)	20. Color or race white | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) Eugene (State or Country) Oregon	22. Birthplace (city or place) Atlanta (State or Country) Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepshearer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sheep	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10 P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Whereabouts of M.D. attending not known. M. D.
or E. H. Evans, Father
Address Mountain Home, Idaho

Filed March 2, 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAR 23 1939

277419

State of Idaho
County of Elmore } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

E. H. Evans being first duly sworn says that He is the Father (Relationship of child)* of Clifford Albert Evans born Sept. 25, 1915 (Date of birth) at Mountain Home, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Clifford Albert Evans hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Whereabouts of Medical Attendant M. D. ~~was the~~ Midwife ~~medical attendant~~ at the birth of said Clifford Albert Evans ~~and that the said medical attendant~~ is Unknown
(Now deceased (or) cannot be located)

Name of Affiant E. H. Evans

P. O. Address Mountain Home, Idaho

Subscribed and sworn to before me this 22nd day of March, 1939

[signature]
Notary Public.

Residing at Mountain Home, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

138-116-020-663

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 7 1939

CERTIFICATE OF BIRTH 277514

Registration District No. 34 State File No. .....

Prim. Registration District No. 2020 Local Registrar's No. 10

1. PLACE OF BIRTH
County of Ermore
City of Hammett
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Howard Atha

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 16, 1915 (Month, Day, Year)

FATHER

9. Full name Augustus A. Atha
10. Residence (usual place of abode) Hammett (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 42 (years)
13. Birthplace (city or place) West Liberty (State or Country) Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. D.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dora Wolffe
19. Residence (usual place of abode) Hammett (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) ..... (State or Country) Minnesota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 12:00 noon m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) A. A. Atha, M. D.
or ....., Midwife
Address Hammett Idaho
Filed April 4, 1939 [illegible] Registrar.

JUN 13 1975

2/26/41 L. B.

893-227-028-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 11 1939

CERTIFICATE OF BIRTH

277521

1. PLACE OF BIRTH
County of Kootenia
City of Coeur d'Alene
No. 806 Mullan St.
Home
(If born in hospital or institution give name.)

Registration District No. 30 State File No.
Prim. Registration District No. 1051 Local Registrar's No. 87

2. FULL NAME OF CHILD Frances Lucille Hill

3. Sex F | If plural births: 4. Twin, triplet, or other 1 / 5. Number, in order of birth | 6. Premature 1 / Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 27, 193 (Month, Day, Year) 1915

FATHER
9. Full name Simon Gus Hill
10. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Sablie Co Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Water Dept
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work

MOTHER
18. Full maiden name Addie Viola Burger
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Kent Wash.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) One 2 (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Lm Wood, M. D.
or ....., Midwife
Address Coeur d'Alene, Idaho
Filed April 1, 1939 H L Newcomber, M.D.
Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

NOV 8 1961

154-208-039-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Rockland Idaho

No. Home St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 State File No. 277537

Prim. Registration District No. 2072 Local Registrar's No. 23

2. FULL NAME OF CHILD Gail Anderson

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 2-8 1915, 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name: Peter Augustus Anderson	18. Full maiden name: Barbara Warner
10. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho
11. Color or race: W | 12. Age at last birthday: 39 (years)	20. Color or race: W | 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Sturgeon Bay Wis	22. Birthplace (city or place) (State or Country): Rockland Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: Now, 1915 | 17. Total time (years) spent in this work: 8 Yrs	25. Date (month and year) last engaged in this work: Now, 1915 | 26. Total time (years) spent in this work: 8 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 10 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) V G Logan, M. D.

or ....., Midwife

Address Rockland, Idaho

Filed 3-29, 1939 Irene Daling Registrar.

JAN 12 1942

MAY 14 1958

766-209 034-546

278480

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

(If born in hospital or institution give name.)

APR 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 State File No. 278480

Prim. Registration District No. 2016 Local Registrar's No. 55

2. FULL NAME OF CHILD Dorothy Mae Powers

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Mar 9, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Auburn J. Powers	18. Full maiden name Jessie Ethel Edwards
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert Ida
11. Color or race white 12. Age at last birthday 36 (years)	20. Color or race white 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Virginia	22. Birthplace (city or place) (State or Country) Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 20 p. m. on the date above stated.
(~~Born Alive or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ✓ Jessie Ethel Powers mother ~~Midwife~~

Address Rupert. Idaho

Filed 4-19, 1939 E H Elmore Registrar.

278580

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Minidoka } ss.

Jessie Ethel Powers being first duly sworn says that she is the Mother (Relationship of child)* of Dorothy Mae Powers born March 9 1915 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dorothy Mae Powers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Chas. H. Scott M. D. was the ~~Midwife~~ medical attendant at the birth of said Dorothy Mae Powers and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Jessie Ethel Powers

P. O. Address Route #1 - Rupert, Idaho

Subscribed and sworn to before me this 19 day of April, 1939

N. D. Jensen
Notary Public

Residing at Rupert, Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

386 105 003 315

278499

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Idaho

(If born in hospital or institution give name.)

APR 25 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 278499

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Albert Thomas

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 5, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Moroni Thomas	18. Full maiden name Rachel Emily Tanner
10. Residence (usual place of abode) (If non-resident, give place and State) Swan Lake Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Swan Lake Ida.
11. Color or race white | 12. Age at last birthday 61 38 (years)	20. Color or race white | 21. Age at last birthday 63 40 (years)
13. Birthplace (city or place) (State or Country) Richmond Utah	22. Birthplace (city or place) (State or Country) Ogden Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work April, 1939 | 17. Total time (years) spent in this work 27	25. Date (month and year) last engaged in this work April, 1939 | 26. Total time (years) spent in this work 36

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) seven (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) W Pond, M. D.

or ....., Midwife

Address Pocatello Idaho

Filed APR 25 1939, 193..

Registrar. Registrar.

AUG 29 1962
JUN 3 1965

DELAYED

Dup of 15-30794

A859729-010818

RECEIVED

MAY 17 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

218598

Registration District No. ..... State File No. 278598

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Iona
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leslie Paul Herbert.

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term ✓
7. Legitimate? Yes
8. Date of birth June 29, 1915 (Month, Day, Year)

FATHER

9. Full name: James Leslie Herbert
10. Residence (usual place of abode) (If non-resident, give place and State): Iona Idaho
11. Color or race: White
12. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): American Fork, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: ✓
16. Date (month and year) last engaged in this work: at present, 19 .....
17. Total time (years) spent in this work: 15 years

MOTHER

18. Full maiden name: Bessie B. Haycock
19. Residence (usual place of abode) (If non-resident, give place and State): Iona Idaho
20. Color or race: White
21. Age at last birthday: 24 (years)
22. Birthplace (city or place) (State or country): Kanab, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
25. Date (month and year) last engaged in this work: at present, 19 .....
26. Total time (years) spent in this work: 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: — (c) Stillborn: —
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Leslie Herbert being first duly sworn says that Paul is the son (Relationship of child)* of James Leslie Herbert & Bessie Herbert born 6-29-1915 (Date of birth) at Iona, Boneville Co., Idaho, whose certificate of birth is hereto attached, and that L. Paul Herbert desires to have the said birth recorded under **Chapter 139—1937 Session ~~Laws~~ of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Leslie Paul Herbert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. T. C. Hollister M. D. was the ~~Midwife~~ medical attendant at the birth of said Leslie Paul Herbert and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant James Leslie Herbert
P. O. Address 10509 Hawthorn Blvd

Subscribed and sworn to before me this 8 day of May, 1939

[illegible] Carbert
My Commission Expires [illegible] Notary Public.

Residing at Inglewood ~~Idaho~~ California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 1 8 1974

A364-220-043-255

1. PLACE OF BIRTH

County of Valley

City of Crawford

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 9 1939

278633

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carole Mildred Conyers

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Feb. 20, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name Vet Marion Conyers	18. Full maiden name Delia Emily Beers
10. Residence (usual place of abode) (If non-resident, give place and State) Crawford Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Crawford Idaho
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Little Souix Iowa	22. Birthplace (city or place) (State or Country) Park City Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home #
16. Date (month and year) last engaged in this work Present, 19.... | 17. Total time (years) spent in this work 7	25. Date (month and year) last engaged in this work Present, 19.... | 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed MAY 9 1939, 193...

..... Registrar.

..... Registrar.

one child at birth ... return must be made for each, and the number of each, in order ...

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Valley } ss.

I Delia Emily Conyers being first duly sworn says that

She is the Mother of Carole Mildred Conyers
(Relationship of child)*

born February 20 1915 at Crawford, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Carole Mildred Conyers hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Noggle M. D. was the Midwife medical attendant at the birth of said child and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Delia Emily Conyers

P. O. Address Cascade Idaho

Subscribed and sworn to before me this 4th day of May, 1939

M D Kerby
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 2 1974

352129 032-693

280666

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 19 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 280666

Primary Registration District No. ..... Local Registrar's No. ....

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eugene Bernard Le Bailly

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Jan 29, 1935 (Month, Day, Year)

FATHER

9. Full name Thomas Bernard Le Bailly

10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

11. Color or race white | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) ~~Shoshone~~ St. Heliers (State or Country) Isle of Jersey

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P. Railroad

16. Date (month and year) last engaged in this work June, 1929

17. Total time (years) spent in this work 38 yrs.

MOTHER

18. Full maiden name Jeanne Marie Wilson

19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello

20. Color or race White. | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) Newcastle-on-Tyne (State or Country) England

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work June, 1929

26. Total time (years) spent in this work 35 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 5 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Chas. F. Zeller, M. D.

or ....., Midwife

Address Jerome, Ida.

Filed 6/16, 1939 C.F. Zeller

Registrar.

JUN 12 1975

555-118-001-945

281899

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 State File No. 281899

Prim. Registration District No. 2004 Local Registrar's No. 60

1. PLACE OF BIRTH
County of Ada
City of Dry Creek
No. [redacted] St.
(If born in hospital or institution give name)

2. FULL NAME OF CHILD Wayne Charles Everett

3. Sex M | If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ... | 6. Premature ... Full term ... | 7. Legitimate? yes | 8. Date of birth Aug. 18, 1915 (Month, Day, Year)

FATHER

9. Full name Charles A. Everett
10. Residence (usual place of abode) (If non-resident, give place and State) Eagle, Ida.
11. Color or race W | 12. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or Country) Plattsburg New York

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ..., 19... | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ella Runft
19. Residence (usual place of abode) (If non-resident, give place and State) Eagle, Ida.
20. Color or race W | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Sheffield Pa.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ..., 19... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ... (c) Stillborn ...

29. If stillborn, period of gestation ... months or weeks | 30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 5 a. (Born Alive or Stillborn) at ... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)
... Registrar.

(Signed) O.H. Parker, M. D.
or ... Midwife
Boise, Idaho
Address ...
Filed Sept. 4, 1915 M.S. Parker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

cross index 1915-33746

291-106-042-863

281985

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 281985

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donald Kieth Brandon

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Oct. 6, 1915 (Month, Day, Year)

FATHER

9. Full name Harry Brandon
10. Residence (usual place of abode) (If non-resident, give place and State) Filer, Ida.
11. Color or race W | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Unionville, Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Oral Hockett
19. Residence (usual place of abode) (If non-resident, give place and State) Filer, Ida.
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Arkansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (A) Including this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

Subscribed and sworn to before me this 11th day of Aug. 1915
Mae G. Atwood
State Registrar

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at about midnight. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Harry Brandon, Father
or Oral Brandon, Mother
Address Twin Falls, Idaho. Father

Filed Aug. 11, 1915 Mae G. Atwood State Registrar.

154-206-006-652

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Shelley, Idaho

No. Home St.

(If born in hospital or institution give name.)

JUL 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

282023

Registration District No. 121 601 State File No.

Prim. Registration District No. 2150 Local Registrar's No. 426 183

2. FULL NAME OF CHILD Lois Daphne Jemmett 2194

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female		1	yes	yes	Nov. 6, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clifford Henry Jemmett	18. Full maiden name: Daphne Webb
10. Residence (usual place of abode) (If non-resident, give place and State): Shelley, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Shelley, Idaho
11. Color or race: W | 12. Age at last birthday: 22 (years)	20. Color or race: W | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Coalville, Utah	22. Birthplace (city or place) (State or Country): Filmore, Idaho / Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Nov. 5, 1915	17. Total time (years) spent in this work: -
25. Date (month and year) last engaged in this work: , 19	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks

30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Edwin Cutler, M. D.

or , Midwife

Address Shelley, Ida

Filed July 6, 1939 Mrs Valeria E Patrick
Registrar.

4255-I 11-81K-862

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

282032

1. **PLACE OF BIRTH**
County of CANYON
City of FRUITLAND
No. ____ St.
BORN AT HOME
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** ORVILLE EDWARD BEEHLER

3. Sex

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth October 11 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John William Beehler	18. Full maiden name: ANNIE JANE Hostetler
10. Residence (usual place of abode) (If non-resident, give place and State): FRUITLAND, IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State): FRUITLAND, IDAHO
11. Color or race: WHITE 12. Age at last birthday: 31 (years)	20. Color or race: WHITE 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): POTOSI MISSOURI	22. Birthplace (city or place) (State or Country):
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSE KEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: OWN FARM	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: OWN HOME
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____
Filed Aug 10, 1939 ____

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Payette } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, John William Beehler being first duly sworn says that he is the father (Relationship of child)* of Orville Edward Beehler born Oct 11 - 1915 (Date of birth) at Fruitland, Idaho, whose certificate of birth is hereto attached, and that John William Beehler desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Orville Edward Beehler hereto attached are true and correct as stated therein, and that this birth has not been previously recorded. ~~Dr. Ed~~ Dr Avery of Payette

Affiant further states that ~~Dr Wright of Fruitland~~ D. was the Midwife medical attendant at the birth of said Orville Edward Beehler and that the said medical attendant is Now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant John William Beehler
P. O. Address Fruitland Idaho

Subscribed and sworn to before me this 2nd day of March, 1939

F. E. Thompson
Notary Public.
Residing at Fruitland, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

349-222 039-2

1. **PLACE OF BIRTH**
County of Oneida
City of Arbon
No. ..... St. SEP 14 1939
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2825 93
283093

Registration District No. 11 State File No. 283093
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Doris Franklin Turner

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate?	8. Date of birth Feb 22, 1915 (Month, Day, Year)
female				

FATHER

9. Full name Charles Franklin Turner
10. Residence (usual place of abode) (If non-resident, give place and State) Arbon
11. Color or race white | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Dayton Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 4 years

MOTHER

18. Full maiden name Ruth Anna Spain
19. Residence (usual place of abode) (If non-resident, give place and State) Arbon
20. Color or race white | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Mission Diego Co., Calif

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Three (At time of this birth and including this child)
(a) Born alive and now living yes. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs. Marie Roberts, Midwife
Address .....

Give name added from a supplemental report .....

(Date of) Filed SEP 14 1939, 193.....

Registrar. Registrar.

JUN 8 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Madison

City of Rexburg

No. Rexburg Bench St.

666-112/033-168

(If born in hospital or institution give name.)

RECEIVED SEP 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

284169

CERTIFICATE OF BIRTH

284169

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jay Dickey Woodard

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth May 12, 1915 (Month, Day, Year)

FATHER

9. Full name Homer Nelson Woodard

10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Bench Ida

11. Color or race White | 12. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) Rochester, Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓

16. Date (month and year) last engaged in this work 1900 – , 1934

17. Total time (years) spent in this work 35 yrs

MOTHER

18. Full maiden name Mary Ann Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg Bench, Ida

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Malad, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

25. Date (month and year) last engaged in this work ....., 19..

26. Total time (years) spent in this work 39 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? — $AgNO_3$

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of Stillbirth 0 During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

X I hereby certify that I attended the birth of this child, who was ..... at 2A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph Walker, M. D.

or ....., Midwife

Address 7046 Hollywood Blvd

Give name added from a supplemental report .....
(Date of)

Filed SEP 23 1939 193.. Registrar.

Registrar.

Hollywood, Calif.

A382-104044-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 284171

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. Weiser Hospital St.
IDAHO
(If born in hospital or institution give name.)

SEP 26 1939

2. FULL NAME OF CHILD Lester Raymond Tyson, Jr.

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth 1st | 6. Premature ____ Full term X | 7. Legitimate? yes | 8. Date of birth June 4, 1915 (Month, Day, Year)

9. FATHER	18. MOTHER
9. Full name: Lester Raymond Tyson	18. Full maiden name: Valentine Roberts Tyson
10. Residence (usual place of abode) 716 Illinois (If non-resident, give place and State) Sheridan, Wyo.	19. Residence (usual place of abode) 716 Illinois (If non-resident, give place and State) Sherdan, Wyo.
11. Color or race W | 12. Age at last birthday 50 (years)	20. Color or race W | 21. Age at last birthday 44 (years)
13. Birthplace (city or place) Council Bluffs, Iowa (State or Country)	22. Birthplace (city or place) Cheyenne, Wyo. (State or Country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug Store	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Sept. 21, 1939	17. Total time (years) spent in this work 32
25. Date (month and year) last engaged in this work Sept. 21, 1939	26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1st (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

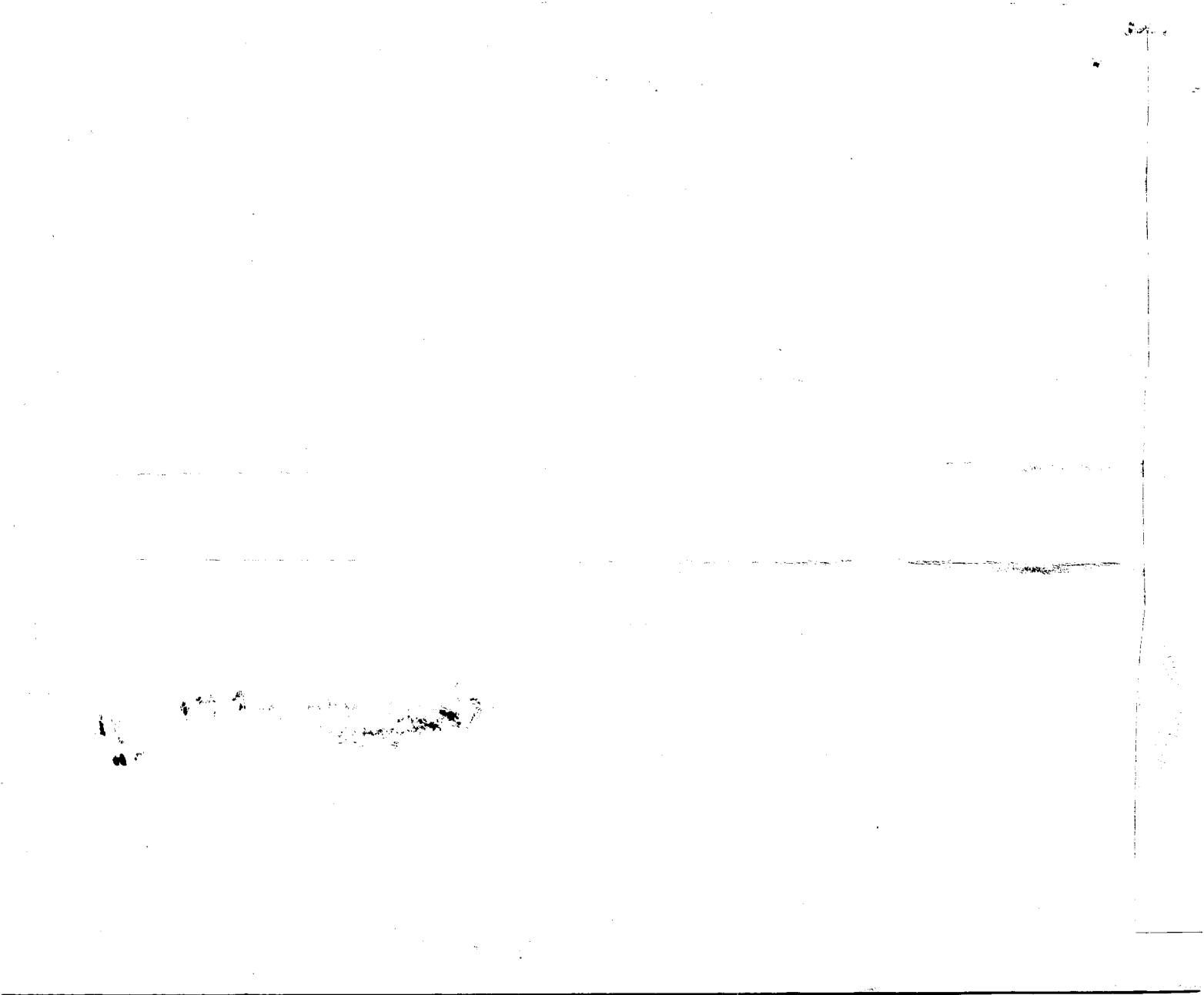
Address ____

Give name added from a supplemental report ____ (Date of)

Filed SEP 26 1939, 193... ____ Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming }
County of Sheridan } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lester Raymond Tyson being first duly sworn says that he is the father (Relationship of child)* of Lester Raymond Tyson Jr. born June 4, 1915 (Date of birth) at Weiser, Washington County, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Lester Raymond Tyson Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Conant (Conant) M. D. was the ~~Midwife~~ medical attendant at the birth of said Lester Raymond Tyson Jr. and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Lester Raymond Tyson

P. O. Address Sheridan, Wyoming.

Subscribed and sworn to before me this 22 day of Sept, 1939

My commission expires Aug. 29, 1943

J. C. Marshall Notary Public.

Residing at Sheridan Wyoming, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

249 120009553

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 13 1939

Registration District No. ____ State File No. 284239

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Bonner
City of Newport
No. ____ St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** LESTER MORRIS SMITH

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
MALE		✓	Yes	April 20, 1915

FATHER	MOTHER
9. Full name: EARL Smith	18. Full maiden name: MARY NELSON
10. Residence (usual place of abode) (If non-resident, give place and State): Newport Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Newport Idaho
11. Color or race: White | 12. Age at last birthday: 32 (years)	20. Color or race: White | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Barron Co Wis	22. Birthplace (city or place) (State or Country): Stavanger Norway.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millwright	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work: 5 yrs	26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: Two (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead 0. (c) Stillborn 0.

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of)

(Signed) Mary Smith Mother, M. D.

or ____, Midwife

Address 229 Eklund Hoquiam, Wash

Filed OCT 13 1939, 193____

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Smith being first duly sworn says that she is the mother (Relationship of child)* of Lester Morris Smith

born April 20, 1915 (Date of birth) at Newport, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lester Morris Smith

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Phillips M. D. was the ~~MXXXX~~ medical attendant at the birth of said Lester Morris Smith and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mary Smith (mother)

P. O. Address 229 Eklund, Hoquiam, Washington.

Subscribed and sworn to before me this 11th day of October, 19 39

Earl S. Coleman
Notary Public.

Residing at Hoquiam, Washington., ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 27 1942

JAN 19 1943

JAN 24 1943

281 214 028 647

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 13 1939

CERTIFICATE OF BIRTH 284302

Registration District No. 30 State File No.

Prim. Registration District No. 2051 Local Registrar's No. 305

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene (Thomas Gardens)

No. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Louise Marlin Shadduck

3. Sex: Female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth October 14 1915 (Month, Day, Year)

FATHER

9. Full name: Lester Carson Shadduck

10. Residence (usual place of abode) (If non-resident, give place and State): Thomas Gardens

11. Color or race: White | 12. Age at last birthday: 38 (years)

13. Birthplace (city or place): Osakis, (State or Country) Douglas County, Minn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairyman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work: 3 years

MOTHER

18. Full maiden name: Mary Jeannette Furgason

19. Residence (usual place of abode) (If non-resident, give place and State): Thomas Gardens

20. Color or race: White | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place): Joseph, (State or Country) Wallowa County, Ore.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born Alive or Stillborn) at 9 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) L. C. Shadduck Father ~~M. D.~~ ~~mother~~ ~~Midwife~~

or Mary J. Shadduck

Address

Give name added from a supplemental report

(Date of)

Filed Oct. 4, 1939 A. L. Newcombe M.D. Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED

OCT 13 1939

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Kootenai~~ Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lester Carson Shadduck being first duly sworn says that he is the father of Louise Marlin Shadduck
(Relationship of child)*

born October 14, 1915 at Coeur d'Alene (Thomas Gardens), Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Louise Marlin Shadduck hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that there was no ~~M. D. was the Midwife~~ medical attendant at the birth of said Louise Marlin Shadduck ~~and that the said medical attendant is~~
(Now deceased (or) cannot be located)

Name of Affiant Lester Carson Shadduck

P. O. Address Box 777, Coeur d'Alene, Idaho

Subscribed and sworn to before me this 4th day of Oct, 1939

Jas A. Foster
Clerk of the District Court
~~Notary Public.~~

~~Residing at~~ By Elsa J. Feil, ~~Idaho.~~
Deputy

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 3 0 1970

336-121040-193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. RR. Ave. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 4 1939

CERTIFICATE OF BIRTH

284307

Registration District No. ~~70~~ 123 State File No.

Prim. Registration District No. 2201 Local Registrar's No. 141

2. FULL NAME OF CHILD Claudia Clyde Clopton

3. ~~Sex~~ Male

If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...

6. Premature ... Full term yes

7. Legitimate? yes

8. Date of birth Dec 21, ~~193~~ 1915 (Month, Day, Year)

FATHER

9. Full name Winfred F. Clopton

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg.

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Joplin Mo.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Employ

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Car Inspector

16. Date (month and year) last engaged in this work ..., 19...

17. Total time (years) spent in this work 7 yrs.

MOTHER

18. Full maiden name Nellie Arthur.

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg.

20. Color or race W | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Bend Ore.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ..., 19...

26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 9A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J. R. Mason, M. D.

or ..., Midwife

Address

Give name added from a supplemental report ...

(Date of)

Filed Sept. 30, 1939 Mrs. Helen McBride
Registrar.

Registrar.

DEC 27 1944

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

285412

SEP 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Lemhi
City of Leadore
No. Home St.
559-125030-319
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 285412
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alvin Fredrick Vezina

3. Sex Male
If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X
6. Premature no; Full term yes
7. Legitimate? yes
8. Date of birth May 25, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Vezina.	18. Full maiden name Clara Armanda Carlson
10. Residence (usual place of abode) (If non-resident, give place and State) Leadore Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Leadore
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) X (State or Country) Michigan.	22. Birthplace (city or place) Smithfield (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work May, 1915 | 17. Total time (years) spent in this work 14	25. Date (month and year) last engaged in this work May, 1915 | 26. Total time (years) spent in this work 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno S/

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn X

29. If stillborn, period of gestation X months or weeks
30. Cause of Stillbirth X Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X, M. D.
or Mrs. Clara Carlson, ~~Midwife~~
Address Leadore Ida. (Mother)

Name added from supplemental report .....
(Date of)
.....
Registrar.

Filed Sept 7, 1939 Clio C. Bellamy
Registrar.
Per: Dr. Abbie McFarland

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of LEMHI } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MRS CLARA AMANDA VEZINA
~~Mrs. Clara Carlson~~ being first duly sworn says that

is the MOTHER of Alvin Fredrick Vezina
(Relationship of child)*

born May 25, 1915 at Leadore, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alvin Fredrick Vezina

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS CLARA CARLSON M. D. was the Midwife medical attendant at the birth of said Alvin Fredrick Vezina and that the said medical attendant is NOW DECEASED
(Now deceased (or) cannot be located)

Name of Affiant Mrs Clara Amanda Vezina

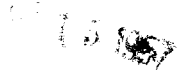
P. O. Address Leadore Idaho

Subscribed and sworn to before me this 4 day of November, 19 39

Mary V. Stone
Notary Public.

Residing at Leadore, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



553-219 024-553

285430

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV 9 1939

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285430

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Madeline M. Nelsen

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term x	Yes	Sept. 19, 1915 (Month, Day, Year)

FATHER

9. Full name: Albert E. Nelsen

10. Residence (usual place of abode) (If non-resident, give place and State): Bliss Idaho

11. Color or race: W | 12. Age at ~~last birthday~~ birth of daughter: 29 (years)

13. Birthplace (city or place) (State or Country): Denmark

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Railroad

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work: Since 1907

MOTHER

18. Full maiden name: Anna F. Nelsen

19. Residence (usual place of abode) (If non-resident, give place and State): Bliss, Idaho

20. Color or race: W | 21. Age at ~~last birthday~~ birth of daughter: 33 (years)

22. Birthplace (city or place) (State or Country): Ireland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 3 living

(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or ~~Stillborn~~) at 4:30 P. M. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

.....
Registrar.

(Signed) H. C. Lamf, M. D.

or ....., Midwife

Address Twin Falls Idaho

Filed ....., 193...

RECORDED

NOV 9 1939

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Arapahoe } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna F. Nelsen being first duly sworn says that

She is the Mother (Relationship of child)* of Madeline M. Nelsen

born September 19, 1915 (Date of birth) at Bliss, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Madeline M. Nelsen

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. H. E. Lamb M. D. was the ~~Midwife~~ medical attendant at the birth of said Madeline M. Nelsen and that the said medical attendant is unable to remember the facts of the birth (Now deceased (or) cannot be located)

Name of Affiant Anna F. Nelsen

P. O. Address 3660 S. Lincoln, Englewood, Colorado

Subscribed and sworn to before me this 28th day of October, 19 39

S. Shuster Sprant Jr.
Notary Public.

My commission expires February 28, 1942.

Residing at Englewood, Colorado, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

449-128041*449

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 12 1939

Registration District No. 77 State File No. 285518

Prim. Registration District No. 216 Local Registrar's No. 16

1. PLACE OF BIRTH
County of Teton
City of Driggs R.F.D. Idaho
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Armin Henry Durtschi

3. Sex Male | If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? ____ | 8. Date of birth Feb. 28, 1915 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Edward Durtschi	
18. Full maiden name		Elizabeth Muetzenberg
10. Residence (usual place of abode) (If non-resident, give place and State)	Driggs Ida.	Driggs Idaho
11. Color or race	white	white
12. Age at last birthday	34 (years)	
21. Age at last birthday		32 (years)
13. Birthplace (city or place) (State or Country)	Wimmis Switzerland	
22. Birthplace (city or place) (State or Country)		Spiez Switzerland
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
15. ~~Industry or business~~ in which work was done, as silk mill, sawmill, bank, etc.		
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
25. Date (month and year) last engaged in this work ____, 19____		26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Edward Durtschi. Deceased M. D.
or (Mother) Elizabeth M. Durtschi Midwife
Address Driggs Idaho.
Filed April 29, 1939 Abie M. Greene, Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Teton } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth M. Durtschi being first duly sworn says that she is the mother (Relationship of child)* of Armin Henry Durtschi born February 28, 1915 (Date of birth) at Driggs, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Armin Henry Durtschi hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Elizabeth Durtschi

P. O. Address

Subscribed and sworn to before me this 20 day of June, 1939

Notary Public.

Residing at Driggs, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

6593

RECEIVED

DEC 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286593

PLACE OF BIRT

County of Gooding

City of Near Wendell

No. 212·111 024·386 St.

(If born in hospital or institution give name.)

Registration District No. 22 State File No.

Prim. Registration District No. 2018 Local Registrar's No.

2. FULL NAME OF CHILD Albert Henry Kassens

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Aug. 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name David William Kassens	18. Full maiden name Grace Elvira Thompson
10. Residence (usual place of abode) (If non-resident, give place and State) Near Wendell, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Idaho
11. Color or race White | 12. Age at last birthday 41 (years)	20. Color or race white | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Decatur Co. Indiana Indiana U.S.A.	22. Birthplace (city or place) (State or Country) Gaspereau Nova Scotia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher (housekeeper)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Pub. school (home)
16. Date (month and year) last engaged in this work August, 1915 | 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work Jan., 1912 | 26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother One (At time of this birth and including this child)

(a) Born alive and now living one (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1:05 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) E. L. Simonton M. D.

or ..... Midwife

Address Wendell Idaho

Give name added from a supplemental report ..... (Date of)

Filed 12-18, 1939 E. L. Simonton Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth state

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286598

NOV 28 1939

1. PLACE OF BIRTH
County of Bonneville
City of Soda Springs
No. 769-126003719 St.
(If born in hospital or institution give name.)

Registration District No. 82 State File No.
Prim. Registration District No. 2159 Local Registrar's No. 52

2. FULL NAME OF CHILD Jay Pierce Gorton

3. Sex M | If plural births { 4. Twin, triplet, or other ; 5. Number, in order of birth } | 6. Premature ; Full term yes | 7. Legitimate? yes | 8. Date of birth Feb 26, 1915 (Month, Day, Year)

FATHER

9. Full name George W. Gorton
10. Residence (usual place of abode) (If non-resident, give place and State) Soda Springs
11. Color or race W | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Soda Springs Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gen. Store
16. Date (month and year) last engaged in this work Feb 1, 1915 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Myrtle L. Gardner
19. Residence (usual place of abode) (If non-resident, give place and State) Soda Spgs
20. Color or race W | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Paris Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Feb 1, 1915 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } | 30. Cause of stillbirth { Before labor ; During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at 5:20 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) Russell Tigert, M. D.
or Midwife
Address Soda Springs Ida
Filed Oct. 17, 1939 Dr Russell Tigert
Registrar.

AUG 19 1942

AUG 20 1942

312-117.010-613

28 N 08

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Rt. 5

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 2 1940

Registration District No. ..... State File No. 287508

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur R. Casper (Arthur Raymond Casper)

3. Sex Boy | If plural births: 4. ~~Twin, triplet,~~ or other single; 5. Number, in order of birth ..... | 6. Premature —; Full term yes | 7. Legitimate? yes | 8. Date of birth May 17, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cassius Newton Casper	18. Full maiden name Emma May Waters
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 5	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls RFD 5
11. Color or race White	20. Color or race White
12. Age at last birthday 38 (years)	21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) ~~[illegible]~~ Holiday Utah	22. Birthplace (city or place) (State or Country) Provo Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work May, 1915	25. Date (month and year) last engaged in this work May, 1915
17. Total time (years) spent in this work 17 years	26. Total time (years) spent in this work 5 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ~~[illegible]~~ months or weeks | 30. Cause of Stillbirth — Before labor —; During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at AM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. Willson, M. D.

~~or~~ ..... ~~Midwife~~

Give name added from a supplemental report .....
(Date of)

Address RECEIVED N. Eastern ave Idaho Falls Idaho

Filed JAN 2 1940, 193 .....

..... Registrar. Registrar.

A-795-114-003-235

287544

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 287544

Primary Registration District No. ____ Local Registrar's No. ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Grace
No. ____ St.
at home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald Stewart Green

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 14 1915 (Month, Day, Year)

FATHER

9. Full name Israel Thomas Green
10. Residence (usual place of abode) (If non-resident, give place and State) Grace Idaho
11. Color or race White 12. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Raymond Utah Box Elder Co

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fathers Farm
16. Date (month and year) last engaged in this work Jan, 1915
17. Total time (years) spent in this work all life

MOTHER

18. Full maiden name Eunice Stewart
19. Residence (usual place of abode) (If non-resident give place and State) Grace Idaho
20. Color or race White 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Benjamin Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Owns home
25. Date (month and year) last engaged in this work Jan, 1914
26. Total time (years) spent in this work 14 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Jan 11, 1915 M. Mae G Attwood State Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eunice Green being first duly sworn says that she is the Lother (Relationship of child)* of Donald Stewart Green born Jan. 14, 1915 (Date of birth) at Grace, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Donald Stewart Green hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Sarah Luntz ~~M.D.~~ Midwife was the medical attendant at the birth of said Donald Stewart Green and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Eunice Green
P. O. Address 365 West 13th St, Idaho Falls, Idaho

Subscribed and sworn to before me this 9th day of January, 1940.

W. L. Brewington
CLERK OF THE DISTRICT COURT ~~Notary Public.~~

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

288798

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

288798

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bear Lake
City of (postoffice, Pegram
No. 252 184 064 271 St.
(If born in hospital or institution give name.)

JAN 20 1940
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Lowell Bostrom

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? yes	8. Date of birth Sept. 4th / 1915 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Edward Young Bostrom	Mary Jane Sparks
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Pegram, Idaho	Pegram, Idaho
11. Color or race / 20.	white	white
12. Age at last birthday (years) / 21.	29	24
13. Birthplace (city or place) (State or Country) / 22.	Chicago Illinois	Dingle Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	rancher	housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.	farming	own home
16. Date (month and year) last engaged in this work / 25.	Sept. 4th, 1915	Sept. 4th, 1915
17. Total time (years) spent in this work / 26.	19 yrs	life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother: this second
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ---- months or weeks

30. Cause of stillbirth: Before labor - During labor -

CERTIFICATE OF ATTENDING ~~PHYSICIAN OR MIDWIFE~~ FATHER

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) Edward Young Bostrom, ~~M.D.~~ Father
or ....., Midwife
Address Pegram, Idaho

(Date of) .....
Registrar.

Filed Jan, 1940
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REGISTERED

JAN

State of Idaho
County of Gooding } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Young Bostrom being first duly sworn says that

is the father (Relationship of child)* of Edward Lowell Bostrom

born September 4th, 1915 (Date of birth) at Pegram (Bear Lake County), Idaho,

whose certificate of birth is hereto attached, and that Edward Young Bostrom desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edward Lowell Bostrom

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. H. Lynn, now of Pocatello, Idaho, (if alive) M. D. was the Midwife medical attendant at the birth of said Edward Lowell Bostrom and that the said medical attendant is reportedly at Pocatello, Idaho (Now deceased (or) cannot be located)

Name of Affiant Edward Young Bostrom

P. O. Address Gooding, Idaho

Subscribed and sworn to before me this 19th day of January, 19 40

Notary Public.

Residing at Gooding, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

214 104 039 639

1. PLACE OF BIRTH

County of Power

City of American Falls, Idaho

No. St.

Minnonite Hospital

(If born in hospital or institution give name.)

JAN 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. State File No. 288813

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Robert Oliver Baum (Oliver Robert Baum)

3. Sex Male

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth

6. Premature; Full term

7. Legitimate? yes

8. Date of birth June 4, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name O. R. BAUM	18. Full maiden name Vera Oliver
10. Residence (usual place of abode) (If non-resident, give place and State) American Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) American Falls, Idaho
11. Color or race White; 12. Age at last birthday 28 (years)	20. Color or race White; 21. Age at last birthday 29 (years) ?
13. Birthplace (city or place) (State or Country) Phillipsburg Kansas	22. Birthplace (city or place) (State or Country) American Falls Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work Approx 5 years	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address JAN 29 1940

Give name added from a supplemental report (Date of)

Registrar.

Filed JAN 29, 1940 Mae G. Atwood Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

O. R. BAUM being first duly sworn says that

he is the father (Relationship of child)* of Robert Oliver Baum (Oliver Robert Baum)

born June 4, 1915 (Date of birth) at American Falls, Idaho,

whose certificate of birth is hereto attached, and that your affiant desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Oliver Baum (Oliver Robert Baum)

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. R. F. Noth, licensed physician, American Falls, Idaho. M. D. was the Midwife medical attendant at the birth of said Robert Oliver Baum (Oliver Robert Baum) and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant O R Baum

P. O. Address P. O. BOX 570, Pocatello, Idaho

Subscribed and sworn to before me this 23rd day of January, 1940

Jessie A. Rice
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

695-722024-749

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding Co.

City of Wendell Ida

No. ____ St. ____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 9 1940

Registration District No. 22 State File No. 288865

Prim. Registration District No. 2018 Local Registrar's No. ____

2. FULL NAME OF CHILD Clifford Alden Weinberg

3. Sex	If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth	6. Premature; Full term ✓	7. Legitimate? ✓	8. Date of birth March 27 1939 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: Glenn C. Weinberg	18. Full maiden name: Annah Marie Puerro
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Michigan	22. Birthplace (city or place) (State or Country): Ohio
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Laborer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ____, 19____	25. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Nit. Silver

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks }

30. Cause of Stillbirth ____ { During labor; Before labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) H. C. Lamb, M. D.

or ____, Midwife

Address ____

Filed Feb 1, 1940 O. L. Simmons

Registrar.

SEP 16 1968

DELAYED

1915 -
DUP OF 30202

2 88 877

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 9 1940

CERTIFICATE OF BIRTH

288879

1. PLACE OF BIRTH
County of Power
City of American Falls
No. 693101039546 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Albert Witt

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec. 1, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Gotthilf Witt	18. Full maiden name Maria Nufeld
10. Residence (usual place of abode) (If non-resident, give place and State) American Falls	19. Residence (usual place of abode) (If non-resident, give place and State) American Falls
11. Color or race 27 W | 12. Age at last birthday 27 (years)	20. Color or race W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Russia	22. Birthplace (city or place) (State or Country) Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 Ø (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Gotthilf Witt Father, M.D.
or ....., Midwife
Address American Falls, Idaho.
Filed Feb, 1940

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Colorado
County of Lincoln } ss. FEB 0 1940

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Gotthilf Witt being first duly sworn says that

is the Father of Albert Witt
(Relationship of child)*

born Dec. 1, 1915 at American Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Albert Witt desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Albert Witt

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Agnes Wiens M.D./Midwife was the medical attendant at the birth of said Albert Witt and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Gotthilf Witt

P. O. Address Karval, Colo.

Subscribed and sworn to before me this 10 day of Jan., 19 40

My Commission Expires May 21, 1942

William D Owen
Notary Public.

Residing at Kiowa Colorado, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

289905

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289905

1. PLACE OF BIRTH
County of Washington Co
City of Midvale Ida
No. 244 1/2 E 244-412 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 1 Local Registrar's No. .....

2. FULL NAME OF CHILD John Luther Smith

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
M		Yes	Yes	July 9, 1935

FATHER	MOTHER
9. Full name: Clarence Elsworth Smith	18. Full maiden name: Eliza Roxy Mason Simmons
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: W. | 12. Age at last birthday: 33 (years)	20. Color or race: W. | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Carlisle Iowa	22. Birthplace (city or place) (State or Country): Palmyra Iowa
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 19.... | 17. Total time (years) spent in this work: all his life	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work: all my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? agnos Sol n

28. Number of children of this mother: 6 (At time of this birth and including this child)
(a) Born alive and now living: Yes (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.....
(Date of)
.....
Registrar.

(Signed) W H Marshall, M. D.
or ....., Midwife
Address Midvale
Filed Feb. 21, 1940 Mae G Atwood
Registrar.
Bureau of Vital Statistics

SEP 13 19

A513-109 001617

STATE OF IDAHO 299925
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 207 Dwyhee Blvd St.
St. Alphonsus
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 289938
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ray Alfred Eacker

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term Yes
7. Legitimate? Yes
8. Date of birth March 9 1915 (Month, Day, Year)

FATHER

9. Full name: Myron Cook Eacker
10. Residence (usual place of abode) 207 Dwyhee Blvd (If non-resident, give place and State) Boise Ida.
11. Color or race: White 12. Age at last birthday: 51 (years)
13. Birthplace (city or place) (State or Country): Stone Arabia New York

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Foltz Motor Co.
16. Date (month and year) last engaged in this work: March 9, 1915
17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Emma Mary Wagner
19. Residence (usual place of abode) 207 Dwyhee Blvd (If non-resident, give place and State) Boise Ida
20. Color or race: White 21. Age at last birthday: 40 (years)
22. Birthplace (city or place) (State or Country): Chicago Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work: March 9, 1915
26. Total time (years) spent in this work: 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: Six (At time of this birth and including this child)
(a) Born alive and now living: 6 (b) Born alive but now dead: ____ (c) Stillborn: ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed Feb 28, 1940 Mae L. Atwood
State Registrar.

Registrar.

Name must be added if more than one child is born at a birth.

OCT 26 1942

DECEASED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 290022
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 290022

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl
No. A 236-26-042-843 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edgar Glenn Stockton

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? X	8. Date of birth April 26, 1931 (Month, Day, Year)
male				

FATHER	MOTHER
9. Full name: Hershel Sherman Stockton	18. Full maiden name: Georgia Hulett
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: white; 12. Age at last birthday: 29 (years)	20. Color or race: white; 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Hopkins Mo.	22. Birthplace (city or place) (State or Country): Nevada Mo.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) three
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed Mar 14 1931 Mae G. Atwood
Registrar.

.....
Registrar.

Bureau of Vital Statistics

DECEASED

STATE OF IDAHO

390022

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Jerome }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Georgia Stockton being first duly sworn says that she is the mother (Relationship of child)* of Edgar Glenn Stockton born April 26th, 1915 (Date of birth) at Bunl, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edgar Glenn Stockton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Brewer ~~M. D.~~ Midwife, was the medical attendant at the birth of said Edgar Glenn Stockton and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Georgia Stockton

P. O. Address Jerome, Idaho

Subscribed and sworn to before me this 12th day of March, 1940

Estella H. Pierce
Notary Public.

My commission expires April 23, 1942 Residing at Jerome, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

2/3/41 L. P.

DECEASED

623 109 011 623

290 27

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 26 1940

#2

1. PLACE OF BIRTH
County of Boundary, Idaho-
City of Near Port Hill
No. In Country- St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 290039
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clifford LeRoy Osterud

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? No- | 8. Date of birth Oct-9, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name	18. Full maiden name Nora Luella Osterud
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Spokane, Washington-
11. Color or race ..... | 12. Age at last birthday ..... (years)	20. Color or race White | 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country) Ostrander, Fillmore County, Minn-
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Living at home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Parents' home-
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work September, 1916 | 26. Total time (years) spent in this work 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
None-except (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... said Clifford- months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth~~ am the mother of this child, who was Oct. 9, 1915 at 10:00 P. M. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Nora Luella Osterud ~~M. D.~~
~~or~~ ....., ~~Midwife~~

Address 1708 West Gardner Ave., Spokane, Washington-

Filed Feb. 26, 1940 Mae I. Atwood
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

390039

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Washington }
County of Spokane } ss.

Nora Luella Osterud being first duly sworn says that she is the Mother of Clifford LeRoy Osterud
(Relationship of child)*

born October 9, 1915, at near Port Hill, Boundary Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clifford LeRoy Osterud hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that there was no attending Physician or Midwife ~~M. D. was the Midwife~~ ~~medical attendant~~ at the birth of said Clifford LeRoy Osterud and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Nora Luella Osterud

P. O. Address 1708 West Gardner St., Spokane, Wash-

Subscribed and sworn to before me this 24th. day of February, 19 40.

W R Sampson
Notary Public.

Residing at Spokane, Washington- ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

995 202 022 719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

290079

FEB 8 1940

1. PLACE OF BIRTH
County of Fremont
City of
No. St.
(If born in hospital or institution give name.)

Registration District No. 651 State File No.
Prim. Registration District No. 2177 Local Registrar's No. 36

2. FULL NAME OF CHILD Margaret Marie Neendorf

3. Sex Female | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 | 6. Premature Full term Yes | 7. Legitimate Yes | 8. Date of birth Mar 2, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Loyed John Neendorf	18. Full maiden name Effie May Gower
10. Residence (usual place of abode) (If non-resident, give place and State) Summons	19. Residence (usual place of abode) (If non-resident, give place and State) Summons
11. Color or race White 12. Age at last birthday 3 (years)	20. Color or race White 21. Age at last birthday 3 (years)
13. Birthplace (city or place) (State or country) Moving City Mo	22. Birthplace (city or place) (State or country) Mound City
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Fiens Intrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead Dead (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive 2/2 (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. F. Hargis, M. D.
or , Midwife
Address Ashland Idaho

Give name added from a supplemental report (Date of)

Filed Feb. 6, 1940 W. M. Hansen
Registrar.

Registrar.

JAN 19 1970

1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED MAR 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

390111

1. PLACE OF BIRTH
County of Valley
City of Cascade
No. ..... St.
212-204 043 556
(If born in hospital or institution give name.)

Registration District No. 310 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 12

2. FULL NAME OF CHILD Mary Jane Baker

3. ~~Sex~~ Fem
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 7
6. Premature ..... Full term X
7. Legitimate? yes
8. Date of birth Aug 4, 1916 (Month, Day, Year)

FATHER
9. Full name William Louis Baker
10. Residence (usual place of abode) (If non-resident, give place and State) Cascade Ida
11. Color or race W | 12. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Alvarado Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work Aug 4, 1916
17. Total time (years) spent in this work life

MOTHER
18. Full maiden name Minnie Lee Enos
19. Residence (usual place of abode) (If non-resident, give place and State) Cascade Ida
20. Color or race W | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Alvarado Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Aug 4, 1916
26. Total time (years) spent in this work 17 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1 30 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William Louis Baker, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Filed Feb 11, 1940 Myrtle H. Gardner
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAR 9 1940

State of Idaho }
County of Valley } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Louis Baker being first duly sworn says that he is the father (Relationship of child)* of Mary Jane Baker born Aug 4 - 1916 (Date of birth) at Cascade Ida, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Mc Clure ~~Mr. D.~~ was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant William Louis Baker

P. O. Address Cascade, Idaho.

Subscribed and sworn to before me this 10 day of Feb, 1940

J. C. Lefever
Notary Public.

Residing at Cascade, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

291015

REC'D APR 1 '40

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291015

1. PLACE OF BIRTH
County of 493-203-022-455
City of
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Marie Frances Miller

3. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 2 | 6. Premature; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Aug 3, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Miller	18. Full maiden name Sylvia Deering
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White	20. Color or race White
12. Age at last birthday 32 (years)	21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Stromsburg Nebr
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.
or , Midwife
Address Ashton Idaho

Give name added from a supplemental report
(Date of)

Filed APR 1 '40, 193
Registrar.

Registrar.

APR 29 1960

DECEASED

A 1VV-102-676-385

STATE OF IDAHO 291024
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 4 1940

Registration District No. ..... State File No. 291024

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia Co.
City of Burley
No. ..... St. RR #3
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jay Scott Judd

3. Sex M | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 2, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Arza Clarence Judd	18. Full maiden name Frances Caroline Cheesman
10. Residence (usual place of abode) (If non-resident, give place and State) Burley Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Paaquitch Utah	22. Birthplace (city or place) (State or Country) Ramsgate, Kent England
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 14 Yrs.	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ~~1~~ 3 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks } | 30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born (Born Alive or Stillborn) at 8:30 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... Mother, ~~M. D.~~

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed Apr. 4, 1940

Registrar. Registrar.

STATE OF IDAHO

291024

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of San Diego } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frances C Judd being first duly sworn says that she is the Mother (Relationship of child)* of Jay Scott Judd.

born June 1915 (Date of birth) at Burley, Idaho,

whose certificate of birth is hereto attached, and that Jay Scott Judd desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Jay Scott Judd hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Minter, M. D., was the Midwife medical attendant at the birth of said Jay Scott Judd and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Frances C Judd

P. O. Address 318-27th St San Diego Calif

Subscribed and sworn to before me this 2 day of March, 1940

Mildred L. Flemming
Notary Public,

Residing at San Diego, Cal., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A798-110-04-419

291025

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291025

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Albert Eugene Piquet

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	Yes	July 10, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Augustus Constil Piquet	18. Full maiden name: Mary Martin
10. Residence (usual place of abode) (If non-resident, give place and State): Driggs, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Driggs, Idaho
11. Color or race: W | 12. Age at last birthday: 34 (years)	20. Color or race: W | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Boston, Massachusetts	22. Birthplace (city or place) (State or Country): Cache Valley, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ..... 16. Date (month and year) last engaged in this work: ....., 19..... 17. Total time (years) spent in this work:	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ..... 25. Date (month and year) last engaged in this work: ....., 19..... 26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of Stillbirth ..... { During labor..... Before labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed April 4, 1940

Registrar.

Registrar.

Rec. vs. Form 109

291025

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS

Full Name of Child Albert Eugene Piquet

Date of Birth July 10, 1915

Place of Birth Driggs, Idaho

Sex of Child Male

Full Name of Father Augustus Constil Piquet

Residence at Child's Birth Driggs, Idaho

Age at Child's Birth ~~[illegible]~~ 34

Color or Race American

Birthplace Boston Mass.

Occupation at Child's Birthplace farmer

Full Maiden Name of Mother Mary Martin Piquet

Residence at Child's Birth Driggs, Idaho

Age at Child's Birth 31

Color or Race American

Birthplace Cache Valley, Idaho

Occupation at Child's Birth housewife

I HEREBY CERTIFY that I am the Sister OF THIS CHILD, WHO WAS BORN ON THE DATE ABOVE STATED.

AFFIANT Mrs. Ethel Harris

Dated 4/2/ 1940.

ADDRESS 10744 Acanna N. Hall

Subscribed and sworn to before me, this 2 day of April 1940.

Harvey E. Oatman

Notary Public

165-201-022-914

29-1034

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Freemont

City of Ashton

No. ..... St.

Idaho

(If born in hospital or institution give name.)

APR 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291034

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Cecil Jones

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth March 1st, 1915 (Month, Day, Year)

FATHER

9. Full name John Edward Jones

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Anne Ramsay

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Colorado

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) John Edward Jones, ~~M.D.~~

~~or~~ Subscribed and sworn to this 12 day of March 1940, Midwife

Address

Filed NOTARY PUBLIC FOR THE STATE OF MONTANA 193

RESIDING AT KONAN, MONTANA

MY COMMISSION EXPIRES AUGUST 6TH, 1940

~~Registrar.~~

MAR 19

Cert. Copy of Marriage License and Certificate, State of Oregon, County of Multnomah, married Aug. 4, 1939 at Portland, Oregon gives full name of groom as Carl Vreeland and full name of bride as Cecil Jones - license obtained Aug. 1, 1939 - cert. copy issued March 13, 1964 -

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 20 1964
Bureau of Vital Statistics

State of Oregon
County of Washington } ss.

Certificate No. 291034
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Cecil Jones (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1915 (Date of Event) in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by marriage certificate (Bible Record, Insurance Policy, Etc.) prepared on Aug. 4, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Not Given	Female

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of WASHINGTON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of MARCH, 1964

Helen G. Riverman
Notary Public, residing at TIGARD OREGON
My commission expires June 9, 1967
(Seal)

Signed Arthur L Mason
(Signature of Any Credible Person)

12580 SW MAIN ST TIGARD OREGON
(Street Address, City, State)

FORM DH 60-155 L 11-29-63. nm

MAR 24 1964

613/18-022-461

RECEIVED
APR 4 1940

291037

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 291037

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Freemont
City of Ashton Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Don Keith Walker

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 18, 1939 (Month, Day, Year)

FATHER

9. Full name Arnold Walker
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Barbara E Moats
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or Country) Iowa Wayne Co

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ..... 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Mrs. Sylvia Miller, Midwife
Address Ashton, Idaho
Filed April 4, 1940 Registrar.

135-106-028-335

RECEIVED
APR 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

291042

CERTIFICATE OF BIRTH

291042

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Earl Albert Alexander

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Oct. 6, 1915 (Month, Day, Year)

FATHER

9. Full name: George Valbert Alexander
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene, Idaho
11. Color or race: W | 12. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teamster
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Nora Martha Clevenger
19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d'Alene
20. Color or race: W | 21. Age at last birthday: 23 (years)
22. Birthplace (city or place) (State or Country): Stuart, Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 10:00 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nora Martha Alexander, M. D.
or ____, Midwife
Address 1530 - N. 7th St.

Give name added from a supplemental report ____
(Date of)
Filed apr, 1940

Registrar. Registrar.

STATE OF IDAHO

APR 291042

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Nora Martha Alexander being first duly sworn says that

is the mother (Relationship of child)* of Earl Albert Alexander

born October 6, 1915 (Date of birth) at Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Albert Alexander

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. J. Dwyer, M. D., was the Midwife medical attendant at the birth of said Earl Albert Alexander and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Nora Martha Alexander

P. O. Address 1520 ½ N. 7th Street.

Subscribed and sworn to before me this 9th day of April, 19 40

Eugene Deal
Notary Public.

Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho.

Residing at Coeur d'Alene, Idaho.

My Commission Expires August 2, 1943

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

AUG

A459.125.039-418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291068

RECEIVED
APR 16 1940

1. PLACE OF BIRTH
County of Power County
City of American Falls, Idaho.
No. ..... St. General Delivery.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William George Merchen

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? yes | 8. Date of birth 9/25/, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Merchen	18. Full maiden name Rebecca Mayer.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White. 12. Age at last birthday 51 (years)	20. Color or race White. 21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Wheatland, Iowa.	22. Birthplace (city or place) (State or Country) Caucasus, Russia.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Dec., 1904	17. Total time (years) spent in this work 25 yrs.
	25. Date (month and year) last engaged in this work ....., 19....
	26. Total time (years) spent in this work 19 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Apr., 1940

..... Registrar.

..... Registrar.

STATE OF IDAHO

291068

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 16 1940

State of California
County of Fresno } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Merchen being first duly sworn says that He is the Father of William George Merchen
(Relationship of child)*

born September, 25, 1915 at American Falls, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that John Merchen desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said William Geo. Merchen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Starr M. D. was the Midwife medical attendant at the birth of said William Geo. Merchen and that the said medical attendant is Cannot be located
(Now deceased (or) cannot be located)

Name of Affiant John Merchen

P. O. Address

Subscribed and sworn to before me this 11th day of April, 1940

Alumae Wiffer
Notary Public.

my expiration April 15 1941.

Residing at Fresno. Co. Fresno. Cal., ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. A 249 118001 256 St.

St. Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 292197

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Francis Hubbard Smith

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	October 18, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Grover Cleveland Smith	18. Full maiden name: Ada Knowles
10. Residence (usual place of abode) (If non-resident, give place and State): Boise	19. Residence (usual place of abode) (If non-resident, give place and State): Boise
11. Color or race: Wh / 12. Age at last birthday: 30 (years)	20. Color or race: Wh / 21. Age at last birthday: 27 (years)
13. Birthplace (city or place) (State or Country): Reedsville, North Carolina	22. Birthplace (city or place) (State or Country): Logan, Utah
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Salesman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... / 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... / 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Collister, M. D.

or ....., Midwife

Address Boise, Idaho

Give name added from a supplemental report .....
(Date of)

Filed 4-22-40, 1939 MaeG. Atwood

Registrar. Registrar.

610 N. 17 th Street,
Corvallis, Oregon,
April 21, 1939

Mae G. Atwood, Registrar
Bureau of Vital Statistics
Boise, Idaho

RECEIVED
APR 22 1940

Dear Miss Atwood:

In response to your letter of April 19, 1934, concerning a record of my birth, I am sending the required information for the issue of a certified copy of my birth certificate.

Father: Grover Cleveland Smith	Mother: Ada Knowles Smith
Residence: (Deceased)	Residence: Baker, Oregon
Color: White	Birthplace: Logan, Utah
Birthplace: Reedsville, North Carolina	Occupation: None
Occupation: Shoe Salesman	Number of child to this mother: 2
~~city~~ ~~state~~	

Enclosed please find fifty cents,($0.50), and an airmail stamp to cover cost of issuance and airmail postage.

Please send this record to me just as soon as possible.

Thank you,
Francis Hubbard Smith

Francis Hubbard Smith
610 north 17th Street
Corvallis, Oregon

St. Alphonsus Hospital
Boise, Idaho

APR 1 - 1940

To whom it may concern:

It is shown by our hospital records that Mrs. G. C. Smith was in St. Alphonsus Hospital between Oct. 18, 1915 and Oct. 23, 1915 and while here she was attended by Dr. Collister and gave birth to a male child.

Mary Elizabeth Murphy
Record Librarian

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

292210

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 25 1940

CERTIFICATE OF BIRTH 292210

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Cassia
City of Burley Idaho
No. _____ St.
A-367-114-016-662
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Vernal C Copley

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 14th 1915 (Month, Day, Year)

FATHER

9. Full name: Walter Copley

10. Residence (usual place of abode) (If non-resident, give place and State): Decatur Ill

11. Color or race: White 12. Age at last birthday: 36 (years)

13. Birthplace (city or place) (State or Country): Cass Co Volinia Township Mich

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: _____

16. Date (month and year) last engaged in this work: _____, 19____

17. Total time (years) spent in this work: 20

MOTHER

18. Full maiden name: Lottie M Foster Copley

19. Residence (usual place of abode) (If non-resident, give place and State): Burley Idaho

20. Color or race: White 21. Age at last birthday: 37 (years)

22. Birthplace (city or place) (State or Country): Cass Co Volinia Township Mich

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housework

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: _____

25. Date (month and year) last engaged in this work: _____, 19____

26. Total time (years) spent in this work: 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother: 5 (At time of this birth and including this child) (a) Born alive and now living: 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

Mother

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Apr, 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

APR 25 1940

State of ~~Idaho~~ California.
County of ~~Cassia~~ Los Angeles, } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lottie M. Copley, being first duly sworn says that she is the mother (Relationship of child)* of Vernal C. Copley,

born 14th day of November, 1915 (Date of birth) at Burley, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Vernal C. Copley, hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none, M. D., was the Midwife medical attendant at the birth of said none and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant + Mrs Lottie M Copley.

P. O. Address 1019 Blaine St, Los Angeles, Calif.

Subscribed and sworn to before me this 22nd day of April, 1940

Jane I. Sullivan,
Notary Public.

NOTARY PUBLIC
IN AND FOR THE STATE OF CALIFORNIA

Residing at Los Angeles, California, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

My Commission Expires Jan. 24, 1948

166 108 018-299

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292272

CERTIFICATE OF BIRTH

292272

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. Johnson Ave ~~St.~~
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD CLARKE AFFLECK

3. Sex Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term Yes
7. Legitimate? Yes
8. Date of birth July 8, 1915 (Month, Day, Year)

FATHER
9. Full name William Robert Affleck
10. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Idaho
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Dubuque Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Drug Store
16. Date (month and year) last engaged in this work July 8, 1915
17. Total time (years) spent in this work 18 years

MOTHER
18. Full maiden name Katherine Bell Kirkpatrick
19. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Weston, Oregon

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work July 7, 1915
26. Total time (years) spent in this work 8 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks
30. Cause of Stillbirth — Before labor — During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 12 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm R Affleck — father, ~~M.D.~~
and Katherine Bell Affleck mother ~~Midwife~~

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Address .....
Filed May 8, 1940 Mae G. Atwood Registrar By L.B.

Dup OG 1915-31816

DELAYED DUP OF 1915-31816

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Robert Affleck being first duly sworn says that he is the father of Clarke Affleck
(Relationship of child)*

born July 8, 1915 at Orofino, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Clarke Affleck hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. M. Fairley M. D. was the ~~Midwife~~ medical attendant at the birth of said Clarke Affleck and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Wm R Affleck

P. O. Address 2601 N. E. Union Ave Portland Ore

Subscribed and sworn to before me this 7th day of May, 1940

Chester H. Schwanberg
Notary Public.

Residing at Portland, Oregon, ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR OREGON
My Commission Expires July 7th 1942

632-211 010 851

RECEIVED
MAY 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2922 82

Registration District No. ..... State File No. 292282

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marjorie Olson

3. Sex female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Jan 11, 1915 (Month, Day, Year)

FATHER

9. Full name N. Orson Olson

10. Residence (usual place of abode) (If non-resident, give place and State) Teton Idaho

11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Millville, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Nina Yeates

19. Residence (usual place of abode) (If non-resident, give place and State) Teton Idaho

20. Color or race white 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Millville Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

(Signed) N. Orson Olson, M. D.

or ....., Midwife

Address Idaho Falls Idaho R. #1.

Filed May, 1940

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

292282

RECEIVED
MAY 9 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Bonneville } ss.

Mrs. Marjorie Olson Bingham being first duly sworn says that she is the daughter (Relationship of child)* of Mr. & Mrs. N. Orson Olson

born Jan. 11, 1915 (Date of birth) at Ucon, Idaho, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mrs. Marjorie Olson Bingham hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. F. C. Hollister M.D., M. D., was the Midwife medical attendant at the birth of said Mrs. Marjorie Olson Bingham and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant N. Orson Olson

P. O. Address Idaho Falls Idaho R. #1

Subscribed and sworn to before me this 8th day of May, 1940

John McDonnell
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gem
City of Sweet
No. 331/128 023-437 St.
(If born in hospital or institution give name.)

RECEIVED MAY 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 293350
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jesse Harrison Clark.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Yes	Oct. 28, 1939

FATHER		MOTHER	
9. Full name	Lawrence G. Clark.	18. Full maiden name	Josephine McPike.
10. Residence (usual place of abode) (If non-resident, give place and State)	Sweet, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State)	Sweet, Ida.
11. Color or race	W	20. Color or race	W
12. Age at last birthday	27 (years)	21. Age at last birthday	23 (years)
13. Birthplace (city or place) (State or Country)	Centralia Washington.	22. Birthplace (city or place) (State or Country)	Buchanan County Iowa.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Laborer.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Two. (a) Born alive and now living 2. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9. A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.
or Mrs. Anna M. Reed Midwife
Address Rainier Washington
Filed May 24, 1940 193 Route 1 Box 76 A.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293274

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 293374

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Minidoka
City of Eden
No. A 789 108-034-719 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Earl George Phillips

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? _____

8. Date of birth Jan 8, 1925 (Month, Day, Year)

FATHER

9. Full name George Wallace Phillips
10. Residence (usual place of abode) (If non-resident, give place and State) Eden, Idaho
11. Color or race White | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Lebo, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Myrtle Hale Garrett
19. Residence (usual place of abode) (If non-resident, give place and State) Eden
20. Color or race White | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Harrison, Arkansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____
(Date of)

Filed June 1, 1940

_____ Registrar.

Registrar.

STATE OF IDAHO

293374

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Minidoka } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that

Earl is the son (Relationship of child)* of George Wallace Phillips

born January 8, 1915 (Date of birth) at Eden, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Earl Phillips

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Washington M. D. was the Midwife medical attendant at the birth of said Earl George Phillips and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Earl George Phillips

P. O. Address Eden, Idaho

Subscribed and sworn to before me this 27 day of May, 1946

Ervin Patterson
Notary Public.

Residing at Eden, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Shelley Ida St.
No. 765 709 806-417
(If born in hospital or institution give name.)

RECEIVED
MAY 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

29396

Registration District No. ..... State File No. 1
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Louis Paul Gaetz

3. Sex M | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov 9 1915 (Month, Day, Year)

FATHER

9. Full name Paul Gaetz
10. Residence (usual place of abode) (If non-resident, give place and State) Shelley Ida
11. Color or race W | 12. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 26

MOTHER

18. Full maiden name Elizabeth Martyn
19. Residence (usual place of abode) (If non-resident, give place and State) Shelley Ida
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Scotland

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Oct 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sil Ag Nit 3

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ { months or weeks
30. Cause of Stillbirth ✓ { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) F G Roberts, M. D.
or ....., Midwife
Address Shelley Ida

Filed May 31, 1940, 193... Mae G. Atwood
Registrar.

Certified Copy issued Nov. 7, 1940. E.W.

MAY 1 8 1976

FEB 8 1955

12/26/40 L. E.

449-223-022-292

293423

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of
No. St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 31 1940

CERTIFICATE OF BIRTH

293423

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Lattie Grace Murray

3. Sex female
If plural births { 4. Twin, triplet, or other
5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? yes
8. Date of birth Nov 23, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ellis Ellsworth Murray	18. Full maiden name Marie Kathryn Bischoff
10. Residence (usual place of abode) (If non-resident, give place and State) Illinois	19. Residence (usual place of abode) (If non-resident, give place and State) Illinois
11. Color or race white 12. Age at last birthday 33 (years)	20. Color or race white 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Streator Illinois	22. Birthplace (city or place) (State or Country) Ottawa Illinois
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. rancher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on a ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Sept 7, 1922	17. Total time (years) spent in this work 7 years
25. Date (month and year) last engaged in this work May 23, 1940	26. Total time (years) spent in this work 24 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living two (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ... { months or weeks
30. Cause of stillbirth ... { Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)
Registrar.

(Signed) ..., M. D.
or Mrs Frank Judd, Midwife
Address ...

Filed May, 1940
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Lewis
City of Kamiah Idaho
No. A854 105031 115 St.
(If born in hospital or institution give name.)

RECEIVED
JUN 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 293434
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Fred Charles Hemenway

3. Sex boy
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term yes
7. Legitimate? Yes
8. Date of birth Jan 5, ~~193~~ 1915 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Arthur Hemenway Kamiah	18. Full maiden name Mary Katherine Janicek
10. Residence (usual place of abode) (If non-resident, give place and State)	Arabia Texas	19. Residence (usual place of abode) (If non-resident, give place and State) Kamiah Idaho
11. Color or race White 12. Age at last birthday 56 (years)		20. Color or race White 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country)	Michigan	22. Birthplace (city or place) (State or Country) Holt Co Nebr.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Farm Labor	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	May, 1940	25. Date (month and year) last engaged in this work May, 1940
17. Total time (years) spent in this work		26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 7 (b) Born alive but now dead ____ (c) Stillborn 1

29. If stillborn, period of gestation Born dead months or weeks

30. Cause of Stillbirth ____ {During labor ____ Before labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

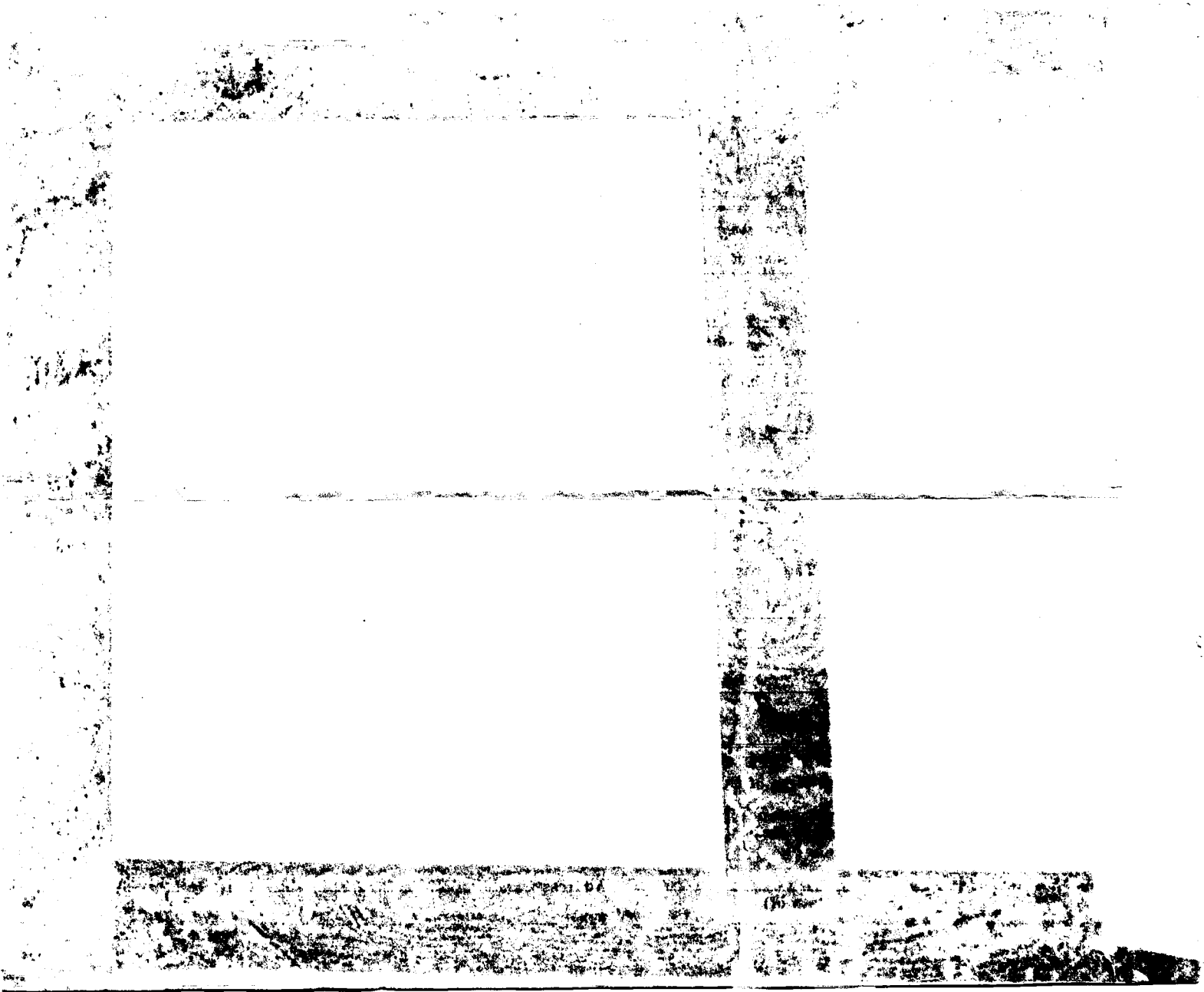
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____ (Date of)

Filed June, 1940

Registrar. Registrar.



STATE OF IDAHO

293434

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUN 6 1940

State of MINNESOTA }
County of MOWER, } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Sylvia C. Cole, being first duly sworn says that she is the sister (Relationship of child)* of Fred Charles Hemenway born Jan 5 1915 (Date of birth) at Kamiah, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Fred Charles Hemenway hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that C Karles Bryan, M. D., ~~was the Midwife~~ medical attendant at the birth of said Fred Charles Hemenway and that the said medical attendant is Can not be located (~~Now deceased~~ (or) cannot be located)

Name of Affiant Sylvia C. Cole

P. O. Address 400 W. College St., Austin, Minn.

Subscribed and sworn to before me this 29th day of May, 1940

May Erickson
May Erickson Notary Public.
Mower County, Minnesota

Residing at Austin, Minn., ~~Idaho.~~

My commission expires April 26, 1943.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Weippe Idaho
No. 968-126 018-258 St.
(If born in hospital or institution give name.)

RECEIVED
JUN 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293436
2934

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Lee Roy

3. Sex MALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth March 24, 1915 (Month, Day, Year)

FATHER

9. Full name William H. H. Roy
10. Residence (usual place of abode) (If non-resident, give place and State) Weippe Idaho
11. Color or race White 12. Age at last birthday Dead (years)
13. Birthplace (city or place) (State or Country) Harman W. Va.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Labor
16. Date (month and year) last engaged in this work Feb 15, 1923
17. Total time (years) spent in this work all his life

MOTHER

18. Full maiden name Zerna A. Snyder
19. Residence (usual place of abode) (If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 43 (years)
22. Birthplace (city or place) (State or Country) Harman W. Va.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. house work
25. Date (month and year) last engaged in this work all her life, 19.....
26. Total time (years) spent in this work 35 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know.
28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation None months or weeks None
30. Cause of Stillbirth none During labor none Before labor none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

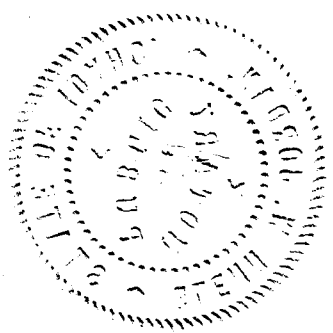
I hereby certify that I attended the birth of this child, who was Born Alive at 9 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.....

(Signed) Anna Price, M. D.
or Weippe Idaho, Midwife
Address .....

(Date of) Filed ....., 193.....
Registrar. Registrar.

Glenn W. Jordan
Notary Public



STATE OF IDAHO

293435

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 7 1940

State of Idaho
County of Clearwater } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ZERNA PRICE being first duly sworn says that

She is the Mother (Relationship of child)* of ROBERT LEE ROY

born March 26 1915 (Date of birth) at WEIPPE, Idaho,

whose certificate of birth is hereto attached, and that ZERNA PRICE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ROBERT LEE ROY

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MARGERET WAYBRIGHT, ~~M.D.~~ Midwife, was the medical attendant at the birth of said ROBERT LEE ROY and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant Zerna Price

P. O. Address Weippe Idaho.

Subscribed and sworn to before me this 4 day of June, 1940

Notary Public.

Residing at Weippe Idaho Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 763-109 003864

County of Bannock

City of Grace

No. Potter ranch house St.

(If born in hospital or institution give name)

RECEIVED JUN 10 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293446

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 293446

Prim. Registration District No. ..... Local Registrar's No. 1

2. FULL NAME OF CHILD Fred Houtz Potter 1915

3. Sex Male | If plural births: 4. Twin, triplet, or other - 5. Number, in order of birth - | 6. Premature - Full term yes | 7. Legitimate? yes | 8. Date of birth May 9th, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name LeRoy Calkins Potter	18. Full maiden name Mabelle Pearl Houtz
10. Residence (usual place of abode) (If non-resident, give place and State) Illinois	19. Residence (usual place of abode) (If non-resident, give place and State) Illinois
11. Color or race white | 12. Age at last birthday 35 (years)	20. Color or race white | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Payson, Utah	22. Birthplace (city or place) (State or Country) Salt Lake City Utah.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. school teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public Health Chicago, Private practice, Idaho	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. public school
16. Date (month and year) last engaged in this work May 9th, 1915 | 17. Total time (years) spent in this work 7 years	25. Date (month and year) last engaged in this work May, 1909 | 26. Total time (years) spent in this work two years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother third (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 0 months or weeks | 30. Cause of Stillbirth 0 During labor 0 Before labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 10 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) L. Potter M.D., M. D.

or ....., Midwife

Address Grace, Idaho.

Filed June, 1940

Give name added from a supplemental report X (Date of)

Registrar.

Registrar.

8.9/130 035 255

293471

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293471

RECEIVED JUN 14 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of NEZ PERCE
City of LEWISTON
No. 10th Ave & 19st St.
Lewiston Idaho,
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edward Carlton Hartnett,

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 3-30-1915, 193.... (Month, Day, Year)

FATHER

9. Full name Timothy Dennis Hartnett,
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white | 12. Age at last birthday 64 (years)
13. Birthplace (city or place) Spaulding (State or Country) Todd Minn

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Years

MOTHER

18. Full maiden name Mary Jane Bennett, Hartnett,
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race white | 21. Age at last birthday 58 (years)
22. Birthplace (city or place) Montanelle (State or Country) Ioway

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeping,
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
16
(a) Born alive and now living 7 (b) Born alive but now dead none (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) Dt, J. B. Morris, Deceased M. D.
or Mary Jane Bennett Hartnett mother
Address Weiser Idaho,
Filed June, 1940 Registrar.

STATE OF IDAHO

29347

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Washington }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Timithy Dennis Hartnett, being first duly sworn says that

is the Farther (Relationship of child)* of Edward Carlton Hartnett,

born March 30th, 1915. (Date of birth) at Lewiston Idaho, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. B. Morris, is Dead, M. D., was the Midwife medical attendant at the birth of said Edward Carlton, Hartnett, and that the said medical attendant is now dead, (Now deceased (or) cannot be located)

Name of Affiant Timithy Dennis Hartnett

P. O. Address

Subscribed and sworn to before me this 12th, day of June, 19 15

Notary Public.

Residing at Weiser Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

78 114 00-437

293475

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Tenth St.

(If born in hospital or institution give name.)

RECEIVED JUN 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293475

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Horace Theodore Phillips

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth November 14, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Horace Albert Phillips	18. Full maiden name Maud McGuire [Phillips]
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls Idaho
11. Color or race White | 12. Age at last birthday 39 (years)	20. Color or race White | 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Odessa Missouri	22. Birthplace (city or place) (State or Country) Cheyenne Wyoming
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. School teacher Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Utah Power & Light	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public Schools Butte Mont.
16. Date (month and year) last engaged in this work Electrician Feb., 1918 | 17. Total time (years) spent in this work Twelve	25. Date (month and year) last engaged in this work Teacher Jan 9, 1909 | 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother Four (At time of this birth and including this child) Four

(a) Born alive and now living 4 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X months or weeks | 30. Cause of stillbirth X Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 109 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or Idaho Falls, Idaho, Midwife

Address

Give name added from a supplemental report .....
(Date of)

Filed June 14, 1940 Mae G. Atwood
Registrar.

NOV 1 4 1977

995-105-0F-432

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JUN 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293533

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 135

2. FULL NAME OF CHILD William Kenneth Rinck

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Feb 5, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name William J. Rinck	18. Full maiden name Alta Ann McKelvey
10. Residence (usual place of abode) (If non-resident, give place and State) Medimont Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Medimont Ida
11. Color or race White 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Washington	22. Birthplace (city or place) (State or Country) Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work Feb. 4, 1915 — 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work Feb. 4, 1915 — 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Argyrol.

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 11 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Wood M. D.

or ..... Midwife

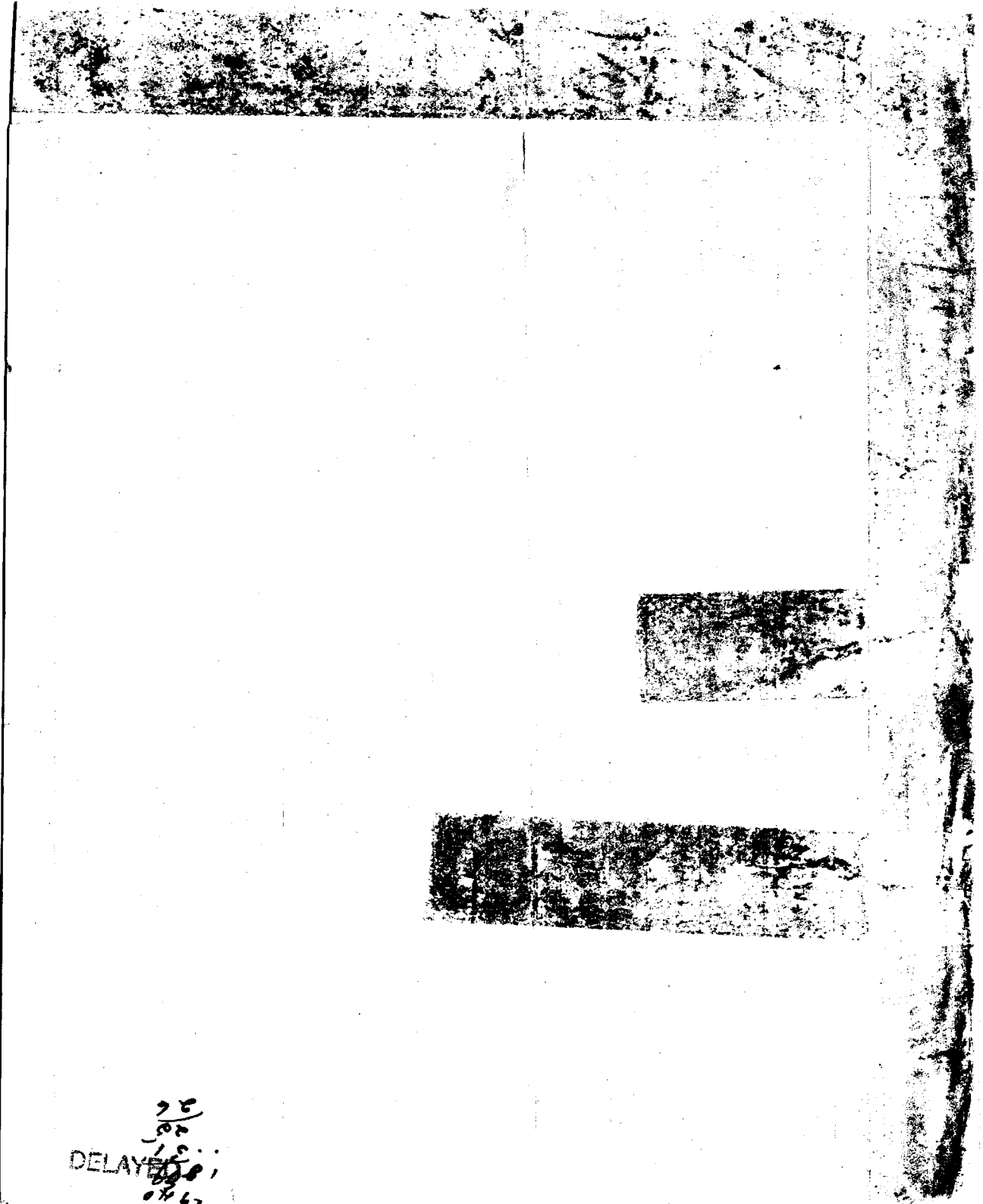
Address Coeur d'Alene Ida.

Give name added from a supplemental report .....
(Date of)

Filed 5-23, 1940 H L Newcombe M.D.
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



PLACE OF BIRTH

of Born

City of Near Sandpoint Idaho

No. 762-229 009 485 St.

(If born in hospital or institution give name.)

RECEIVED JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294602

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Louise Goss

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 29 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank John Goss	18. Full maiden name Olive Guthrie Myers
10. Residence (usual place of abode) (If non-resident, give place and State) Near Sandpoint Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Near Sandpoint Idaho
11. Color or race white | 12. Age at last birthday 32 (years)	20. Color or race white | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Iowa ~~Illinois~~	22. Birthplace (city or place) (State or Country) Guthrie Okla.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ~~Own home~~
16. Date (month and year) last engaged in this work June, 1915 | 17. Total time (years) spent in this work 17	25. Date (month and year) last engaged in this work June, 1915 | 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn 5

29. If stillborn, period of gestation 3 mos to 7 mos { months or weeks

30. Cause of Stillbirth Ill health { ~~During labor~~ ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8 P m. on the date above stated.

(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~[illegible]~~, ~~M. D.~~

or Mrs Mary Snode, Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June, 1940

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of m one child at birth a Separate Return must be made for each, and the number of each, in order of birth

DELAYED

843711-043 655

WRITE ...H UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child ...rth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED

JUN 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 294626

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Samuel Wade Hill

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Jan 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Tracy Hill	18. Full maiden name Minnie May Ory
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 64 43 (years)	20. Color or race White | 21. Age at last birthday 65 46 (years)
13. Birthplace (city or place) (State or Country) Minnesota	22. Birthplace (city or place) (State or Country) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. No
16. Date (month and year) last engaged in this work April 15, 1933 | 17. Total time (years) spent in this work 35	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 46

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 10 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Mary E Cantrall, Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.... .....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Latah

City of Moscow - Idaho

No. ..... St.

394113-029-251

(If born in hospital or institution give name.)

JUN 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294635

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph William Cruver

3. Sex Male

If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth —

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth November 13th 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Arial Cruver	18. Full maiden name Gertrude Ella Knapp
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida
11. Color or race white | 12. Age at last birthday 34 (years)	20. Color or race white | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Medina Ohio	22. Birthplace (city or place) (State or Country) Berea Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Idaho Nat. Harvester Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work July, 1916 — 17. Total time (years) spent in this work 2 yrs	25. Date (month and year) last engaged in this work ....., 19.. — 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dr. N. A. Adair - attended

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E A Cruver Father, M. D.

or Edward Arial Cruver, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed June, 1940

Registrar. Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294635

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

E. A. Cruver being first duly sworn says that he is the father (Relationship of child)* of Ralph William Cruver born Nov. 13, 1915 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139, 1927 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ralph William Cruver hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. A. Adair, M. D., was the Midwife medical attendant at the birth of said Ralph William Cruver and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Edward Arial Cruvers

P. O. Address Dishman Wash

Subscribed and sworn to before me this 24th day of June, 1924

[signature] Notary Public.

Residing at Dishman Wash, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

695713042-281

294654

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294654

JUN 24 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls Idaho
No. Rural St.
Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elmer Eugene Finer

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Dec 13, 1915 ~~1939~~ (Month, Day, Year)

FATHER

9. Full name: Elmer P. Finer

10. Residence (usual place of abode) (If non-resident, give place and State): Rural Twin Falls Ida.

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Eugene Linn Co Oregon

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer

16. Date (month and year) last engaged in this work: Jan 10th, 1916

17. Total time (years) spent in this work: one year

MOTHER

18. Full maiden name: Minnie Pearl Sharp

19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls

20. Color or race: White | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Lowry City Mo.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2 two
(a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B Scott, M. D.

or ....., Midwife

Address Nampa Idaho.

Give name added from a supplemental report .....

(Date of)

Filed June, 1940

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 3 1940

CERTIFICATE OF BIRTH

294718

294718

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. **PLACE OF BIRTH**
County of TWIN FALLS
City of ~~Filer~~ FILER
No. Route 2 St.
844 120 042 263
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** ~~Dink~~ Hummel

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? YES

8. Date of birth 8-20-1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHANNES HUMMEL	18. Full maiden name HARMKA BOT
10. Residence (usual place of abode) (If non-resident, give place and State) FILER, IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) FILER, IDAHO
11. Color or race W	12. Age at last birthday 24 (years)	20. Color or race W	21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country) HOLLAND	22. Birthplace (city or place) (State or Country) HOLLAND
OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... **Registrar.**

(Signed) ....., M. D.

or ~~Mrs J Fisher~~ ....., **Midwife**

Address .....

Filed 7-1-40, 193.... ..... **Registrar.**

AUG 1 0 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294721

RECEIVED JUL 3 1940

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 415 Tonopah St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. 294721
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Walker Walter Davis Jr.

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? Yes
8. Date of birth May 7, 1915 (Month, Day, Year)

FATHER

9. Full name: Walker W. Davis
10. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot Ida
11. Color or race: White
12. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Battle Mountain Nev.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry Owner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____
16. Date (month and year) last engaged in this work: May 7, 1915
17. Total time (years) spent in this work: one

MOTHER

18. Full maiden name: Helen Gregory
19. Residence (usual place of abode) (If non-resident, give place and State): Blackfoot Ida
20. Color or race: White
21. Age at last birthday: 20 (years)
22. Birthplace (city or place) (State or Country): Nonen Grove Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: May 7, 1940
26. Total time (years) spent in this work: One

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): One
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) George Hyde, M. D.
or ____, Midwife
Address Blackfoot Ida
Filed July, 1940

Registrar. Registrar.

STATE OF IDAHO

294721

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 3 1940

State of Idaho } ss.
County of Bingham

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I Walker W. Davis Sr. being first duly sworn says that

He is the Father (Relationship of child)* of Walker W. Davis Jr.

born May 7 1915 (Date of birth) at Blackfoot, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that George Hyde, M. D., was the Midwife medical attendant at the birth of said Walker W. Davis Jr. and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Walker W Davis Sr.

P. O. Address 176-7th Idaho Falls Id

Subscribed and sworn to before me this 29th day of June, 19 40

G C Dennis
Notary Public.

Residing at Idaho Falls, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 13 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

294736

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 5 1940

CERTIFICATE OF BIRTH

294736

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Benewah
City of Tensed, Idaho
No. ..... St.
533-115-005-312
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Woodrow Wilson Elliott

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth January 15 1915 (Month, Day, Year)

FATHER

9. Full name: Jesse Vail Elliott

10. Residence (usual place of abode) (If non-resident, give place and State): Tensed, Idaho

11. Color or race: White | 12. Age at last birthday: 42 (years)

13. Birthplace (city or place) (State or Country): Lyons Camp, Laurel County, Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Matilda Belle Cabbage

19. Residence (usual place of abode) (If non-resident, give place and State): Tensed, Idaho

20. Color or race: White | 21. Age at last birthday: 36 (years)

22. Birthplace (city or place) (State or Country): Langdon, Kentucky

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Farmer's Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) W. A. Morier Now Deceased, M. D.
or Jesse Vail Elliott Father, Midwife

Address .....

Filed July, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 5 1940

294736

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California
County of Sacramento } ss.

Jesse Vail Elliott being first duly sworn says that

He is the Father (Relationship of child)* of Woodrow Wilson Elliott

born January the 16th 1915 (Date of birth) at Jerrod, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Woodrow Wilson Elliott

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. A. Mosier of Tilton, Ida. M. D., was the medical attendant at the birth of said Woodrow Wilson Elliott and that the said medical attendant is now Deceased (Now deceased (or) cannot be located)

Name of Affiant Jesse Vail Elliott

P. O. Address 3975 East Sacramento Calif.

Subscribed and sworn to before me this 1st day of July 1940

J. M. Wales
Notary Public.

Residing at 823 J St Sacramento Calif.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. ____ St.
215 101 029 666
(If born in hospital or institution give name.)

RECEIVED
JUN 24 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294789

Registration District No. ____ State File No. 294789
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Vernard Burr Sanford

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? X
8. Date of birth July 1, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ralph Burr Sanford	18. Full maiden name Mary Jane Woodfin
10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch	19. Residence (usual place of abode) (If non-resident, give place and State) Oklahoma, Okla.
11. Color or race White 12. Age at last birthday 32 (years)	20. Color or race White 21. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Fredonia Wisconsin	22. Birthplace (city or place) (State or Country) Brownsville Oregon
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Forestry	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Fall of, 1932	17. Total time (years) spent in this work 3611
25. Date (month and year) last engaged in this work part time	26. Total time (years) spent in this work 4 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living X (b) ~~Born alive but now dead~~ (c) ~~Stillborn~~

29. If stillborn, period of gestation ✓ { months or weeks
30. Cause of Stillbirth { During labor ✓ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended the birth~~ saw of this child, who was Born at 7 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary J Sanford Mother ~~M. D.~~
or ____ ~~Midwife~~
Address Pacific Wn

Give name added from a supplemental report ____
(Date of)

Filed Nov, 1946

Registrar. Registrar.

STATE OF IDAHO

294789

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whitman } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary Sanford being first duly sworn says that Vernard Sanford is the son (Relationship of child)* of Mary J. Sanford born July 1, 1915 (Date of birth) at Potlatch Idaho, Idaho, whose certificate of birth is hereto attached, and that Mary Sanford desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Vernard Burr Sanford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Boyd (now deceased), M. D., was the Midwife medical attendant at the birth of said Vernard Sanford and that the said medical attendant is X (Now deceased (or) cannot be located)

Name of Affiant Mary J Sanford

P. O. Address

Subscribed and sworn to before me this 17 day of June, 1940

Notary Public.

Residing at Pacaus Wn, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

857110 003169

294842

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

~~City of~~ Central

No. ..... Idaho ~~St.~~

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 15 1940

Registration District No. ..... State File No. 294842

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harvey Rasmus Hegstrom

3. Sex male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth April 10 1915 (Month, Day, Year)

9. Full name of FATHER	18. Full maiden name of MOTHER
Andrew Otto Hegstrom	Dora Jorgensen Hegstrom
10. Residence (usual place of abode) (If non-resident, give place and State) Central Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Central Ida.
11. Color or race White	12. Age at last birthday 30 (years)
20. Color or race White	21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Karbennung Sweden	22. Birthplace (city or place) (State or Country) Ogden, Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work March, 1937	17. Total time (years) spent in this work 25 yrs
25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work life time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ mother

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Flora Jorgensen Hegstrom, ~~M. D.~~

or ..... 338 Grant Ave, Midwife

Address ..... Ogden Utah

Give name added from a supplemental report .....

(Date of) .....

Filed July, 1940

Registrar. .....

Registrar.

294842

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 15 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Utah
County of Weber } ss.

Dora Jorgensen Hegstrom she is the mother (Relationship of child)* of Harvey Rasmus Hegstrom born april 10, 1915 (Date of birth) at Central, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said son hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John H. Hubbard, M D, ~~M. D.~~, was the ~~Midwife~~ medical attendant at the birth of said son and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Dora Jorgensen Hegstrom

P. O. Address 3281 Adams Ogden Utah

Subscribed and sworn to before me this 11 day of July, 1940

Clara Nelson
Notary Public.

my Comm. expires Oct 21, 1940 Residing at Ogden Utah, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294876

1. **PLACE OF BIRTH**
County of Ada
City of Barber
No. 293-223001-598 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. **FULL NAME OF CHILD** Justa Bilbao

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth May 23, 193 15 (Month, Day, Year)

FATHER

9. Full name: Vicente Bilbao
10. Residence (usual place of abode) (If non-resident, give place and State): Barber, Idaho
11. Color or race: W | 12. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Spain

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Boise Payette Lbr. Co. at Barber, Ida.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Ursola Erquiaga
19. Residence (usual place of abode) (If non-resident, give place and State): Barber, Idaho
20. Color or race: W | 21. Age at last birthday: 20 (years)
22. Birthplace (city or place) (State or Country): Spain

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Mrs. Domingo Ubera Midwife
Address 218 E. 2nd St. Emmett.

Filed July 17, 1940 Mae D. Atwood
Registrar
Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding 693 211
City of Gooding 024 355
No. Oregon St.
Gooding, Idaho
(If born in hospital or institution give name.)

RECEIVED
JUL 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294891

Registration District No. ..... State File No. 294891

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dixie Maxine Williams

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? yes

8. Date of birth Sept 11, 1915 (Month, Day, Year)

FATHER

9. Full name William Riley Williams

10. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Idaho

11. Color or race White | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Kentucky

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. General Store

16. Date (month and year) last engaged in this work June, 1916

17. Total time (years) spent in this work 2 yrs

MOTHER

18. Full maiden name Bessie Betty Leeper

19. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Idaho

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Waco, Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work July, 1915

26. Total time (years) spent in this work 12 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? I do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born a Live (Born Alive or Stillborn) at 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) ..... M. D.

or Minnie Queen (Aunt) ~~Midwife~~

Address Gooding Idaho

Filed July 6, 1940

Registrar.

STATE OF IDAHO

294891

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 18 1940

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ed'l
M.G.

Minnie Pere being first duly sworn says that She is the Aunt of Dixie Maxine Williams
(Relationship of child)*

born September 11-1915 at Gooding, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dixie Maxine Williams hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. F. D. Carey, M. D., was the medical attendant at the birth of said Dixie Maxine Williams and that the said medical attendant cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Minnie Pere

P. O. Address 2008 East 73rd Los Angeles Calif

Subscribed and sworn to before me this 16 day of July 1940 19

Laurel Conklin
Notary Public.

Residing at 7111 Holmes Ave Los Angeles California

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

NOTARY PUBLIC
In and for the County of Los Angeles, State of California
My Commission Expires Nov. 12, 19..

446 204 032 249

294903

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294903

JUL 19 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Josephine Jean Duff

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Mar. 4, 1915 (Month, Day, Year)

FATHER

9. Full name Andrew Duncan Duff

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

11. Color or race W. | 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work Mar., 1915 | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Marie Nikolenz Schmidt Duff

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

20. Color or race W. | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Mar., 1915 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 39 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. F. Zeller, M. D.

or ....., Midwife

Address Shoshone, Ida.

Give name added from a supplemental report .....

(Date of) .....

Filed July, 1940

Registrar. .....

Registrar.

OCT 3 1946

APR 25 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of A795-121-044-394

City of Weiser

No. 526 E Commercial St.

Idaho.

(If born in hospital or institution give name.)

RECEIVED JUL 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294908

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alfred Lee Greathouse

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth Jan. 21, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name James F. Greathouse	18. Full maiden name Orpha Ann True
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho
11. Color or race white | 12. Age at last birthday 28 (years)	20. Color or race white | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Cambridge Ohio	22. Birthplace (city or place) (State or Country) Marshall Ill
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. fireman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 8 yrs	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 8 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Eliza True, Midwife

Address Deceased

Give name added from a supplemental report .....

(Date of)

Filed ....., 193....

Registrar. **Registrar.**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294903

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Orpha Ann Newsome formerly Orpha Ann Greathouse being first duly sworn says that she is the mother (Relationship of child)* of Alfred Lee Greathouse

born Jan 21 Yr. 1915 (Date of birth) at Weiser, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Alfred Lee Greathouse

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Eliza True, ~~M. D.~~ Midwife, was the medical attendant at the birth of said Alfred Lee Greathouse and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Orpha Ann Newsome

P. O. Address Portland Ore

Subscribed and sworn to before me this 18th day of July, 19 40

Gladys Lee
Notary Public.

Residing at Portland Oregon for Oregon, ~~Idaho.~~

My Commission expires June 17th 1941

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clearwater Idaho.

City of 8 Mi. N. of Kamiah, Ida. MAY 2 1940

No. 997 211 625 115 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294957

RECEIVED MAY 2 1940

CERTIFICATE OF BIRTH

Registration District No. 234 State File No.

Prim. Registration District No. Local Registrar's No. 234

2. FULL NAME OF CHILD Laura Patricia Ripley.

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth May 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Edward Agustus Ripley	18. Full maiden name Gertrude Rose Janisch.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race Wht. | 12. Age at last birthday 34 (years)	20. Color or race Wht. | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Meeker Co. Minn.	22. Birthplace (city or place) (State or Country) Scott CO. Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Kamiah Idaho

Give name added from a supplemental report .....

(Date of)

Filed July 1, 1940 Buckel W Brown Registrar.

..... Registrar.

K

STATE OF IDAHO

294957

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 2 1940

State of State of Idaho. } ss.
County of Clearwater.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Edward Agustus Ripley being first duly sworn says that

He is the father (Relationship of child)* of Laura Patricia Ripley

born May 11, 1915 (Date of birth) at 8 Mi. N. of Kamiah, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ~~Laura~~ Patricia Ripley

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. ~~Burton~~ Porter, of Kamiah, ~~Midwife~~, M. D., was the medical attendant at the birth of said Laura Patricia Ripley and that the said medical attendant is still in Kamiah as far as known.
(Now deceased (or) cannot be located)
(See note on reverse side)

Name of Affiant Edward Agustus Ripley

P. O. Address

Subscribed and sworn to before me this 2 day of May, 1940

James L. Wallace
Notary Public.

Residing at Lenore, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Two witnesses of this birth, still living are the mother's two sisters, Mrs. Mary Hemmingway, (present address) Park Rapids, Minn.
Mrs. Veronica Cates, " " Swatara, Minn.

MAY 19 1943

435-121-001-613

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Ada

City of Boise.

No. ..... St.

413 No 4th Street

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296167

Registration District No. ..... State File No. 296167

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** James Philander McNeilly.

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Mar 21, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Claude McNeilly.	18. Full maiden name Maude La Favour.
10. Residence (usual place of abode) (If non-resident, give place and State) 413 No 4th St	19. Residence (usual place of abode) (If non-resident, give place and State) 413 No 4th St
11. Color or race W | 12. Age at last birthday 25 (years)	20. Color or race W | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Washington	22. Birthplace (city or place) (State or Country) Colorado.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Table Waiter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 12.15 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) John Bock, M. D.

or ....., Midwife

Address Boise Ida

Filed July 30, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

389-113-009-83

296169

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 31 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonner
City of Laclede - Idaho
No. ____ St. ____
Born in home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Maxwell Elwood Christensen

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Aug 13, 1915 (Month, Day, Year)

FATHER

9. Full name Hans Peter Christensen

10. Residence (usual place of abode) (If non-resident, give place and State) Laclede, Idaho

11. Color or race White | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) ALDEN, MINN

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in Store

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work Oct, 1914

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Hazel Halverson

19. Residence (usual place of abode) (If non-resident, give place and State) Laclede, Idaho

20. Color or race White | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Laclede, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Aug. 13, 1915

26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver

28. Number of children of this mother (At time of this birth and including this child)
~~One~~ Two (a) Born alive and now living Two (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) at 8:15 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____

or Mrs Hannah Halverson, Midwife

Address Laclede, Idaho.

Filed JUL 31 1940, 193__ Mae G. Atwood. Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 12 1967

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-101-018-691

1. PLACE OF BIRTH

County of Clearwater

City of Near Teakean

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JUL 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296189

296189

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Melvin Harlacher.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Jan. 1, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Franklin Earl Harlacher	18. Full maiden name Maude Ethel Frantz
10. Residence (usual place of abode) (If non-resident, give place and State) Teakean	19. Residence (usual place of abode) (If non-resident, give place and State) Teakean
11. Color or race white | 12. Age at last birthday 24 (years)	20. Color or race white | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Near Fandon, Mc Donough Co. Illinois.	22. Birthplace (city or place) (State or Country) Near Wheatfield, Jasper Co. Indiana.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work On Farm Jan 1, 1915 | 17. Total time (years) spent in this work 6 Yrs.	25. Date (month and year) last engaged in this work At present time | 26. Total time (years) spent in this work 3[illegible] Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argeroyl.

28. Number of children of this mother First Child (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 A.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) ....., M. D.

or X Mrs. Anna Myers, Midwife

Address at time of birth of child Lenore Idaho French Outlook Wash.

Filed July 28, 1940 Mae G. Atwood
Registrar.

793-104.024-365

296190

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Hagerman
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
JUL 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296190

Registration District No. 21 State File No. .....
Prim. Registration District No. 2936 Local Registrar's No. .....

2. FULL NAME OF CHILD Merrell Hennary Gilmore

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 4, 1915 (Month, Day, Year)

FATHER

9. Full name Henry Benton Gilmore
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W. | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) York (State or Country) York County Nebraska
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work Dec, 1915 | 17. Total time (years) spent in this work Lifetime

MOTHER

18. Full maiden name Millie Josephine Condict
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race W. | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) River Dupont (State or Country) Wrenn Co Iowa.
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Dec, 1915 | 26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Sol Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation Full Term. (months or weeks) | 30. Cause of Stillbirth ..... (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dec 4 th 1915 at 10. P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. V. Frankhouser, M. D.
or ....., Midwife
Address Hagerman Idaho

Give name added from a supplemental report .....
(Date of)
Registrar.

Filed July 28, 1940 Mae D. Atwood
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 28 1940

State of Idaho
County of Gooding } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Henry Berton Gilmore being first duly sworn says that

He is the Father (Relationship of child)* of Merrill Henry Gilmore

born Dec. 4th. 1915 (Date of birth) at Hagerman, Idaho,

whose certificate of birth is hereto attached, and that Henry Berton Gilmore desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Merrill Henry Gilmore hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that A. V. Frankbonner, M. D., was the Midwife medical attendant at the birth of said Merrill Henry Gilmore and that the said medical attendant is A. V. Frankbonner can not be lokated (Now deceased (or) cannot be located)

Name of Affiant Henry Berton Gilmore

P. O. Address

Subscribed and sworn to before me this 27 day of July 1940

G. F. McReynolds
Notary Public.

Residing at Hagerman Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 16 1967

236-108-075-212

RECEIVED JUL 31 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296196

296196

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maurice Albert Scott

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? Yes

8. Date of birth Sept 8, 1915 (Month, Day, Year)

FATHER

9. Full name Charles Delbert Scott

10. Residence (usual place of abode) (If non-resident, give place and State) Lapwai Idaho

11. Color or race W | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Endicott Washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lydia Anna Baker

19. Residence (usual place of abode) (If non-resident, give place and State) Lapwai Idaho

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Cleveland Ohio

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Wm. P. H. Habel, M. D.

or ....., Midwife

Address Lewiston, Idaho

Give name added from a supplemental report .....
(Date of)

Filed July 25, 1940 Patricia Burke
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 128-104-226-452

296206

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jefferson

City of Camas

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 31 1940

CERTIFICATE OF BIRTH

296206

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** John Wesley Ash, Jr.

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Full term yes	yes	Mar. 4, 1915

FATHER	MOTHER
9. Full name: John Wesley Ash	18. Full maiden name: Isabelle Moses
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Pocatello~~, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): ~~Pocatello~~, Ida.
11. Color or race: White | 12. Age at last birthday: ~~70~~ 72 (years)	20. Color or race: White | 21. Age at last birthday: ~~58~~ 60 (years)
13. Birthplace (city or place) (State or Country): Runnells, Iowa	22. Birthplace (city or place) (State or Country): Cedar Mines, Iowa
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: ....., 1915	25. Date (month and year) last engaged in this work: ....., 19....
17. Total time (years) spent in this work: 25 yrs	26. Total time (years) spent in this work: married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 3 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed JUL 31 1940, 193... Mae G. Atwood Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Bannock }

John Wesley Ash being first duly sworn says that he is the father (Relationship of child)* of John Wesley Ash, Jr. born March 4, 1915 (Date of birth) at Cenas, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Wesley Ash, Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mr. Meller, ~~M. D.~~ Midwife was the medical attendant at the birth of said John Wesley Ash, Jr. and that the said medical attendant is deceased (Now deceased (or) cannot be located)

× John Wesley Ash
Name of Affiant

P. O. Address Ross Park, Pocatello, Idaho

Subscribed and sworn to before me this 30 day of July, 19 40

Robert M. Terrell
Notary Public.

Residing at Pocatello, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

765-109-036-815

296226

RECEIVED AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Oneida

City of Roy

No. Farm near Roy, Idaho St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arnold Butler Pontius

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth May 9, 1915 (Month, Day, Year)

FATHER

9. Full name Fred Pontius

10. Residence (usual place of abode) (If non-resident, give place and State) Farm near Roy, Idaho

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Hand

19. Residence (usual place of abode) (If non-resident, give place and State) Farm near Roy Idaho

20. Color or race W | 21. Age at last birthday 36 (years)

22. Birthplace (city or place) (State or Country) Butler Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

Registrar.

X (Signed) Mrs Mary A Pontius, ~~M. D.~~
or (Mother), ~~Midwife~~

RECEIVED

Address .....

Filed AUG -1 1940 193.....

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 4 1970

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Mary A. Pontius being first duly sworn says that she is the Mother (Relationship of child)* of Arnold Butler Pontius born May 9, 1915 (Date of birth) at Ranch near Roy, Idaho, whose certificate of birth is hereto attached, and that Mrs Pontius desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Arnold Butler Pontius hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that V. G. Logan, M. D., was the Midwife medical attendant at the birth of said Arnold Butler Pontius and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mrs Mary A. Pontius.

P. O. Address 1507 - 10th Queene - Lewiston

Subscribed and sworn to before me this 30. day of July, 1940.

Phil Morgenber.
Notary Public.

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

Residing at [illegible], Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

4133-220-003-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of BANNOCK

City of POCATELLO

No. 744 So. Hayes St.

(If born in hospital or institution give name.)

REC...

AUG -1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296231

CERTIFICATE OF BIRTH 296231

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD RUTH BERNADINE ALLEN

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
FEMALE	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	April 20, 193 I5 (Month, Day, Year)

FATHER

9. Full name: Thomas James ALLEN

10. Residence (usual place of abode) (If non-resident, give place and State): 744 S. Hayes

11. Color or race: white | 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Frankfort Pa.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Expressman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: April 20, 19 I5

17. Total time (years) spent in this work: I

MOTHER

18. Full maiden name: LIllian Bertha JOHNSTON

19. Residence (usual place of abode) (If non-resident, give place and State): 744 S. Hayes

20. Color or race: white | 21. Age at last birthday: 23 (years)

22. Birthplace (city or place) (State or Country): Ogden. Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House-wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ----------

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work: --------

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address REC...

Filed AUG -1 1940, 193.. Mae L. Atwood

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~IDAHO~~ Oregon

County of ~~BANNOCK~~ Multnomah ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LILLIAN BERTHA ALLEN being first duly sworn says that RUTH B. is the daughter (Relationship of child)* of LILLIAN B. and THOMAS J. ALLEN

born APRIL 20, 1915 (Date of birth) at POCATELLO, Idaho,

whose certificate of birth is hereto attached, and that LILLIAN B ALLEN desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said RUTH BERNADINE ALLEN hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ~~[illegible]~~, was the Midwife medical attendant at the birth of said RUTH BERNADINE ALLEN and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Lillian Bertha Allen

P. O. Address 1597 N.E. 72nd Portland. Ore

Subscribed and sworn to before me this 20th day of July, 1940

Estella Greene
Notary Public.

My commission expires 4-26-43 Residing at Portland - Oregon, ~~Idaho~~

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 9 1961

855-109 034-389

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Minadoka
City of Burley
No. ..... St.
(If born in hospital or institution give name.)

AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296326

Zq 6326

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Lee Hendricks

3. Sex Boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Sep 9, 1935 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Elmer Hendricks	18. Full maiden name Margaret Verginnia Throkmorton
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race white 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Halltown Mo.	22. Birthplace (city or place) (State or Country) Cheyenne Wyoming
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Present, 1940	25. Date (month and year) last engaged in this work Present, 1940
17. Total time (years) spent in this work Life Time	26. Total time (years) spent in this work Life Time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation Nil months or weeks

30. Cause of Stillbirth Nil During labor Nil Before labor Nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:15 a.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report J E Hendricks Father
(Date of)

Registrar.

(Signed) Mrs M L Hendrick Mother, ~~M. D.~~
or ....., Midwife
Address Front St. Coquille Oregon
Filed ....., 193.. Mae G. Atwood
Registrar.

AUG -5 1940

Bureau of Vital Statistics

SEP 4 1987

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON
County of COOS } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Elmer and Margaret Verginnia Hendricks being first duly sworn says that They is the Father & Mother of Howard Lee Hendricks
(Relationship of child)*

born September 9th, 1915 at BURLEY, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howard Lee Hendricks hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hintor, M. D., was the Midwife medical attendant at the birth of said Howard Lee Hindricks and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant M.V. Hendricks Mrs M.V. Hendricks

P. O. Address Coquille Oregon

Subscribed and sworn to before me this 3rd day of August, 19 40

J R Bull
Notary Public.

Residing at Coquille Oregon, ~~Idaho.~~

Commission Expires 5/8/1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

866-110-003-291

296330

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

AUG -5 1940

2. FULL NAME OF CHILD Howard Chester Hoon Jr.

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			no / yes	yes	Jan. 10, ~~193~~ 1915

FATHER		MOTHER	
9. Full name	Howard Chester Hoon	18. Full maiden name	Ethel Braham Hoon
10. Residence (usual place of abode) (If non-resident, give place and State)	Santa Monica California	19. Residence (usual place of abode) (If non-resident, give place and State)	Santa Monica California
11. Color or race	White	20. Color or race	White
12. Age at last birthday	[illegible] (years)	21. Age at last birthday	[illegible] (years)
13. Birthplace (city or place) (State or Country)	Pittsburg Pa	22. Birthplace (city or place) (State or Country)	Mercer Pennsylvania
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Teacher	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Public Schools	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	The home
16. Date (month and year) last engaged in this work	June 15, 1940	25. Date (month and year) last engaged in this work	July 29, 1940
17. Total time (years) spent in this work	30	26. Total time (years) spent in this work	all married life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living yes (b) Born alive but now dead no. (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed AUG -5 1940, 193 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Bannock }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Howard Chester Hoon Sr. being first duly sworn says that he is the Father (Relationship of child)* of Howard Chester Hoon Jr. born January 10, 1915 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Howard Chester Hoon Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. O. B. Steeley, M. D., was the ~~XXXXX~~ medical attendant at the birth of said Howard Chester Hoon Jr. and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant Howard Chester Hoon Sr.

P. O. Address 323 21st Place, Santa Monica, Cal.

Subscribed and sworn to before me this second day of August, 19 40

Leslie M. White
Notary Public.

Residing at Pocatello, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

459-117-003-546

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of BANNOCK

City of POCATELLO

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296368

296368

AUG -3 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD BUICK HARRISON DERRICK

3. Sex MALE

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? X

8. Date of birth AUG 17, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name JESSE HARRISON DERRICK	18. Full maiden name VERA ELIZABETH-EDWARDS
10. Residence (usual place of abode) (If non-resident, give place and State) POCATELLO	19. Residence (usual place of abode) (If non-resident, give place and State) POCATELLO
11. Color or race WHITE 12. Age at last birthday 23 (years)	20. Color or race WHITE 21. Age at last birthday 17 (years)
13. Birthplace (city or place) (State or Country) TULSA - OKLAHOMA	22. Birthplace (city or place) (State or Country) KAYSVILLE UTAH
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COOK	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. CAFE	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work Divorced 19 Don't know the ans. 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work STILLAT-IT 19 26. Total time (years) spent in this work 25 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1st Child (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Registrar.

Filed AUG -3 1940, 193 Mae G. Atwood
Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Vera Elizabeth Edwards being first duly sworn says that she is the MOTHER (Relationship of child)* of Buick Harrison Derrick born August 17, 1915 (Date of birth) at Pocatell, County of Bannock, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Buick Harrison Derrick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Newton, M. D., was the Midwife medical attendant at the birth of said Buick Harrison Derrick and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Vera Elizabeth Edwards

P. O. Address 302 E. Ramona Blvd., Wilmar, Calif.

Subscribed and sworn to before me this 30th day of July, 19 40

Lucy M. Bracken
NOTARY PUBLIC Notary Public.
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
Residing at ____, Idaho.
My Commission Expires April 24, 1944

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

386109 032365

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296433

CERTIFICATE OF BIRTH

Registration District No. 430 State File No. 296433

Prim. Registration District No. ____ Local Registrar's No. 369

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ____ St.
Parent's Home
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Thorpe Richard Thorpe

3. Sex male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ✓

7. Legitimate? ✓

8. Date of birth Apr 9, 1915 (Month, Day, Year)

FATHER

9. Full name William Thorpe

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Ida

11. Color or race W | 12. Age at last birthday ____ (years)

13. Birthplace (city or place) (State or Country) U.S.A.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garage

16. Date (month and year) last engaged in this work Apr – , 1915

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Sylvia Langendorf

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone Idaho

20. Color or race W | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) (State or Country) U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. self

25. Date (month and year) last engaged in this work Apr , 1915

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5-95

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____
Registrar.

(Signed) [signature], M. D.

or ____, Midwife

Address Shoshone - Idaho

Filed Aug 10, 1940 Myrtle C. Burdett
Registrar.

A 964216 028 269

296514

29 C 514

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. north 7th St.

(If born in hospital or institution give name.)

RECEIVED AUG 14 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mabel Elinora Howe

3. Sex female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term x | 7. Legitimate? yes | 8. Date of birth may 16th, 1935 (Month, Day, Year)

FATHER

9. Full name Anton Howe

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race white | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) norway

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer man

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. sawmill

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Hulda Marie Borsum, Coeur d'Alene

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

20. Color or race white | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) North Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living two (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anton Howe (father), ~~M. D.~~

or ....., ~~Midwife~~

Address Potlatch, Idaho

Give name added from a supplemental report .....

(Date of)

Filed ....., 1940

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Latah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anton Howe being first duly sworn says that

is the father (Relationship of child)* of Mabel Elinora Howe

born May 16, 1915 (Date of birth) Coeur d'Alene, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Mabel Elinora Howe

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John Dwyer, M. D., was the Midwife medical attendant at the birth of said Mabel Elinora Howe and that the said medical attendant is not now alive, having been killed in an auto accident between Coeur d'Alene and Spokane, Wash. (Now deceased (or) cannot be located)

Name of Affiant Anton Howe

P. O. Address Potlatch, Idaho

Subscribed and sworn to before me this 10 day of August, 19 40

Notary Public.

Residing at ....., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

445727007495

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296587
29658?

CERTIFICATE OF BIRTH

AUG 19 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Fairfield
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack Wesley Dunn

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 27th, 1915 (Month, Day, Year)

FATHER

9. Full name: Howard Wesley Dunn

10. Residence (usual place of abode) (If non-resident, give place and State): Fairfield Idaho

11. Color or race: White 12. Age at last birthday: 21 (years)

13. Birthplace (city or place) (State or Country): Washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Ina Lugeina Mink

19. Residence (usual place of abode) (If non-resident, give place and State) .....

20. Color or race: White 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Verginia

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living Two (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) D P Hyyp, M. D.

or ....., Midwife

Address Fairfield Idaho

Filed Aug, 1940

Registrar.

[illegible]

JUN 12 1948

A4387 11 003619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 296598

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Henry Ford McQuade

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Oct. 11, 1915 (Month, Day, Year)

FATHER

9. Full name: Michael Joseph McQuade

10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

11. Color or race: White | 12. Age at last birthday: 40 (years)

13. Birthplace (city or place) (State or Country): Stratford, Ontario, Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U. P. Railway

16. Date (month and year) last engaged in this work: Oct. 11, 1915

17. Total time (years) spent in this work: 22 yrs.

MOTHER

18. Full maiden name: Mary Ellen Farnan

19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

20. Color or race ..... | 21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Williams, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: Oct, 11, 1915

26. Total time (years) spent in this work: 8 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argerol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2:05 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) XXXXX

or Mary Elizabeth McQuade Williams, Midwife

Address Mother, Kemmerer, Wyoming

Filed Aug 16, 1940

Registrar.

MAR 0 1 2019 XL KD

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Williamson being first duly sworn says that she is the mother (Relationship of child)* of Henry Ford McQuade born October 11, 1915 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Henry Ford McQuade hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Howard A. Castle, M. D. was the ~~Midwife~~ medical attendant at the birth of said Henry Ford McQuade and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Mary Ellen McQuade Williamson

P. O. Address Kemmerer, Wyoming

Subscribed and sworn to before me this 13 day of August, 19 40

J. A. Lindsay
Notary Public.

Residing at Kemmerer, Wyoming, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 16 1942

JUN 17 1975

APR 21 1981

A993-120033-217

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of MADISON

City of SUGAR CITY

No. BORN IN ST. (GRANDMOTHERS HOME).

(If born in hospital or institution give name.)

RECEIVED AUG 19 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 296608

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ROBERT SAXTON RICHARDSON

3. Sex: MALE

If plural births: 4. Twin, triplet, or other: X; 5. Number, in order of birth: X

6. Premature: X; Full term: ____

7. Legitimate? YES

8. Date of birth OCT 20 1915 (Month, Day, Year)

FATHER

9. Full name WYATT R. RICHARDSON

10. Residence (usual place of abode) SUGAR CITY (If non-resident, give place and State) IDAHO

11. Color or race WHITE 12. Age at last birthday 19 (years)

13. Birthplace (city or place) MEAN (State or Country) IDAHO

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. GENERAL CONTRACTING.

16. Date (month and year) last engaged in this work STILL GOING., 19____

17. Total time (years) spent in this work 3 YRS

MOTHER

18. Full maiden name NORMA MARY SAXTON

19. Residence (usual place of abode) SUGAR CITY (If non-resident, give place and State) IDAHO

20. Color or race WHITE 21. Age at last birthday 18 (years)

22. Birthplace (city or place) GARFIELD (State or Country) IDAHO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother ONE (At time of this birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

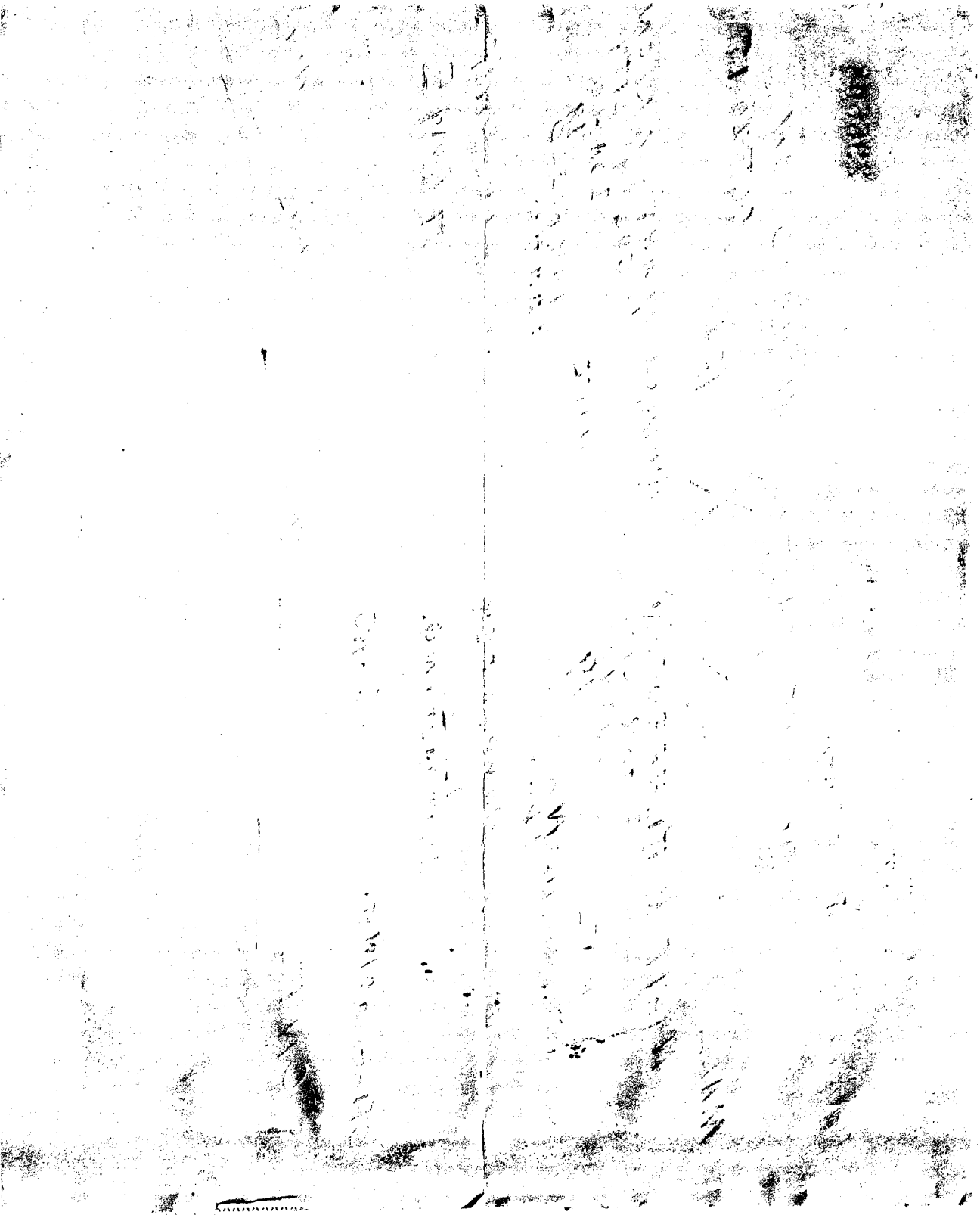
or ____, Midwife

Address ____

Filed Aug, 1940

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 19 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of California

County of Los Angeles

Wyatt R. Richardson being first duly sworn says that

he is the Father (Relationship of child)* of Robert Layton Richardson

born Oct. 20th 1915 (Date of birth) at Sugar City, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Robert Layton Richardson

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Thuspe, M. D., was the ~~Midwife~~ medical attendant at the birth of said Robert Layton Richardson and that the said medical attendant ~~is~~ cannot be located. (Now deceased (or) cannot be located)

Name of Affiant Wyatt R. Richardson

P. O. Address

Subscribed ~~and sworn~~ to before me this JUL 27 1940 day of , 19

NOTARY PUBLIC in and for the County of Los Angeles, State of California.

Notary Public.

My Commission Expires June 10th, 1941 Residing at Long Beach, Calif. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A391-115 074 245

296610

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
AUG 19 1940

29661

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Gooding
City of Fagerman
No. _____ St.
Idaho
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** William Travers

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 15, 1940 (Month, Day, Year)

FATHER

9. Full name William Robert Travers (Deceased)
10. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
11. Color or race White 12. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) Salt Lake City Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad
16. Date (month and year) last engaged in this work Oct 4th, 1920
17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Clara Emily Dove
19. Residence (usual place of abode) (If non-resident, give place and State) Hagerman
20. Color or race White 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Chicago Cook Ill.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born Alive or Stillborn) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Give name added from a supplemental report _____

(Date of)

Filed Aug, 1940

_____ Registrar.

_____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 19 1940

State of California
County of Los Angeles } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara E Travers Sims being first duly sworn says that she is the Mother of William Travers
(Relationship of child)*

born June 15th 1915 at Hagerman, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that William Travers desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Travers

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Faukboner M. D. ~~Midwife~~ was the medical attendant at the birth of said William Travers and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Clara E Travers Sims

P. O. Address 929 W. McClintock El Monte Cal.

Subscribed and sworn to before me this 12th day of August, 1940

Notary Public.

Residing at El Monte California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

168-130-025-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296628

296628

RECEIVED
AUG 12 1940

1. PLACE OF BIRTH
County of Idaho
City of Woodland - Rural
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 234 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Linus Eugene Johnson

3. Sex M.

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth Sept. 30, 1915 (Month, Day, Year)

FATHER

9. Full name John L. Johnson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

11. Color or race W. | 12. Age at last birthday 46 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Hulda I. Carlborg

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho.

20. Color or race W. | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) C. A. Byers, M. D.

or ....., Midwife

Address Kamiah Idaho

Filed Aug. 1, 1940 Ruth V. Brown
Registrar.

.....
Registrar.

453123009-493

296694

RECEIVED
AUG -6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 114 State File No. .....

Prim. Registration District No. 2157 Local Registrar's No. 56

1. PLACE OF BIRTH
County of Bonner.
City of Clarks Fork.
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eugene Joan Dettwiler

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Aug 23, 1915 (Month, Day, Year)

FATHER

9. Full name Emil Dettwiler
10. Residence (usual place of abode) (If non-resident, give place and State) Montana
11. Color or race W | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Switzerland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dona Pearl Riley
19. Residence (usual place of abode) (If non-resident, give place and State) Montana
20. Color or race W | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 3 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Emil Dettwiler, M. D.
or Father, Midwife
Address Heron Montana
Filed July 29, 1940 Orella Cruse
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

449-111-014-5-65

297882

297882

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of CANYON

City of Pearl

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eugene Rush Murnane

3. Sex Male

If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Sept. 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Michael Patrick Murnane	18. Full maiden name Anna Esther Van Horton
10. Residence (usual place of abode) (If non-resident, give place and State) Pearl, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Pearl, Idaho
11. Color or race White; 12. Age at last birthday 34 (years)	20. Color or race White; 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Quartzburg (State or Country) Idaho	22. Birthplace (city or place) Emmett (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ago 3

28. Number of children of this mother (At time of this birth and including this child) Third (a) Born alive and now living alive (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Burton O Clark, M. D.

or Burton O. Clark, Midwife

Address Emmett, Idaho

Give name added from a supplemental report ..... (Date of)

Filed 8/27/40, 193.. Mae G. Atwood Registrar.

Bureau of Vital Statistics

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 15-33952

A993-210028-493

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 601 CDA St.

(If born in hospital or institution give name.)

RECEIVED AUG 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

297909

CERTIFICATE OF BIRTH

Registration District No. 120 State File No. 297909

Prim. Registration District No. ..... Local Registrar's No. 232

2. FULL NAME OF CHILD Alice Ada Riches

3. Sex F | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 10, 1915 (Month, Day, Year)

FATHER

9. Full name DeWitt Grover Riches

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Hastings Minnesota

OCCUPATION

14. Trade, profession, or particular [redacted] done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Sept., 1940

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Dora Dickerson

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race W | 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) St. Joe (St. Maries) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Sept., 1940

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs D. Riches mother, M. D.

or ....., Midwife

Address 601 Coeur d'Alene Ave., Coeur d'Alene, Idaho.

Filed 8. 17, 1940 H. L. Newcombe M.D.
Registrar.

Give name added from a supplemental report .....
(Date of)

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

REC'D AUG 22 1940

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. D. Riches being first duly sworn says that she is the mother (Relationship of child)* of Alice Ada Riches born September 10, 1940 (Date of birth) at Coeur d'Alene, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alice Ada Riches hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. C. Dwyer, M. D., ~~M. D.~~ Midwife was the medical attendant at the birth of said Alice Ada Riches and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs. D. Riches

P. O. Address 601 CDA ave, Coeur d'Alene, Idaho.

Subscribed and sworn to before me this 19 day of Aug., 1940

Jas. A. Foster
Clerk of the District Court
Ex Officio Auditor and Recorder
~~Notary Public.~~
Residing at Idaho.
By Jas. A. Foster Deputy

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 14 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

297965

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 141124 033 B13 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter Lavon Adams

3. Sex male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Sept 24, 1915 (Month, Day, Year)

FATHER

9. Full name Walter Clarence Adams
10. Residence (usual place of abode) (If non-resident, give place and State) Rexburg
11. Color or race White 12. Age at last birthday 23 (years)
13. Birthplace (city or place) Nephi (State or Country) Juab Co. Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Newspaper office
16. Date (month and year) last engaged in this work Sept 24, 1915
17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Mabel Zone Waldram
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Ogden (State or Country) Weber Co. Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work Sept, 1915
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 8 p. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Joseph Walker, M. D.
or ..... Midwife
Address Rexburg, Idaho 6/1913 Sept 24 (24)

Give name added from a supplemental report .....
(Date of)

Filed Aug 29, 1940 Mae G. Atwood
Registrar.

.....
Registrar.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 297992

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 30 1940

State File No. 297992
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ..... (b) City Sugar City
(c) Street Address or R F.D No. .....
(d) Name of Hospital or Maternity Home: Barndt Home on Farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County .....
(c) City Sugar City
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rugby City
3. **RESIDENCE OF FATHER** (city, state) 4 yrs

4. **FULL NAME OF CHILD** John Piel
5. Date of Birth (Month, day, year) June 28th 1915
6. Sex. Male
7. ~~Twin or Triplet~~ If so—born ~~1st, 2nd, 3rd~~ 4th
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Piel
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weimmar (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. ~~Industry or Business~~ [redacted]

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Scheit
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Weimmar (City or town) Russia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10 (c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at Sugar City M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Wisconsin
County of Waukesha } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, [signature], being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) John Piel (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Don't know (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

[signature] Name
Menomonee Falls Wis. P. O. Address

Subscribed and sworn to before me on this 26th day of August

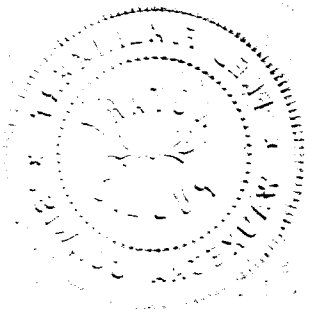
(SEAL) Fred F. Klinkert Notary Public, residing at Menomonee Falls Wis.
my Com. Exp Feb 16, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-201-032-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED AUG 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

298040

CERTIFICATE OF BIRTH

298040

1. PLACE OF BIRTH
County of Shoshone Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Henry Baraiazarra (Maria)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Nov. 1, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Roman Baraiazarra	18. Full maiden name Maria J. Malaisecharrria
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race W. | 12. Age at last birthday 30 (years)	20. Color or race W. | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Spain	22. Birthplace (city or place) (State or Country) Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2 o 70 argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 99 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. F. Zeller, M. D.
or ....., Midwife
Address Jerome, Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Aug, 1940 ..... Registrar.

JAN 23 1987

A239-230022-359

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fermont

City of Teton

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298144

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD RACHEL STRECKER

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Nov 30 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jacob Strecker	18. Full maiden name Mary Elizabeth Leis
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 42 (years)	20. Color or race White | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Saratoff Russia	22. Birthplace (city or place) (State or Country) Saratoff Russia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar beet laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 5 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jacob Strecker, M. D.

or RECEIVED (father), ~~Midwife~~

Address

Give name added from a supplemental report .....

(Date of)

Filed SEP 9 1940, 193.. Mae G. Atwood Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

SEP 8 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Michigan
County of Saginaw } ss.

Jacob Stucker being first duly sworn says that he is the father (Relationship of child)* of Rachel Stucker born Nov 30, 1915 (Date of birth) at ..., Idaho, whose certificate of birth is hereto attached, and that Jacob Stucker desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Rachel Stucker hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that name unknown, M. D., was the Midwife medical attendant at the birth of said ... and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Jacob Stucker

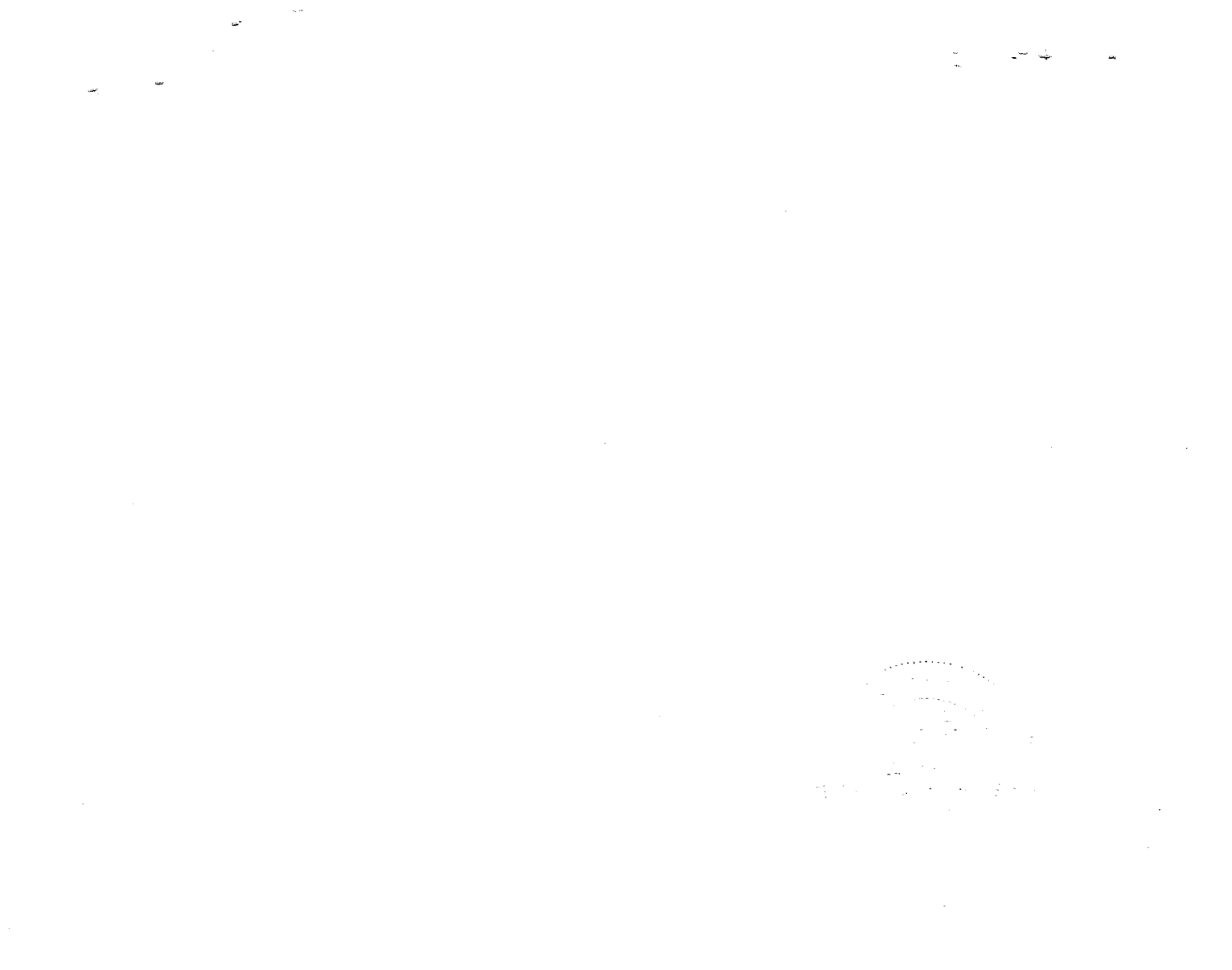
P. O. Address R3 Freeland, Michigan

Subscribed and sworn to before me this 4th day of September, 1940

F. W. Gard
Notary Public.

Residing at Freeland, Michigan, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**



364 204 040857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 238200
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: at own home SEP 12 1940
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr 1 mo yrs.
(f) Mother's mailing address Mullan

3. **RESIDENCE OF FATHER** (city, state) Mullan

4. **FULL NAME OF CHILD** Mildred Christine Couper

5. Date of Birth (Month, day, year) Sept 4 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George James Couper
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Beardstown Ill. (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Harriet Hegna
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Rockford Wn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Ella Couper (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 12 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** H W Rolfe M.D. or (D.O., Midwife, etc.) and address Mullan Date Sep

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) .....as..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth) said birth.....and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958 119 036-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 12 1940

2982 77

State File No. 298277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Malad
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph Woodrow Reynolds
5. Date of Birth (Month, day, year) November 19, 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph W. Reynolds
11. Color or Race Wh
12. Age at time of THIS birth 23 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Evans
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Charlotte Hansen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sep 12, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Charlotte Hansen M.D. or mother (D.O., Midwife, etc.) and address Malad, Idaho Date 9-11-40

State of Idaho } ss.
County of Oneida }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charlotte Hansen, being first duly sworn, say that I am related (Related to (or) acquainted with) Joseph Woodrow Reynolds (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Tu ohy (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charlotte Hansen Name

Malad, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of September, 1940

(SEAL) Notary Public, residing at Malad, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847123042247

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

298279

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED SEP 12 1940

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Hansen
(c) Street Address or R F D No. R. 2.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
In **THIS** county 34 years 9 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Hansen, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Hansen, Ida.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clarence Franklin Hughes

5. Date of Birth (Month, day, year) Sept. 23, 1915

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clyde Pearly Hughes
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Jane Smith
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Albion, Washington (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sept. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella J. Hughes, being first duly sworn, say that I am the wife of (Related to (or) acquainted with) Clyde Pearly Hughes (Name of person on certificate above) and the mother of Clarence Hughes (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Stella J. Hughes Name

Hansen, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of September

(SEAL) E. Hayburn Notary Public, residing at Twin Falls Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-109 024449

298303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Hagerman
(c) Street Address or R F.D No. 1
(d) Name of Hospital or Maternity Home:
At Parants home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years 5 months 9 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Hagerman, Ida.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Ida

4. **FULL NAME OF CHILD** Albert Clayton Parsons

5. Date of Birth (Month, day, year) Apr. 9, 1915

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Milton Parsons
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Deerfield Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Anita Muhlke
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Deerfield, Ill. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep. 14 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence A. Parsons, being first duly sworn, say that I am related (Related to (or) acquainted with) Albert Clayton Parsons (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fankboner (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence A. Parsons Name

Hagerman, Idaho. P. O. Address

Subscribed and sworn to before me on this 16th day of September 1940

(SEAL) ..... Notary Public, residing at Hagerman Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551 209 014-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

298309

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** SEP 14 1940
(a) County Canyon (b) City Nampa
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
Born at residence.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Nampa, Idaho
3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Sylvia Edith Evans
5. Date of Birth (Month, day, year) November 9, 1915
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Anderson Evans
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Hickery County, (City or town) Missouri (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Excavating

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olivenia Barnes
17. Color or Race White
18. Age at time of THIS birth 42 years
19. Birthplace Cove, (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Sep 14, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)
27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary O. Evans, being first duly sworn, say that I am related to (Related to (or) acquainted with) Sylvia Edith Evans (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charles Evans (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary O Evans Name

Route 4, Box 255, Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 17th day of September, 1940.

(SEAL) H J Chuldenen Notary Public, residing at Portland, Oregon

My commission expires: Oct. 17, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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954 209 005 962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298332

RECEIVED
SEP 21 1940

1. **PLACE OF BIRTH**
County of Bonneville
City of St. Maries
No. Rural St.
(If born in hospital or institution give name.)

Registrar's District No. ____ State File No. ____
Prim. Registration District No. 130 Local Registrar's No. 25

2. **FULL NAME OF CHILD** Roselyn Lila Redderkopp

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term yes	7. Legitimate? yes	8. Date of birth 6-9, 1925 (Month, Day, Year)
F				

FATHER

9. Full name Dave Redderkopp
10. Residence (usual place of abode) St Maries Idaho
(If non-resident, give place and State)
11. Color or race W | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Canada
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, woodsman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm & woods
16. Date (month and year) last engaged in this work June, 1925
17. Total time (years) spent in this work 5 yr

MOTHER

18. Full maiden name Ada Roberts
19. Residence (usual place of abode) St Maries Idaho
(If non-resident, give place and State)
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) England
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work June, 1925
26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum Argnos - 1%
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born Alive at 3 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Owen D. Platt, M. D.
or ____, Midwife
Address St Maries, Idaho
Filed Sept. 19, 1940 Walter Boberg
Registrar.

Registrar.

819 107 0145 44

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Belmont St.

(If born in hospital or institution give name.)

RECEIVED
SEP 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298411

Registration District No. 360 State File No.

Prim. Registration District No. Local Registrar's No. 238

2. FULL NAME OF CHILD Ray Roswell Harris

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
male		yes	yes	August 7, 1915

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Jack Thayer Harris	Chlpie Edna Emmons
10. Residence (usual place of abode) (If non-resident, give place and State) / 19. Residence (usual place of abode) (If non-resident, give place and State)	Caldwell, Idaho	
11. Color or race / 20. Color or race	white	white
12. Age at last birthday (years) / 21. Age at last birthday (years)	36	34
13. Birthplace (city or place) (State or Country) / 22. Birthplace (city or place) (State or Country)	Fort Ramson, North Dak.	Harrison County, Missouri
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	teamster	housekeeper
OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	roadwork	own home
OCCUPATION 16. Date (month and year) last engaged in this work / 25. Date (month and year) last engaged in this work	August, 1915	August, 1915
OCCUPATION 17. Total time (years) spent in this work / 26. Total time (years) spent in this work	10	14

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother: five (At time of this birth and including this child) (a) Born alive and now living four (b) Born alive but now dead one (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature], M. D.

or ....., Midwife

Address Caldwell Idaho.

Filed 8-27-40, 193[illegible] [signature]
Registrar.

DELAYED

Certified Copy issued October 22, 1940. E.W.

962-105-028-866

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

No. Rt #2. St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299579

RECEIVED SEP 24 1940

CERTIFICATE OF BIRTH

299579

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Loren Roscoe Weeks

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? yes

8. Date of birth April 5, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Roscoe L. Weeks	18. Full maiden name Sadie Crystal Hooper
10. Residence (usual place of abode) Coeur d'Alene Ida (If non-resident, give place and State)	19. Residence (usual place of abode) Coeur d'Alene Ida (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 23 (years)	20. Color or race White | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) Bathgate N. Dak (State or Country) ~~Carlisle~~ Pembina Co	22. Birthplace (city or place) Athens Ohio (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 23 yrs.	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 23 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol 20%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J. Loor Atwood, M. D.

or ....., Midwife

Address Coeur d'Alene, Idaho

Filed Sep 24, 1940 Mae G. Atwood Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Pittsburg Landing

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED AUG 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299593

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 299593

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Dewey Crader

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Dec. 3, 1915 (Month, Day, Year)

FATHER

9. Full name Albert Wilson Crader

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho County

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) at time of sons birth Wayne County Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Edith Estella Stockdale

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Cty

20. Color or race White | 21. Age at last birthday 18 (years)

22. Birthplace (city or place) (State or Country) then Monterey Calif.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work —, 19.....

26. Total time (years) spent in this work —

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. Foskett, M. D.

or now Dead, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed Aug 28, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics

391-10710 25-236

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 28 1940

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Albert W. Crader and Edith E. Crader being first duly sworn say that they are the father & mother of George Dewey Crader
(Relationship of child)*
born December 2nd ~~1940~~ 1905 at Pittsburg Landing, Idaho County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Her desire to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said George Dewey Crader as stated therein, **and that this birth has not been previously recorded.** hereto attached are true and correct

Affiant further states that Dr. Foskett, M. D., was the ~~Midwife~~ medical attendant at the birth of said George Dewey Crader and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Edith E Crader / Albert W. Crader

P. O. Address Lenore Idaho

Subscribed and sworn to before me this 27th day of August, 1940

Ray Eddleman
Notary Public.

Residing at Lewiston, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

347121031-795

299604

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299604

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Lewis
City of Nez Perce
No. Rt 2 Box 143 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Robert Nelson Tupper

3. Sex M | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 21, 1915 (Month, Day, Year)

FATHER

9. Full name Chauncey Marion Tupper
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 54 (years)
13. Birthplace (city or place) (State or Country) Climax Mich.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work Dec. 21, 1915
17. Total time (years) spent in this work 35 years

MOTHER

18. Full maiden name Anna Leona Greer
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho 14
20. Color or race W | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or Country) Sherrodsville Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Dec 21, 1915
26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks
30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10. a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) _____ M. D.
or Mrs Inez Tupper Steele Midwife
Address Route 1 Warrenton Oregon
Filed Sept 26 1940 Mae D. Atwood Registrar.

Bureau of Vital Statistics

347-121-031-795

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lewis } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

..... being first duly sworn says that she is the mother of Robert Nelson Tupper
(Relationship of child)*

born Dec. 21 - 1915 at Lewis County - Nez Perce, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Robert Nelson Tupper hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Anna Leona Tupper

P. O. Address 304. 12th ave Seaside Ave

Subscribed and sworn to before me this 23 day of Sept, 1940

R C Ralston
Notary Public.

Residing at Seaside Ave, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

Com. ex. 12-7-43

816-107-040-841

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St. ____

(If born in hospital or institution give name.) ____

RECEIVED
OCT 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

R 9177

209770

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ALFRED ARNOLD HJORT

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term x

7. Legitimate? Yes

8. Date of birth January 7, 1915 (Month, Day, Year)

FATHER

9. Full name: Alferd Hjort

10. Residence (usual place of abode) (If non-resident, give place and State) Byrnedale, Pa.

11. Color or race White | 12. Age at last birthday [illegible] (years)

13. Birthplace (city or place) (State or Country) Kyöflax Finland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Anna Oman Hjort

19. Residence (usual place of abode) (If non-resident, give place and State) Byrnedale, Pa.

20. Color or race White | 21. Age at last birthday [illegible] (years)

22. Birthplace (city or place) (State or Country) Morris Run, Pa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4L00mP on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

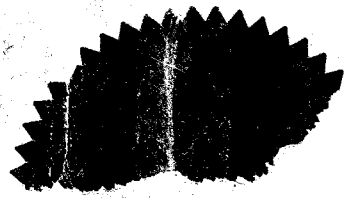
Registrar.

(Signed) ____, M. D.

or Josephine Oman, Midwife

Address ____

Filed Oct 3, 1940 193 Mae D. Atwood
Bureau of Vital Statistics Registrar.



816-107-090-641

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of UTAH
County of SALT LAKE } ss.

OCT 3 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Josephine Oman being first duly sworn says that she is the Aunt thru marriage (Relationship of child)* of ALFRED ARNOLD HJORT born January 7, 1915 (Date of birth) at Mullan, Idaho, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said ALFRED ARNOLD HJORT hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Alexander, M. D., was the Midwife medical attendant at the birth of said ALFRED ARNOLD HJORT and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Josephine Oman

P. O. Address 114 West South Temple, Salt Lake City

Subscribed and sworn to before me this 12th day of September, 19 40

Fanny S. Smith
Notary Public.

Residing at Salt Lake City, Utah, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

918-106-006465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 7 1940

299840

State File No. 299840
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Blackfoot
(c) Street Address or R F D No. —
(d) Name of Hospital or Maternity Home: Rogers House (private residence)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 30 days. In **THIS** county ... years 4 months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Los Angeles
(c) City Pasadena Blvd
(d) Street Address or R.F.D. No. 1044 E. ORANGE GROVE
(e) How long has **MOTHER** lived in Idaho? Five yrs.
(f) Mother's mailing address 1044 E. ORANGE GROVE Ave.
3. **RESIDENCE OF FATHER** (city, state) Pasadena, Calif

4. **FULL NAME OF CHILD** Edwin Allen Raymond
5. Date of Birth (Month, day, year) November 6, 1915
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy NINE
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl A. Raymond
11. Color or Race Caucasian
12. Age at time of THIS birth 29 yrs.
13. Birthplace Reading (City or town) Michigan (State or foreign country)
14. Exact Occupation Owner of a plumbing shop
15. Industry or Business plumbing & Heating

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Donald
17. Color or Race Caucasian
18. Age at time of THIS birth 27 years
19. Birthplace Fort Worth, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living. Two (c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related to this child as ... (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae L Atwood (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ... by ... (Registrar's signature)

25. Attendant's **OWN signature** ... M.D. or ... (D.O., Midwife, etc.)
and address ... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Earl A. Raymond being first duly sworn, say that I am mother of (Related to (or) acquainted with) Edwin Allen Raymond (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John A. Mote (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Earl A. Raymond ... Name
1044 E. Orange Grove Ave. ... P. O. Address

Subscribed and sworn to before me on this 4 day of October 1940

(SEAL) ... Notary Public, residing at Los Angeles

NOTARY PUBLIC
and for the County of Los Angeles, State of California

My Commission Expires May 6, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc. 10-18-40-mp

DEC 20 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-129.040-459

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of [illegible]

City of Wardner

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299370

CERTIFICATE OF BIRTH

299870

RECEIVED OCT [illegible]

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stanley Richard Merrifield.

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Oct 29, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Merrifield	18. Full maiden name Emma Grace Giles Merrifield
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner	19. Residence (usual place of abode) (If non-resident, give place and State) Wardner.
11. Color or race W | 12. Age at last birthday 39 (years)	20. Color or race W | 21. Age at last birthday 41 (years)
13. Birthplace (city or place) England. (State or Country) ~~Australia~~	22. Birthplace (city or place) (State or Country) Australia
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol.

28. Number of children of this mother 4 (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) T. R. Mason, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed Oct 7, 1940 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

284-108-003-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299931

State File No. 299931
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello,
(c) Street Address or ~~RFD~~ No. 234 No. Arthur
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 24 years 4 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello,
(d) Street Address or R.F.D. No. #6 Stafford Apt
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address same as above

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Arthur Wright Shultz

5. Date of Birth (Month, day, year) April 8, 1915

6. Sex. male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 1'st

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Albert Shultz
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wellsville, Ohio (City or town) (State or foreign country)
14. Exact Occupation Train Dispatcher
15. Industry or Business Union Pacific R. R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Laura Jenkins
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Sales lady
21. Industry or Business Peoples Store, Pocatello,

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 AM. on the date and at the place stated above, and that personal particulars were furnished by Anna Laura Shultz (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Oct 10 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Alice L. Nelson M.D. or (D.O., Midwife, etc.)
and address R. D. #2 Bothell Wash. Date Sept 29-40

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

309-110-022-496

1. PLACE OF BIRTH

County of Fremont

City of Marysville, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED OCT 10 1940

CERTIFICATE OF BIRTH

299934

Registration District No. ..... State File No. 299934

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dean Hargis Council

3. Sex: male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Oct. 10, 1915 (Month, Day, Year)

FATHER

9. Full name John Willis Council

10. Residence (usual place of abode) Idaho
(If non-resident, give place and State) Marysville,

11. Color or race wht. | 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Whitesville
(State or Country) North Carolina

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R.Agent

15. Industry or business in ~~which~~ work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work ~~32 yrs~~

MOTHER

18. Full maiden name Ruth Elvira Drollinger

19. Residence (usual place of abode) Idaho
(If non-resident, give place and State) Marysville

20. Color or race wht. | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) Cutler
(State or Country) Indiana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, ~~typist, nurse, clerk,~~ etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work ~~28 yrs~~

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. F. Stange, M. D.

or ....., Midwife

Address Ashton Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Oct. 10, 1940 Mae G. Atwood
Registrar.

Bureau of Vital Statistics

Registrar.

Certified Copy issued October 21, 1940. E.W.

567-107029-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299949

State File No. 299949
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Bovill
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Bovill Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Bovill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Bovill, Idaho

3. **RESIDENCE OF FATHER** (city, state) Bovill, Ida

4. **FULL NAME OF CHILD** Bernard Cleon Nogle

5. Date of Birth (Month, day, year) May 7, 1915

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clair Garfield Nogle
11. Color or Race Wh.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Florence Jenkins
17. Color or Race Wh.
18. Age at time of THIS birth 24 years
19. Birthplace Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olive Nogle (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** H. Gibson M.D. or (D.O., Midwife, etc.)
and address Bovill Date 5-9-1915

26. (a) Oct 16, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-168040-212

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300007

300007

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of #
City of #
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Virgil Edward Nelson

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth Nov 18, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Clyde Belmer Nelson	18. Full maiden name: Nippah Amelia Baker
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg Ida
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Wisconsin	22. Birthplace (city or place) (State or Country): Wisconsin
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Miner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: House wife
16. Date (month and year) last engaged in this work ____, 1917	17. Total time (years) spent in this work: 4
25. Date (month and year) last engaged in this work ____, 19	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) T. R. Mason, M. D.
or ____, Midwife
Address ____

Filed 10-11-40, 193 Mae G. Attwood
Registrar.

Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

10-26-40

666-111-010-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300012

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 300012
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Ranch
(c) Street Address or R F D No. Gray, Idaho
(d) Name of Hospital or Maternity Home: Born on ranch
(e) Mother's stay **BEFORE** delivery: ~~In Hosp. or Mat.~~ Home 444 days.
In **THIS** county 17 years ..... months ..... days.

OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County BONNEVILLE
(c) City GRAY (RD) IDAHO
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address DECEASED 1936
3. **RESIDENCE OF FATHER** (city, state) ~~Highland, Calif.~~

4. **FULL NAME OF CHILD** ELMER I. WOOD
5. Date of Birth (Month, day, year) April 11, 1915
6. Sex. MALE
7. ~~Twin or~~ Triplet ~~If so born~~ 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles John Wood
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Weber County, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher (Now retired)
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Darkes Creger
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Richmond, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife (Now Deceased)
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Midwife baby - Answer not known
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living [illegible]
(c) Born alive and now dead 7 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-14-40 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Caribou } ss.

I, Edna Wood Hopkins, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elmer I. Wood (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Wood Hopkins Name
Soda Springs Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1940

(SEAL) L. Rasmussen Notary Public, residing at Soda Springs Idaho
My Com. Expires Aug. 2, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

351-22-3039-239

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED OCT 14 1940

300044

Registration District No. _____ State File No. 300044

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Power County

City of Roy, Idaho

No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Annie B Teal

3. Sex Female

If plural births 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature Full term X

7. Legitimate? Yes

8. Date of birth Dec. 23, 1915 (Month, Day, Year)

FATHER

9. Full name Archie McKendrick Teal

10. Residence (usual place of abode) (If non-resident, give place and State) Roy, Idaho

11. Color or race W | **12. Age at last birthday** 37 (years)

13. Birthplace (city or place) (State or Country) Pachico, California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 15 yrs.

MOTHER

18. Full maiden name Dolly Evelyn Scrimsher

19. Residence (usual place of abode) (If non-resident, give place and State) Roy, Idaho

20. Color or race W | **21. Age at last birthday** 34 (years)

22. Birthplace (city or place) (State or Country) Dumas, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work 15 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

(Signed) W. L. Logan, M. D.

or _____, Midwife

Address Rockland, Idaho

Filed Oct. 14, 1940 Mae G. Atwood Registrar.

Mae G. Atwood
Bureau of Vital Statistics

1 copy issued 10/25/40 L.B.

618-216-040-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

300045

State File No. 300045
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County ..... (b) City Mullan Idaho
(c) Street Address or R.F.D. No. Brookdiction
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 1 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Michigan (b) County Ontonagon
(c) City Mass
(d) Street Address or R.F.D. No. 137.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address R-R-1 Mass Michigan

3. **RESIDENCE OF FATHER** (city, state) Mass Mich.

OCT 14 1940

4. **FULL NAME OF CHILD** Vienna Marie Wayrynen

5. Date of Birth (Month, day, year) May 16, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Konstis Wayrynen Deceased.
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kuopio (City or town) Finland (State or foreign country)
14. Exact Occupation Farming & Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kataya
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Vasa Lani Kaertano Finland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at Evening 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother & Son, John Wayrynen. (Mother, etc.)

26. (a) Oct 5 1940 (Date received) (b) [illegible] (Registrar's signature)

Bureau of Vital Statistics

27. Given name added on ..... by Mae Blackwood (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or Mrs Juttila (D.O., Midwife, etc.)
and address Mullan Idaho Date

State of Michigan
County of Ontonagon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Wayrynen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Vienna Marie Wayrynen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Juttila (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mary Wayrynen Name
R-R-1 Mass Michigan P. O. Address

Subscribed and sworn to before me on this 8th day of October 1940

(SEAL) Charles Willman ~~Notary Public~~, residing at Ontonagon, Mich.
Judge of Probate

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc- 10-26-40 —p

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-119006-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300054
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Fort Hall
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years....9....months.....days.

RECEIVED OCT 14 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho. (b) County Bingham
(c) City Fort Hall,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Fort Hall, Ida,

3. **RESIDENCE OF FATHER** (city, state) Fort Hall, Id

4. **FULL NAME OF CHILD** Hubert Fredrick Creasey

5. Date of Birth (Month, day, year) Aug, 19. 1915.

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Creasey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace London, England. (City or town) (State or foreign country)
14. Exact Occupation Janitor Public School
15. Industry or Business Fort Hall, Idaho.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anne Cox
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace Berkshire, England. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acide Powder
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead -- (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct. 14 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho. }
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Anne Creasey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Hubert Fredrick Creasey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr H.R.Wheeler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Annie Creasey .....Name

.....P. O. Address

Subscribed and sworn to before me on this 10 day of October, 1940.

(SEAL) H E Evans .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10-26-40 R

MAR 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of (now Caribou) Bannock
City of Soda Springs, Idaho
No. 689-126003-293 St.
(If born in hospital or institution give name.) At Parents' Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301148

RECEIVED OCT 15

Registration District No. ..... State File No. .....
Prim. Registration District No. 520 Local Registrar's No. 106.

2. FULL NAME OF CHILD Ray Verner White

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term Yes	7. Legitimate? Yes	8. Date of birth March 26, 1915 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: George Verner White	18. Full maiden name: Dorothy A Sickler
10. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Soda Springs, Idaho
11. Color or race: White | 12. Age at last birthday: 34 (years)	20. Color or race: White | 21. Age at last birthday: 26 (years)
13. Birthplace (city or place) (State or Country): Owosso, Mich	22. Birthplace (city or place) (State or Country): Owosso, Oskosh, Wis
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work: [illegible], 1915	25. Date (month and year) last engaged in this work: [illegible], 1915
17. Total time (years) spent in this work: 2 yrs	26. Total time (years) spent in this work: 10Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? [illegible]

28. Number of children of this mother (At time of this birth and including this child) – One
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10:00 A. M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) Russell Tigert, M. D.
or ....., Midwife
Address Soda Springs, Idaho
Filed Oct. 5, 1940 D. Russell Tigert
Registrar.

962-110 040-154

301183

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301183

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. ..... St.
(If born in hospital or institution give name.)

OCT 17 1940

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Herman Victor Rosenholz

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jany 30, ~~193~~ 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Carl Andrew Rosenholz	18. Full maiden name Lena Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner	19. Residence (usual place of abode) (If non-resident, give place and State) Wardner
11. Color or race W | 12. Age at last birthday 42 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Sweeden	22. Birthplace (city or place) (State or Country) Norway
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Machinist	24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc. House wife
16. Date (month and year) last engaged in this work 1938, 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 50 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) T. R. Mason, M. D.
or Kellogg, Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed 10/17/40, 193.. Mae G. Atwood
Registrar.

Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

cc 10/28/40

DUP OF 1915-29331

DUP OF 29331

DELAYED

515-208-028-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Post Falls
(c) Street Address or R F D No. none
(d) Name of Hospital or Maternity Home: born at home OCT 17 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ---days.
In **THIS** county ...years 4 months ...days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 4 mos yrs.
(f) Mother's mailing address Post Falls

3. **RESIDENCE OF FATHER** (city, state) Post Falls Ida

4. **FULL NAME OF CHILD** Laura Viola Van Brocklin

5. Date of Birth (Month, day, year) March 8, 1915

6. Sex. Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Van Brocklin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Section hand
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Elsie Hobart
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Philadelphia, Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ...(born alive, stillborn) at ...M. on the date and at the place stated above, and that personal particulars were furnished by ...(First name) (Last name), who is related to this child as ...(Mother, etc.)

26. (a) Oct 17 1940 (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ...M.D. or ...(D.O., Midwife, etc.)
and address ... Date

State of Washington }
County of Whatcom } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola Van Brocklin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Laura Viola Van Brocklin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Robinson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Viola Van Brocklin ...Name

1323 James St., Bellingham, Wash. ...P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1940

(SEAL) ...Notary Public, residing at Bellingham

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 10/28/40

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816715 022897

301260

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

OCT 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301260

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Raymond H. Hawkes

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Dec 15, 1916 (Month, Day, Year)

FATHER

9. Full name Neil S Hawkes

10. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho

11. Color or race White 12. Age at last birthday ..... (years)

13. Birthplace (city or place) (State or Country) Franklin Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Marion Higginbotham

19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Ogden Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 2

(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 11 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address Ashton Idaho

Give name added from a supplemental report .....
(Date of)

Filed 10/29/40, 193.. Mae G. Atwood
Registrar.

Registrar.

11/6/40 L.B.

364 210 018 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301365

State File No. 301365
Local Reg. No. 134
Reg. Dist. No. 210

1. **PLACE OF BIRTH:**
(a) County Clearwater (b) City Orofino
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. In **THIS** county 2 years ..... months ..... days.

OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Orofino, Idaho
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Margaret Mary Lour
5. Date of Birth (Month, day, year) Aug 10 1915
6. Sex. Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Usual
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Lour
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Brocke
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Five - P M. on the date and at the place stated above, and that personal particulars were furnished by George Brocke (First name) (Last name), who is related to this child as Brother (Mother, etc.)

26. (a) 10-31-1940 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Brocke, being first duly sworn, say that I am Related (Related to (or) acquainted with) Margaret Mary Lour (Name of person on certificate above) as Half Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

[signature] George Brocke ..... Name

Orofino, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 25 day of October 1940

(SEAL) [signature] Notary Public, residing at Orofino, Idaho

Orofino, Idaho
NOTARY PUBLIC residing at
My commission expires June 26, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915 1124 009-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301410**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Sandpoint
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Box Delevery

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida

4. **FULL NAME OF CHILD** Orval Henry Rawie

5. Date of Birth (Month, day, year) Sept. 24, 1915

6. Sex. boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Fred E. Rawie

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Staunton (City or town) Illinois (State or foreign country)

14. Exact Occupation Lumber worker

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen (Clark) Rawie

17. Color or Race White

18. Age at time of THIS birth 26 years

19. Birthplace Staunton (City or town) Ills (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 10-31-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Sarah E. Benton M.D. or ..... (D.O., Midwife, etc.)
and address Spokane Wash Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Camas (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED NOV 4 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Camas
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry George Ness
5. Date of Birth (Month, day, year) Aug. 20, 1915
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Ness
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Saunernin, Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Viola Peck
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Dixie Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov. 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** [illegible] M.D. or.....(D.O., Midwife, etc.)
and address Tula Vista, Calif. Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with) .....(Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth.....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A719-213025-799

301486

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 6 1940

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Idaho
City of Whitebird
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD Coral Camille Painter

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature No. Full term Yes

7. Legitimate? Yes

8. Date of birth July 13, 1915 (Month, Day, Year)

FATHER

9. Full name: Fred Gerald Painter

10. Residence (usual place of abode) (If non-resident, give place and State) Whitebird, Ida.

11. Color or race White | 12. Age at last birthday 50 (years)

13. Birthplace (city or place) (State or Country) (Lowden, Iowa)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Agriculture

16. Date (month and year) last engaged in this work: Still engaged in this work, 19____

17. Total time (years) spent in this work 25 yrs.

MOTHER

18. Full maiden name: Lorene Griffith

19. Residence (usual place of abode) (If non-resident, give place and State) Whitebird, Ida.

20. Color or race White | 21. Age at last birthday 35 (years)

22. Birthplace (city or place) (State or Country) Minersville, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work: Still engaged in this work, 19____

26. Total time (years) spent in this work 21 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Nov. 6, 1940 Mae G. Atwood
Registrar.

____
Registrar.

Bureau of [illegible]

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

NOV 6 1940

State of Idaho
County of Idaho } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lorene Painter.. ..... being first duly sworn says that she is the mother (Relationship of child)* of Coral Camille Painter born July 13, 1915. (Date of birth) at White Bird, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Coral Camille Painter ..... hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wilson A. Foskett, M. D., was the Midwife medical attendant at the birth of said Coral Camille Painter and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lorene Painter

P. O. Address White Bird, Idaho.

Subscribed and sworn to before me this 1st day of November, 1940

Maurice C. Stewart
Notary Public.

Residing at White Bird, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

JUL 14 1966

614-120 033 236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Thomas Wade			2. Date Of Birth (month) (day) (year): December 20, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison County	b. City or Town of Birth: Canyon Creek
FATHER	6. Full Name of Father: Robert McBride Wade			7. State or Country of Father's Birth: Pleasant View, Utah
MOTHER	8. Full Maiden Name of Mother: Lydia Aldina Stolworthy			9. State or Country of Mother's Birth: Huntington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin Thomas Wade		11. Present Address of Registrant: Box 231 - Winslow Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 1961	12. Signature of Notary: Roberta White		13. Notary Commission expires: Nov 15 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance policy application	By whom issued and signed: Western American Life Insur.		Date Issued: ----	Date Orig. Entry: Mar.5,1937
	Date of Birth: Dec.20,1915	Birth Place: Madison Co.,Idaho	Full Name of Mother: Lydia Albina Wade	Name of Father: Robert McBride Wade	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: ----	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: 12-20-1915	Birth Place: Madison Co,Idaho	Full Name of Mother: Lydia A. Stolworthy	Name of Father: Robert M. Wade	
SUPPORTING RECORD 3.	Type of Document: Church Membership Record	By whom issued and signed: LDS Church,Salt Lake City, Utah,Ella D.Jack,Custodian		Date Issued: Mar.2,1961	Date Orig. Entry: baptized Aug.3,1924
	Date of Birth: Ded.20,1915	Birth Place: Canyon Creek,Ida.	Full Name of Mother: Lydia A. Stolworthy	Name of Father: Robert M. Wade	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnes	hr pw Penny L. Wing	March 28, 1961

FORM BH 56067

See #301510

MAR 28 1961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Canyon Creek
(c) Street Address or R F D No. None
(d) Name of Hospital or Maternity Home:
At home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED NOV 6 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Madison
(c) City Canyon Creek
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Nine yrs.
(f) Mother's mailing address Canyon Creek Idaho

3. **RESIDENCE OF FATHER** (city, state) Canyon Creek Idaho

4. **FULL NAME OF CHILD** Lorin Thomas Wade

5. Date of Birth (Month, day, year) Dec. 20, 1916

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Maturity Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert McBride Wade
11. Color or Race White
12. Age at time of THIS birth Thirty yrs.
13. Birthplace Pleasant View (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Aldina Stolworthy
17. Color or Race White
18. Age at time of THIS birth Thirty years
19. Birthplace Huntington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11.0 P.M. on the date and at the place stated above, and that personal particulars were furnished by Robert McBride Wade (First name) (Last name) who is related to this child as Father (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** .....M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of New Mexico }
County of San Juan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Robert McBride Wade, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Lorin Thomas Wade (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Saxton Hudspeth (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert McBride Wade ..... Name
Farmington New Mexico ..... P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1940

(SEAL) Ada Burdick ..... Notary Public, residing at Farmington New Mexico

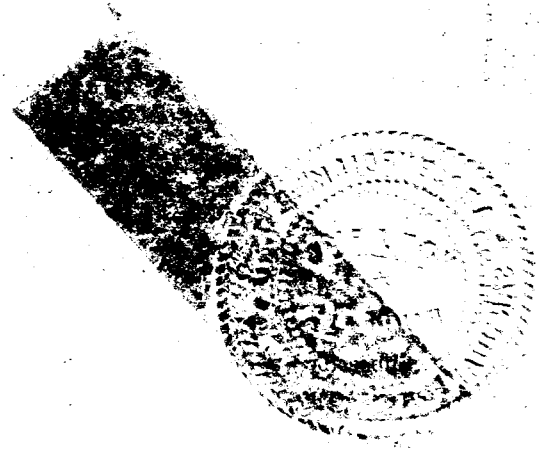
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Nov. 9, 1940 2 copies L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-209-001-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301658**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Weston
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 8 years ..... months ..... days.

NOV 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Weston, Idaho

3. **RESIDENCE OF FATHER** (city, state) Weston, Ida.

4. **FULL NAME OF CHILD** Fay Preston

5. Date of Birth (Month, day, year) October 9, 1915

6. Sex. Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Preston
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Norwood, (City or town) Ontario, (State or foreign country) Canada
14. Exact Occupation Merchant
15. Industry or Business General merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Holm
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Newton, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:45 p. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Holm (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 15 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** R W Lueck M.D. or (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)
said birth ..... and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1915 - DE61-831

DELAYED

795-280-021-863

301659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301659**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Weston
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 8 years.....months.....days.

RECEIVED NOV 15 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Weston, Idaho

3. **RESIDENCE OF FATHER** (city, state) Weston, Ida.

4. **FULL NAME OF CHILD** Fern Preston

5. Date of Birth (Month, day, year) Odtober 10, 1915

6. Sex. Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Preston
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Norwood, Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Holm
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Newton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Maggie Holm (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Nov. 15, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** R. W. Quick M.D. or (D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-120-037-269

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301719

1. PLACE OF BIRTH
County of Owyhee
City of
No. St.
Home
(If born in hospital or institution give name.)

Registration District No. 395 State File No.
Prim. Registration District No. Local Registrar's No. 37

2. FULL NAME OF CHILD William Edward Maher,

3. Sex Male
If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 2nd
6. Premature Full term Yes
7. Legitimate? Yes
8. Date of birth August 20, 1915 (Month, Day, Year)

FATHER
9. Full name Edward Marion Maher
10. Residence (usual place of abode) Pleasant Valley, (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 32 (years)
13. Birthplace (city or place) Pleasant Valley, (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Now, 19
17. Total time (years) spent in this work Lifetime

MOTHER
18. Full maiden name Clara Swisher
19. Residence (usual place of abode) Pleasant Valley (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Cow Creek, Idaho (State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 0, 19
26. Total time (years) spent in this work 0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 0

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks
30. Cause of Stillbirth During labor; Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W W Jones, M. D.
Address Jordan Valley, Oregon

Give name added from a supplemental report
(Date of)
Registrar.

Filed October 14th, 1940 R. H. Leonard
Registrar.

K

DECEASED

259-22-034-818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301728
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minadoka (b) City Paul
(c) Street Address or R F D No. RFD #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 2 years 2 months X days.

NOV 13 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minadoka
(c) City Paul
(d) Street Address or R.F.D. No. R F D # 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address same
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Shigeko Shiba
5. Date of Birth (Month, day, year) 8/20/15
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ushizo Shiba
11. Color or Race Oriental
12. Age at time of THIS birth 37 yrs.
13. Birthplace Shimizu, Miho (City or town) Japan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kiku Hayakawa
17. Color or Race Oriental
18. Age at time of THIS birth 34 years
19. Birthplace Shimizu (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother). Mae G. Atwood

26. (a) Nov. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ____ by ____ (Bureau of Vital Statistics)

25. Attendant's **OWN signature** ____ M.D. or ____ (D.O., Midwife, etc.)
and address ____ Date

State of Utah }
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Shigeko Shiba (Name of person on certificate above) as Acquainted (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (er) cannot be located) and that this birth **has not been previously recorded.**

Dean H. Brown Name
Ogden Utah P. O. Address

Subscribed and sworn to before me on this 6th day of November 1940

(SEAL) ____ Notary Public, residing at Ogden Utah

See letter attached to certificate 71725.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11/22/40 L. B.

DELAYED DUP OF 1915-33728

754-205-00-254

R7: D.2.

301746

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301745

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 914 Miller Street St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruby K Pedersen

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 5, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Chris H Pedersen	18. Full maiden name Karen Knudsen.
10. Residence (usual place of abode) (If non-resident, give place and State) 914 Miller St	19. Residence (usual place of abode) (If non-resident, give place and State) 914 Miller St
11. Color or race W | 12. Age at last birthday 29 (years)	20. Color or race W | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Denmark	22. Birthplace (city or place) (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. warehouse man	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Boise Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% silver nitrate

28. Number of children of this mother X (At time of this birth and including this child) (a) Born alive and now living X (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6.50 A m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Bock, M. D.
or ..... Midwife
Address Boise Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed Nov. 26, 1940 Mae G. Atwood
Bureau of Vital Statistics Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 2 9 1972

11/26/40 E. B.

DELAYED

DUP OF 15-33787

619-115-06-295

301780

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 36 years.....months.....days.

RECEIVED
NOV 18 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Almo, Idaho.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho

4. **FULL NAME OF CHILD** Dwayne Delbert Ward

5. Date of Birth (Month, day, year) March 5, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles Ward
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Almo, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer and Livestock
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Helen King
17. Color or Race white
18. Age at time of THIS birth 36 years
19. Birthplace Almo, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise Ward, being first duly sworn, say that I am related (Related to (or) acquainted with) Dwayne Delbert Ward (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anna Green (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louise Helen Ward Name
Almo, Idaho. P. O. Address

Subscribed and sworn to before me on this 16 day of November 1940

(SEAL) S H Kinnan Notary Public, residing at Burley,

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 11-26-40 mf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 114 035 964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 22 1940

State File No. 302813
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City in country
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
In **THIS** county 8 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City R. F. D. Taplin, Idaho, River Route
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Asotin, Wash.
3. **RESIDENCE OF FATHER** (city, state) Asotin, Wash.

4. **FULL NAME OF CHILD** Oliver Lawrence Earl
5. Date of Birth (Month, day, year) March 14, 1915
6. Sex. male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emmett Talbutt Earl
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace on farm near Colfax, Wash. U.S.A. (City or town) (State or foreign country)
14. Exact Occupation stockman and warehouseman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Beatrice Roup
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Colfax, Washington U.S.A. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Nov. 22, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie Beatrice Earl, being first duly sworn, say that I am related to (Related to (or) acquainted with) Oliver Lawrence Earl (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Earl D. Sawyer (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bessie Beatrice Earl ..... Name
Asotin, Washington ..... P. O. Address

Subscribed and sworn to before me on this 9th day of November, 1940

(SEAL) Ewen L. Hamlin ..... Notary Public, residing at Lewiston, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-116035-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302837
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City L
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home
St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....Lew. Idaho

3. **RESIDENCE OF FATHER** (city, state) Lew. Idaho

4. **FULL NAME OF CHILD** Richard Craeger Montgomery

5. Date of Birth (Month, day, year) Jan. 16, 1915

6. Sex.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William A. Montgomery
11. Color or Race W
12. Age at time of THIS birth 53 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Warehouse

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ellen Bastes
17. Color or Race W
18. Age at time of THIS birth 43 years
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. **I HEREBY CERTIFY** That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date **and at the place** stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov. 18 1940 (Date received) (b) Patricia Burke (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. A. Montgomery, being first duly sworn, say that I am related to (Related to (or) acquainted with) Richard Craeger Montgomery (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Sawyer (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

W. A. Montgomery Name
Seattle, Washington P. O. Address

Subscribed and sworn to before me on this 22 day of November 1940.

(SEAL) Ruth Neuguber Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-209-025-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Clearwater
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 30 years.....months.....days.

NOV 26 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Clearwater

3. **RESIDENCE OF FATHER** (city, state) Clearwater

4. **FULL NAME OF CHILD** Esther Estella Baldwin

5. Date of Birth (Month, day, year) 2/9/1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred James Baldwin
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Ky (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ella Sense
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Clearwater (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at 2 M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.) Mae G. Atwood

26. (a) Nov. 26, 1940 12-27-40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by..... (Registrar's signature)

25. Attendant's **OWN signature** — M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alfred James Baldwin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Estella Baldwin (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alfred James Baldwin Name
Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of November, 1940

(SEAL) J F Cleveland Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/27/40 I. S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-14 020-336 #302895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302895
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Elmore (b) City Glenn's Ferry
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City Glenn's Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) G. Ferry, Ida.

4. **FULL NAME OF CHILD** Donald Oscar Smith

5. Date of Birth (Month, day, year) July 1, 1915

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Washington Smith
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Menton, Chariton County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Closner
17. Color or Race white
18. Age at time of THIS birth 25 25 years
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9.00 P. M. on the date and at the place stated above, and that personal particulars were furnished by (Mother) Mae D. Atwood (First name) (Last name), who is related to this child as

26. (a) Dec. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David W. Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Oscar Smith (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Davis Sr. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

David W. Smith Name

Glenns Ferry, P. O. Box 113, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of December, 1940.

(SEAL) [illegible] Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/9/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39-1216040 617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 2 1940

State File No. 302973
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Cataldo
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 00 days.
In **THIS** county 1 years 5 month 2 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Cataldo
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 5 yrs.
(f) Mother's mailing address Cataldo, Idaho
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Albert Elsmere Crawford
5. Date of Birth (Month, day, year) August 16, 1915
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Elsmere Crawford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hennessville, Indiana (City or town) (State or foreign country)
14. Exact Occupation logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Edla Yager
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace La Porte, Indiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mae G. Atwood

26. (a) Dec. 2, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Edla Crawford, being first duly sworn, say that I am related to (Related to (or) acquainted with) Albert Elsmere Crawford (Name of person on certificate above) as his Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charles Murray (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Edla Crawford Signature
Cataldo Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of November 1940

(SEAL) L. V. Butler Notary Public, residing at Cataldo, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1967

APR 9 1971

12/9/40 I. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

HOLD SEE SIBLING 1915 D73-697

529 211 026-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302990
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. R.F.D. No 1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Rigby Ida

3. **RESIDENCE OF FATHER** (city, state) Rigby Ida

4. **FULL NAME OF CHILD** Viola Irene Ekin

5. Date of Birth (Month, day, year) July 11, 1915

6. Sex. female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Harry Edmer Ekin
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Tawanda (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Vesta Moore
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Fullerton (City or town) Nebr (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Harry E Ekin (First name) (Last name), who is related to this child as Father (Mother, Father) Mae G. Atwood

26. (a) 12/3/40 (Date rec'd) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** A.M. Palmer M.D. or (D.O., Midwife, etc.)
and address 3115-Webster St Oakland, Calif Date 11-23-40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 3 1940 **CERTIFICATE OF BIRTH**

Registration District No. ____ State File No. 303006

Prim. Registration District No. 141 Local Registrar's No. 188

1. **PLACE OF BIRTH**
County of Shoshone
City of Osburn Idaho
No. 713 211 040-133 St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Mary Frances Patterson

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term Yes	7. Legitimate? Yes	8. Date of birth Sept 11th 1940 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Cassius M. Patterson	
18. Full maiden name		Mary Lucy Allen
10. Residence (usual place of abode) (If non-resident, give place and State)	Osburn Idaho	
19. Residence (usual place of abode) (If non-resident, give place and State)		Osburn Idaho
11. Color or race White / 12. Age at last birthday 53 (years)		
20. Color or race ____ / 21. Age at last birthday 27 (years)		
13. Birthplace (city or place) (State or Country)	Columbus Ohio	
22. Birthplace (city or place) (State or Country)		Syria
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		H.W.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work ____, 19____ / 17. Total time (years) spent in this work ____		
25. Date (month and year) last engaged in this work ____, 19____ / 26. Total time (years) spent in this work ____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 12 (At time of this birth and including this child)
(a) Born alive and now living 12 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Sadie Allen, Midwife
Address Osburn Idaho
Filed Dec 2, 1940 John A Beer
Registrar.

Registrar.

544 113-025-368

303037

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1940

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Stites, Idaho
3. **RESIDENCE of FATHER** (city, state): Stites, Ida.

4. **FULL NAME OF CHILD** Kenneth Guy Emmert
5. Date of Birth (Month, day, year) 3 - 13 - 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Franklin Emmert
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dubuque, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ardelle Eliza Cox
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace East St. Louis - Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother)

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's
OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington }
County of Clallam } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ardelle Eliza Emmert, being first duly sworn, say that I am ~~mother~~ Related to (Related to (or) acquainted with) Kenneth Guy Emmert (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. William Manes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ardelle Eliza Emmert Signature

..... P. O. Address

Subscribed and sworn to before me on this 3 day of December, 1940

(SEAL) J. Lyle Pearson Notary Public, residing at Port Angeles Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

12/12/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 113 044 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

30308

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Midvale
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: NOV 27 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alvin Harold Baker
5. Date of Birth (Month, day, year) June 13, 1915
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Russell Baker
11. Color or Race White
12. Age at time of THIS birth [illegible] yrs.
13. Birthplace Nampa Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Edythe Waller
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother etc.)

26. (a) Nov. 27 1940 (Date received) (b) Mae J. Atwood (Registrar's signature)

27. Given name added on .....by Vital Statistics Bureau of (Registrar's signature)

25. Attendant's **OWN signature** [signature] M.D. or ..... (D.O., Midwife, etc.)
and address Weiser Idaho Date 11-26-40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C. A. BOTTOLFSEN, GOVERNOR
EMORY AFTON, COMMISSIONER
DEPARTMENT OF PUBLIC WELFARE
E. L. BERRY, M.D., DIRECTOR
DIVISION OF PUBLIC HEALTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

BOARD OF PUBLIC WELFARE
FRANK ENSIGN, BOISE
T. S. KERR, MOSCOW
I. E. ROCKWELL, BELLEVUE
L. O. NICHOLS, BOISE
FRANK ATKINS, BUHL

November 29,1940

Mrs. Julia E. Beckman
1535 N.E. 11th Avenue
~~Portland, Oregon~~ Elma. Wash.

Dear Mrs. Beckman:

We have received the birth certificate for Alvin Harold Baker, signed by Dr. Schmitz. However, certain information regarding the father was not completed. Will you please fill in the following information:

Age of father at time Harold was born 30 Years. (1915)

Birthplace of father near Nampa Idaho.

Occupation of father Carpenter. (1915)

We are holding the fifty cent fee until we received the requested information, when we will forward you the certified copy of Harold's birth certificate.

Very truly yours

BUREAU OF VITAL STATISTICS

Mae G Atwood

Mae G. Atwood, Director

cc 12.11.40 mec

Sincerely Yours.

DEC 5 1940

Mrs Julia Beckman.
Elma. Wash.

691710 039869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 303104
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls, Ida
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years.....months.....days.

DEC 9 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Washington (b) County Wallawalla
(c) City Wallawalla
(d) Street Address or R.F.D. No. 4 Box 297
(e) How long has **MOTHER** lived in Idaho? .....yrs.
(f) Mother's mailing address Wallawalla, Wn

3. **RESIDENCE OF FATHER** (city, state) Wallawalla, Wn

4. **FULL NAME OF CHILD** Friedrich Wilhelm Froese
5. Date of Birth (Month, day, year) April 10, 1915
6. Sex Male
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gustav D. Froese
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Samara (City or town), Russia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Independent carpenter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frieda Johanna Horsch
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Wurzburg (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A.M. on the date and at the place stated above, and that personal particulars were furnished by Frieda Johanna Horsch (First name) (Last name), who is related to this child as Mother (Mother, Mae G. Atwood)

26. (a) Dec. 9, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** ~~Dr. Nath~~ M.D. ~~(Deceased)~~ (D.O., Midwife, etc.)
and address Date

State of Washington
County of Wallawalla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gustav D. Froese, being first duly sworn, say that I am related to ~~Father~~ (Related to (or) acquainted with) Friedrich Wilhelm Froese (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Nath (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gustav D. Froese Name
Wallawalla, Wn P. O. Address

Subscribed and sworn to before me on this 29 day of November, 1940
(SEAL) D. A. Lloyd Notary Public, residing at Wallawalla.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 19, 1940. E.W.

515702 016169

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

303136 State File No. 303136

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Orville LeRoy Vann
5. Date of Birth (Month, day, year) Oct 2, 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orlando Martin Vann
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Helen Jordan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) (Father).

26. (a) 12/23/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Burial Permit of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Peg Milliner, being first duly sworn, say that I am ~~foste~~ related to (Related to (or) acquainted with) Orville LeRoy Vann (Name of person on certificate above) as foster mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknonw (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Peg Milliner Signature

Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 23d day of December 1940

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 8 1972

12/23/40 L. R.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 13 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

303191

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County NEZ PERCE (b) City SWEETWATER
(c) ~~Street Address~~ or R F D No. Box 3
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ——days. In **THIS** county 5 years ——months ——days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County NEZ PERCE
(c) City SWEETWATER
(d) ~~Street Address~~ or R.F.D. No. Box 3
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address SWEET WATER Idaho

3. **RESIDENCE OF FATHER** (city, state) SWEET WATER Idaho

4. **FULL NAME OF CHILD** HOWARD MARVEL RIDOUT

5. Date of Birth (Month, day, year) SEPT. 2, 1915

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Howard Ridout
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace HUNTSVILLE (City or town) WASHINGTON (State or foreign country)
14. Exact Occupation STEAM ENGINEER
15. Industry or Business LUMBER + SAW MILL

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVA MAE HARRIS
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace POMEROY (City or town) WASH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business ——

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead —— (d) Stillborn ——

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 6:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by JOHN H. RIDOUT (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

Mae G Atwood

26. (a) Dec. 13, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ——M.D. or —— (D.O., Midwife, etc.)
and address —— Date

State of Washington
County of Mason } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John H. Ridout, being first duly sworn, say that I am related to (Related to (or) acquainted with) Howard Marvel Ridout (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Habel (Name of attendant at birth), who attended said birth cannot be locatedd (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John H. Ridout Name

611 Arcadia Ave. Shelton Wash. P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1940.

(SEAL) —— Notary Public, residing at Shelton, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751/64 001 154

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home none days. In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Route 2

3. **RESIDENCE of FATHER** (city, state). Route 2

4. **FULL NAME OF CHILD** Earl William Pearson

5. Date of Birth (Month, day, year) 8/4/1915

6. Sex White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar August Pearson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Geffle (City or town) Sweden (State or foreign country)
14. Exact Occupation moulder
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilhelmina Anderson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Jemtland, Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 7:30 a.M. on the date and at the place stated above, and that personal particulars were furnished by Jenny Johnson (First name) (Last name) who is related to this child as AUNT (Mother, etc.)

26. (a) Jan. 8, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Jenny Johnson M.D. (D.O., Midwife, etc.)
and address R 1 Boise Date 11-21-40

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1/8/41 L. B.

DUP OF 15-33251

DELAYED DUP OF 1915 - 33251

365 707 009 395

United States
Department of Commerce
Bureau of the Census

RECEIVED
DEC 20 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs. yrs.
(f) Mother's mailing address Cusick, Wash

3. RESIDENCE of FATHER (city, state) Now deceased

4. FULL NAME OF CHILD George Edwin Conniff
5. Date of Birth (Month, day, year) Oct. 7, 1915
6. Sex Male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Conniff
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Missoula, Montana (City or town) (State or foreign country)
14. Exact Occupation Laborer (Forman of ice plant)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Clare Ling
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation Housefwife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Pend O'Oreille } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Conniff, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) George Edwin Conniff (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Turk (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Alma Conniff Signature
Cusick Wash. P. O. Address

Subscribed and sworn to before me on this 17th day of Dec 1940

(SEAL) Trout LaVigne Notary Public, residing at ~~RESIDING AT CUSICK, WASH.~~

NOTARY PUBLIC FOR THE STATE OF WASH.
MY COMMISSION EXPIRES FEB. 13th, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 30, 1940. E.W.

155 707 021-512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED DEC 20 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304268
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Franklin (b) City Preston
(c) Street Address ~~or R.F.D.~~ No. 171 E 1st So.
(d) Name of Hospital or Maternity Home: Preston Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1915 years Oct. months 7 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address ~~or R.F.D. No.~~ 171 E 1st So
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Same

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** James Theris Jenson

5. Date of Birth (Month, day, year) Oct 7th 1915

6. Sex. Male

7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Bendt Jenson
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Goshen Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Easton
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Small place Scotland (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Beckstead (First name) (Last name), who is related to this child as ~~Jane E. Jenson~~ Mother (Mother, etc.) Mae D. Atwood Jane E. Jenson

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Nancy Beckstead M.D. or Midwife (D.O., Midwife, etc.) and address Preston Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Name

..... P. O. Address

Subscribed and sworn to before me on this 17 day of Dec 1940

(SEAL) Arthur Hart Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 30, 1940. E.W.

219 122003 553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 27 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304348
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Treasureton
(c) Street Address or R F D No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 D years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Franklin
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Treasureton
3. **RESIDENCE OF FATHER** (city) Same (state) Idaho

4. **FULL NAME OF CHILD** Donald Nelson Barger
5. Date of Birth (Month, day, year) June 22 - 1915
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd—
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Barger
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Downey (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Nelson
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mae G. Atwood (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Dec. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Bureau of Vital Statistics

25. Attendant's **OWN** signature — M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Pearl Nelson Barger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Nelson Barger (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Barger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pearl Nelson Barger Name
Treasureton Idaho P. O. Address

Subscribed and sworn to before me on this 24 day of Dec. 1940

(SEAL) Ben F. Johnson Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 3, 1941. E.W.

268 217 007 239

304445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 28 1940

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City.....
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Box 95
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Rupert, Idaho

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Esther Kohler

5. Date of Birth (Month, day, year) Sept. 17, 15

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kohler
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Biserabia (City or town), Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Stickel
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Biserabia (City or town), Russia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 12
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Dec 28, 1940 (Date received) (b) Mau D Atwood (Registrar's signature)

27. Given name added on.....by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Kohler, being first duly sworn, say that I am father related (Related to (or) acquainted with) Esther Kohler (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Bergdon (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Kohler Name

Rupert, Idaho, Box 95 P. O. Address

Subscribed and sworn to before me on this 2nd day of December 1940

(SEAL) Lloyd Strunk Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 6 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** HERBERT RINMOND FEIGERT
5. Date of Birth (Month, day, year) April 5th, 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Feigert
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Feigert
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by PAULINE ROBERTS (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) Dec. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature Pauline Roberts. M.D. (D.O., Midwife etc.)
Sister and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, PAULINE ROBERTS, being first duly sworn, say that I am related (Related to (or) acquainted with) HERBERT RINMOND FEIGERT (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jacob Feigert (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Pauline Roberts. Signature

7816 N. Kellogg St., Portland, Oregon P. O. Address

Subscribed and sworn to before me on this 27th day of December, 19 40

(SEAL) S. M. Rugles Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON 1944

MY COMMISSION EXPIRES MAY 19 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Certified copy issued 1-8-1941. D.P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-206 044-232

RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

JAN 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R.F.D. # 2.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years 2 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Oregon (b) County Baker
(c) City Huntington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address Huntington Ore

3. RESIDENCE of FATHER (city, state). Huntington Ore

4. FULL NAME OF CHILD Mary Virginia Brown

5. Date of Birth (Month, day, year) Sept 6 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clyde Ralph Brown
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Alberton Mont (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Agusta Stobel
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan 8 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frances A Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Virginia Brown (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs James Young (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Frances A. Brown Signature

21681 Montgomery ave - Hayward P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1940

(SEAL) Belva Greene Notary Public, residing at Hayward

My Commission Expires 10/28/42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 30 1952

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RECEIVED

JAN 8 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304567
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county 16 years ✓ month ✓ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No. In country
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address ~~now deceased~~

3. RESIDENCE of FATHER (city, state) Dallas, Oregon

4. FULL NAME OF CHILD Irvin Woodrow York

5. Date of Birth (Month, day, year) June 14, 1915

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bernard Ray York

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace ✓ (City or town) Indian Territory (State or foreign country)

14. Exact Occupation Sawmill Laborer

15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Rachel Lytle

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Mount Carroll (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4th (c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (born alive, stillborn) at ✓ M. on the date and at the place stated above, and that personal particulars were furnished by ✓ (First name) (Last name), who is related to this child as ✓ (Mother, etc.)

26. (a) Jan 8, 1941 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ~~Bureau of Vital Statistics~~ (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Polk } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bernard Ray York, being first duly sworn, say that I am the father (Related to (or) acquainted with) Irvin Woodrow York (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mabel Grace Lytle (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bernard Ray York Signature
Dallas Ore P. O. Address

Subscribed and sworn to before me on this 6th day of January, 1941

(SEAL) Charles Gregory Notary Public, residing at Dallas, Oregon

My comm. expires July 23, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 6 1969

2/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 203-D07 155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Manard, Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JAN 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 304602

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lois Emily Anderson

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth July 3, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Wesley Anderson	18. Full maiden name Velma Jeanette Jenkins
10. Residence (usual place of abode) (If non-resident, give place and State) Manard, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Manard, Ida
11. Color or race White | 12. Age at last birthday 30 (years)	20. Color or race White | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Garfield, Washington	22. Birthplace (city or place) (State or Country) Oakley, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Present, 1915 | 17. Total time (years) spent in this work whole life	25. Date (month and year) last engaged in this work Present, 1915 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes, Silver nitrate ½ percent

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) D P Higgs, M. D.

or ....., Midwife

Address Fairfield Ida New Chyla Vista Coty

Give name added from a supplemental report .....
(Date of)

Filed Jan 9, 1941 193 Mae G. Atwood
Registrar.

Bureau of Vital Statistics
Registrar.

DELAYED DUP OF 1915 - 32063

T. E. 1/28/41

497-17-013653

PLACE OF BIRTH

RECEIVED

JAN 15 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

304650

CERTIFICATE OF BIRTH

County of Camas

City of Manard

No. ____ St.

Hospital At home

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Forest B. Dixon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 17 15 1925

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Fredrick Dixon	FULL MAIDEN NAME	Martha Laurennia Wells
RESIDENCE	Manard Idaho	RESIDENCE	Manard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Clifton Oneida Co Ida	BIRTHPLACE	Oakley Cassia Co Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie C. Thurber

(Physician or midwife)

Address Fairfield Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan. 15, 1941 Clyde A Bridge acting
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3/3/41 L. B.

DEC 0 5 2017

385-21-039-234 RE 1

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304674

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County ____ (b) ~~City~~ At homestead
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mother's stay **BEFORE** delivery: at home
   In Hosp. or Mat. Home ____ days.
   In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City 17 Miles south of American Falls
   (d) Street Address or R.F.D. No. Neeley Ida RR
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address Box 8 Pharmacy

3. **RESIDENCE of FATHER** (city, state): ____

4. **FULL NAME OF CHILD** Irene Mae Lynn

5. Date of Birth (Month, day, year) August 21, 1915

6. Sex female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Dan Lynn
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Goodman (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Anna Sturdevant
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Neosho (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 00 (d) Stillborn 00

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JAN 13 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Deceased M.D. (D.O., Midwife, etc.)
and address ____ Date ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Wash
County of King } ss.

I, Anna Sturdevant Lynn, being first duly sworn, say that I am related as mother (Related to (or) acquainted with) Irene Mae Lynn (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased Noth (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Sturdevant Lynn Signature

650 E Pinney av Seattle P. O. Address

Subscribed and sworn to before me on this 3 day of Jan, 19 41

(SEAL) M. C. Whitting Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465102 028-399

RECEIVED
JAN 13 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304680
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Rathdrum Ida

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Louis otto Monaco

5. Date of Birth (Month, day, year) January 2, 1915

6. Sex. MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis SALVAN Monaco
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace CANTALUPO (City or town) Italy (State or foreign country)
14. Exact Occupation Section Foreman For N.P. Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catolina Adeline Ursula Crivellone
17. Color or Race White
18. Age at time of THIS birth 32 years
19. Birthplace CANTALUPO (City or town) Italy (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None. (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan. 13, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

State of Washington
County of Benton
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louis Salvan Monaco, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Louis Otto Monaco (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dr. Kennan (Name of attendant at birth), who attended said birth Is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louis Salvan Monaco Name
Kennewick Wash. P. O. Address

Subscribed and sworn to before me on this 9 day of January 1941

(SEAL) 1313 Workman Notary Public, residing at Kennewick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1915-
DUP OF 28138

Certified Copy issued Jan. 21, 1941. E.W.

DUP OF 1915-28138

695 18 042 512

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

FEB 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304725
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 3 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County T.Falls
   (c) City T.Falls
   (d) Street Address or R.F.D. No. West 4th St.,
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) T. Falls, Ida.

4. **FULL NAME OF CHILD** Charles Herbert Winter

5. Date of Birth (Month, day, year) Dec. 18, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Cornelius Winter
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Orinoco, (City or Town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie May Eastlack
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lennox, (City or Town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ollie May Eastlack (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Clyde A. Bridger (Registrar's signature)

26. (a) January 1941 (Date received) (b) [illegible]

25. Attendant's **OWN signature** John F. Haughton M.D. (D.O., Midwife, etc.)
and address Twin Falls Ida. Date 1-31-41.

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

United States Department of Commerce
Bureau of the Census

JAN 8 1941 (Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 8 1941

State File No. 304725
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R F.D No. West Fourth St.
(d) Name of Hospital or Maternity Home:
Not in Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address South Gate, Calif.

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** Charles Herbert Winter

5. Date of Birth (Month, day, year) ~~Dec 21, 1916~~ ~~12-9-1915~~ Dec. 18-1915

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Cornelius Winter
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Orinoco Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie May Eastlack
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Lennox Iowa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Used
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Ollie May Winter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 15 1941 (Date received) (b) (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** Laura B. Cole M.D., Midwife, etc.
and address 820 Loma Ave Long Beach Calif. Date 12/26/40

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Laura B. Cole, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with) (Name of person on certificate above) as neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Coughlin (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura B. Cole Name

820 Loma Ave. Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 26 day of December 1940.

(SEAL) R. Anderson Notary Public, residing at South Gate, Calif.

My Commission Expires March 19th 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-123-005-243

United States
Department of Commerce
Bureau of the Census

RECEIVED JAN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

304750

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Plummer
(c) Street Address or R F D No. 1 Tekoa, Wash.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home **
In **THIS** county 5 years * months * days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William George Langbehn
5. Date of Birth (Month, day, year) Aug. 23rd 1915
6. Sex. Male
7. Twin or Triplet **
If so—born 1st, 2nd, 3rd **
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Chris Langbehn
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Pearl Butler
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Washington. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive/dead) at 11.40 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. W. C. Langbehn (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 16 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Tekoa Wash. Date Aug. 25-1

State of Washington } ss.
County of Whitman }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Chris Langbehn, being first duly sworn, say that I am related to (Related to (or) acquainted with) William George Langbehn (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Mosier (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Chris Langbehn Name
Tekoa, Washington P. O. Address

Subscribed and sworn to before me on this 15th day of January, 1941

(SEAL) John Mannix Notary Public residing at Tekoa, Washington

UNITED STATES COMMISSIONER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 23, 1941. E.W.

235-720-005- RECEIVED

United States 238
Department of Commerce JAN 17 1941
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304792
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Sanders
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 4 years 9 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Sanders
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Sanders, Idaho

3. **RESIDENCE OF FATHER** (city, state) Sanders Ida.

4. **FULL NAME OF CHILD** Alvin Robert Klein

5. Date of Birth (Month, day, year) Jan. 20, 1915

6. Sex. Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Gustav Karl Klein
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Schalkau
17. Color or Race W
18. Age at time of THIS birth 30 years
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place named above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington }
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Schalkau Klein, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Alvin Robert Klein above named, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Vam MacKay, who attended said birth (Name of attendant at birth) is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Ida Schalkau Klein Name
676 Lewis St. Long Beach Calif. P. O. Address

Subscribed and sworn to before me on this 3 day of October 1940

(SEAL) Notary Public, residing at Everett Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-127012-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304814
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 58 yrs.
(f) Mother's mailing address Rupert, Idaho

3. RESIDENCE of FATHER (city, state): Leadore, Idaho

4. FULL NAME OF CHILD Calvin Benjamin Kern

5. Date of Birth (Month, day, year) Aug. 27th 1915

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Arthur Kern
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Pearson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ida May Kern (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida May Kern, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Calvin Benjamin Kern (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Baker (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida May Kern Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of January, 1941
(SEAL) [signature] Notary Public, residing at Rupert, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Jan. 28, 1941. E.W.

168-116-025-231

305981 / 305981

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

FEB 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home No days.
   In **THIS** county 22 years 4 months days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address Cottonwood, Idaho

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Donald Byron Johann

5. Date of Birth (Month, day, year) Sept. 16, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Mathew Johann
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Genesee (City or town) Idaho (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Bell Blackburn
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cottonwood (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Johann (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) February 10, 1941 (Date received) Clyde A. Bridger (Registrar's signature)

27. Given name added on ____ by Acting Director (Registrar's signature)

25. Attendant's **OWN signature** J. D. Shinnick M.D. (D.O., Midwife, etc.)
and address Grangeville Ida Date 2-10-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued 2-18-1941. dp

H.p.cf. 1915. 35278

1. PLACE OF BIRTH

County of Idaho,

City of Cottonwood

No. ..... St.

(If born in hospital or institution give name.)

FEB 1 1 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD DONALD BYRON JOHANN,

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term yes	7. Legitimate? yes	8. Date of birth 9-16-1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN M JOHANN	18. Full maiden name ROSE B BLACKBURN
10. Residence (usual place of abode) (If non-resident, give place and State) Calif	19. Residence (usual place of abode) (If non-resident, give place and State) Calif
11. Color or race White | 12. Age at last birthday ..... (years)	20. Color or race White | 21. Age at last birthday ..... (years)
13. Birthplace (city or place) ..... (State or Country)	22. Birthplace (city or place) Cottonwood Idaho (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10 % argyrol

28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living one (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 3 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J D Shinnick, M. D.

or ....., Midwife

Address Grangeville Idaho

Give name added from a supplemental report .....

(Date of)

Filed ....., 193...

Registrar. Registrar.

one child at birth a Separate Return ...

DELAYED

659-130-022-414

305984

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 305984

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 5 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sugar City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Sugar City, Idaho

3. **RESIDENCE of FATHER** (city, state): Sugar City, Ida

4. **FULL NAME OF CHILD** STANLEY ELMER FERGUSON

5. Date of Birth (Month, day, year) August 30, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Clare Ferguson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julina Madsen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Laie, Oahu, Hawaii (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Julina Madsen Hardy (First name) (Last name), who is related to this child as Mother Aunt (Mother, etc.)

26. (a) 2/11/41 (Date received) (b) Clyde R. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature May Bean Mother Aunt M.D. (D.O., Midwife, etc.) and address Ocean Park, Calif. Date Feb. 7, 1941

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julina M. Hardy, being first duly sworn, say that I am related to Mother (Related to (or) acquainted with) Stanley Elmer Ferguson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Morfield (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Julina M. Hardy Signature

217-A Strand St., Ocean Park, California P. O. Address

Subscribed and sworn to before me on this 7th day of February, 19 41

(SEAL) Lena Hesse Notary Public, residing at Ocean Park, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-137.029-147

RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306075
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City (Post office) Palouse Wn.
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home confinement
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 30 years 3 month 29 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse, Wn. (Post office)
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Palouse, Wn.

3. **RESIDENCE of FATHER** (city, state): Palouse Wn.

4. **FULL NAME OF CHILD** Luard Ernest Gilmore Jr.

5. Date of Birth (Month, day, year) 2-27-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Luard Ernest Gilmore
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace St Joe (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLOY Viola Augir
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Palouse, Wn. (Post office.) (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 22 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Dr. Harvison (cannot be Located) M.D.
and address Mrs. LYNN (Nurse) (D.O., Midwife, etc.) Date (deceased)

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Floy Viola Gilmore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Luard Ernest Gilmore (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harvison (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel F. Gilmore (witness) Floy V. Gilmore Signature

42 3 So. Lincoln Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1941

(SEAL) Henry Zielke Notary Public, residing at Spokane Wn.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CertiFied Copy issued Feb. 6, 1941. E.M.

128-101-040-253

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306148
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No. ~~BROWN~~ ST.
(d) Name of Hospital or Maternity Home: MRS. PITZNICK
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City KELLOGG
(d) Street Address or R.F.D. No. BROWN ST.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address BROWN ST. - KELLOGG

3. **RESIDENCE of FATHER** (city, state): KELLOGG IDAHO

4. **FULL NAME OF CHILD** WILLIAM BURNHAM ASHBY

5. Date of Birth (Month, day, year) SEPT. 1, 1915.

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANKLIN SWIFT ASHBY
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace ILLINOIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GLEN FISK BELLOWS
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace ILLINOIS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 3 1941 (Date received) (b) Acting Clyde A. Bridges (Registrar's signature)

25. Attendant's **OWN signature** G. R. Mason, M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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DUP OF 1915 - 33333

DELAYED

Dup of 1915-33333

Certified copy issued Feb. 10, 1941. L.W.

1411-215-039-855

306152

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: ----
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
In **THIS** county 2 years 6 month 14 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.
(f) Mother's mailing address American Falls, Id.

3. **RESIDENCE of FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Alvina Helena Adam

5. Date of Birth (Month, day, year) August 15, 1915

6. Sex female

7. Twin or Triplet ----

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gottlieb Martin Adam
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Neudorf, South Russia, Europe (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Henne
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Moldau, South Russia, Europe (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Feb. 4, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of North Dakota
County of Sheridan } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gottlieb Martin Adam, being first duly sworn, say that I am related to (Related to (or) acquainted with) Alvina Helena Adam (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that E. Radtke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gottlieb Martin Adam Signature

Martin, North Dakota P. O. Address

Subscribed and sworn to before me on this 29th day of January, 1941.

(SEAL) Leo. Thom Notary Public, residing at McClusky, N. Dak.

My commission expires March 2, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Feb. 10, 1941. E.M.

251-1081005-756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

306199

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Santa
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
In **THIS** county 2 years 1 months 7 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Santa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Santa, Idaho

3. **RESIDENCE OF FATHER** (city, state) Santa, Idaho

4. **FULL NAME OF CHILD** Angus James Seaman

5. Date of Birth (Month, day, year) May 8, 1915

6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Marion Seaman
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Walla Walla (City or town) County Wash. Terr. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel McClure George
17. Color or Race white
18. Age at time of THIS birth 34 years
19. Birthplace Elkhart (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 5 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R M Seaman, being first duly sworn, say that I am Related (Related to (or) acquainted with) Angus James Seaman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Renfro (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R M Seaman Name
Fernwood Idaho P. O. Address

Subscribed and sworn to before me on this 4 day of February 1941

(SEAL) Harold Kahellek Notary Public, residing at Fernwood Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 9 1955

MAR 1 5 1971

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-216-032-853

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 5 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306204
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, ~~for filing~~. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Kamima
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Kamima
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Esther Theresa Schenk
5. Date of Birth (Month, day, year) July 16, 1915
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Schenk
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anastasia Helen Schenk
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Menno (City or town) So. Dak (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 5 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JOHN SCHENK, being first duly sworn, say that I am related to (Related to (or) acquainted with) Esther Theresa Schenk (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wills (Name of attendant at birth), who attended said birth is now deceased, and that this birth has not been previously recorded.

John Schenk Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of February, 1941

(SEAL) Notary Public, residing at Burley, Idaho

AUG 4 1975

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-212-035-238

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306263
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City OR FARM - NEAR Genesee -
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 12 days.
In **THIS** county 22 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City on farm near Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Genesee Idaho

3. **RESIDENCE of FATHER** (city, state) Genesee Idaho

4. **FULL NAME OF CHILD** Mildred June Rosenau

5. Date of Birth (Month, day, year) June 12, 1915

6. Sex FEMALE

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR E ROSENAU -
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace ELMORE (City or town) MINNESOTA (State or foreign country)
14. Exact Occupation farming
15. Industry or Business for self -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Griefa Sophia Schornhorst
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Genesee (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farming -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 7 1941 (Date received) (b) Glyde A Bridges Actg (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of LATAH - } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ARTHUR E ROSENAU -, being first duly sworn, say that I am Related to (Related to (or) acquainted with) MILDRED JUNE ROSENAU (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR W.H. EHLEN (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Arthur E Rosenau Signature

P. O. Address

Subscribed and sworn to before me on this 4th day of Feby. - 1941

(SEAL) Notary Public, residing at Genesee Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/19/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

279 107.003-145

United States
Department of Commerce
Bureau of the Census

FEB 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 20 years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address 305-B-St-Rupert Ida
3. RESIDENCE of FATHER (city, state): Rupert, Idaho.

4. FULL NAME OF CHILD Reece Clyde Spidell
5. Date of Birth (Month, day, year) 4/7/1915
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clyde Elliott Spidell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Riverdale (City or town) Idaho. (State or foreign country)
14. Exact Occupation Sexton.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Amelia Ames
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cleveland (City or town) Idaho. (State or foreign country)
20. Exact Occupation Homemaker.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 8 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature) Clyde A. Bridger
Acting
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Spidell, being first duly sworn, say that I am Related (Related to (or) ~~acquainted with~~) To Reece Clyde Spidell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary E Walton (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) ~~cannot be located~~) and that this birth has not been previously recorded.

Ellen Spidell Signature
P. O. Address

Subscribed and sworn to before me on this 7 day of Feb., 1941.
(SEAL) Paul A. French Notary Public, residing at Rupert, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Feb. 18, 1941. E.K.

753-118-028-193 REC

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306303
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** (a) County Kootenai (b) City St. Joe
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg, Idaho
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Same as above

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Melvin Eugene Peterson

5. Date of Birth (Month, day, year) May 18 - 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Christopher Peterson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Muskegon (City or town) Michigan (State or foreign country)
14. Exact Occupation Scaler
15. Industry or Business St. Joe Land Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred May Dillon
17. Color or Race White
18. Age at time of THIS birth 18 years
19. Birthplace Marristown (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 10 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Dr. Kinsolving (Deceased) M.D. or..... (D.O., Midwife, etc.) and address St. Maries Idaho Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mildred May Peterson, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinsolving (Name of attendant at birth), who attended said birth is Now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Mrs. Mildred May Peterson Name
Star Route - Kellogg, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of February - 1941

(SEAL) Robt. L. Duvall Notary Public, residing at Kellogg, Idaho
My Commission Expires March 15th 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-107-003-314

United States
Department of Commerce
Bureau of the Census

Denmark

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306414

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Chesterfield
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Denmark C. Jensen

5. Date of Birth (Month, day, year) 7 Nov 1915

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Parley P Jensen
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Honeyville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence R Campbell
17. Color or Race white
18. Age at time of THIS birth 28 years
19. Birthplace Rosette (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12.20 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary B Campbell (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) FEB 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Mary B. Campbell (~~Dr.~~, Midwife, ~~etc.~~) and address Date

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1953

DEC 17 1975

DEC 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-111-024-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306444
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 13 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Hagerman

3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** Loren Clifford Bell

5. Date of Birth (Month, day, year) Oct. 11, 1915

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Piper Bell
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mountain Valley (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Josephine Blackham
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hailey (City or town), Idaho (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) **At time of birth and including this child** 5 (b) Born alive and now living 5 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lottie H. Bell (First name) (Last name), who is related to this child as Assist. by Mortage (Mother, etc.)

26. (a) FEB 15 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Lottie H Bell M.D. (D.O., Midwife, etc.)
Practicing Nurse
and address HAGERMAN, Ida. Date FEB. 11, 1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-125 037-445

United States Department of Commerce
Bureau of the Census

HEC FEB 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307648
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Grand View
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Turmes ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 27 years, month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Grand View Ida

4. **FULL NAME OF CHILD** Earl Christopher Turmes
5. Date of Birth (Month, day, year) Dec 25th 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wenzel Turmes
11. Color or Race American
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grand View Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Denning
17. Color or Race American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Roseville Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Turmes (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 2/20/41 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Wenzel Turmes M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Turmes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Earl Christopher Turmes (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Neiswanger (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Wenzel Turmes Signature

Grand View, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of Feb., 19 41

(SEAL) Clare Jenkins Notary Public, residing at Grand View

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/26/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 - 209 008-244

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **307704**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Gardena
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home nurse
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Gardena
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Two yrs.
(f) Mother's mailing address (For registration notice) Gardena Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Gardena Idaho

4. **FULL NAME OF CHILD** Marjorie Elizabeth Robbins

5. Date of Birth (Month, day, year) Dec 9 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Melos Robbins
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Constantine Michigan (City or Town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Civil Engineering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Pauline Kinnick
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Niles Michigan (City or Town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Teaching School

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Louise Robbins (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** J L Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 2-20-41

26. (a) Feb. 26, 1941 (Date received) (b) J L Reynolds (Registrar's signature) com eo

27. Given name added on ..... by ..... (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

2/26/41 L. B.

753-114006-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 27 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307826
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Shelley

3. **RESIDENCE OF FATHER** (city, state) Shelley Ida.

4. **FULL NAME OF CHILD** George Lamar Peterson

5. Date of Birth (Month, day, year) Nov. 14, 1915

6. Sex. M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Wilford Peterson

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Glenwood (City or town), Utah (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business at home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Opal Clawson

17. Color or Race white

18. Age at time of THIS birth 25 years

19. Birthplace Farmington (City or town), Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead. no (d) Stillborn. no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Opal Peterson (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) FEB 27 1941 (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** Edwin Peterson M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 2-19-41

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/4/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-116-022-169

RECEIVED

United States Department of Commerce
Bureau of the Census

FEB 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307829

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City (near) St. Anthony
   (c) Street Address or R.F.D. No. New Hope School Dist.
   (d) Name of Hospital or Maternity Home (own Home)
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 2 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City near St. Anthony
   (d) Street Address or R.F.D. No. New Hope School Dist.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Orval Otis Thompson

5. Date of Birth (Month, day, year) March 16th 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Aubrey Otis Thompson
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Muskogee (City or town) OKLA (State or foreign country) USA
14. Exact Occupation Truck operator
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Martin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
    (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at about 10 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 26 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN** signature x Leda McWhorter M.D. (D.O., Midwife, etc.)
and address Blackfoot, Idaho Date Jan. 30 1941

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 Certified Copies Issued 3-4-41. E.M.

345-21-8007-861

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307834
Local Reg. No.
Reg. Dist. No.

FEB 26 1941

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Fairfield Ida

4. **FULL NAME OF CHILD** Elva Elisabeth Lindstedt

5. Date of Birth (Month, day, year) Apr 18, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Lindstedt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Haagland
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Elva Elisabeth Lindstedt (First name) (Last name) who is related to this child as Great Aunt (Mother, etc.)

26. (a) Feb. 26, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** Erika J. Olson M.D. (D.O., Midwife, etc.)
and address Manard Date April 18/1915

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued March 4, 1941. E.W.

291-12-024-795

307854

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Hagerman Idaho

3. **RESIDENCE of FATHER** (city, state): Hagerman Ida

4. **FULL NAME OF CHILD** Robert Henry Brailsford

5. Date of Birth (Month, day, year) May 24th 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Albert Henry Brailsford

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Nottingham England
(City or town) (State or foreign country)

14. Exact Occupation Owner

15. Industry or Business Rancher and sheep raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Elizabeth Pincott

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Titusville Pennsylvania U.S.A.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 2/27/41 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beatrice E Brailsford, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Henry Brailsford (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jankbonen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beatrice E. Brailsford Signature

161-9th ave No. Twin Falls Ida P. O. Address

Subscribed and sworn to before me on this 26th day of February, 1941.

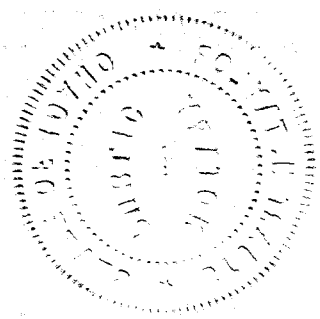
(SEAL) Stuart T Dayton Notary Public, residing at Twin Falls

3/4/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



754-225-037-986

307894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Guffey
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: no
In Hosp. or Mat. Home ..... days.
In **THIS** county 12 years 8 month 13 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Guffey
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Guffey

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Elsie Margot Perry

5. Date of Birth (Month, day, year) Jan 25-1915

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Newton Perry
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Conn (City or town) (State or foreign country)
14. Exact Occupation dry land Farmer
15. Industry or Business no

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Rhodes
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Richmond, no (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Lillie M Gowen, being first duly sworn, say that I am Related (Related to (or) acquainted with) Elsie Margot Perry (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Geo Barnett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillie M Gowen Signature
1209 - 6th St. No. Nampa P. O. Address

Subscribed and sworn to before me on this 3 day of March, 1941

(SEAL) J. A. Geisler Notary Public, residing at Nampa Idaho

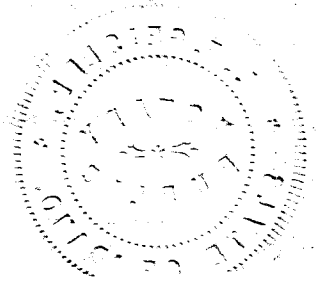
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



915-125-040-155

307942

United States
Department of Commerce
Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Mullon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullon
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Mullon Idaho

3. RESIDENCE of FATHER (city, state): Mullon Idaho

4. FULL NAME OF CHILD Edward Thomas Ranniker

5. Date of Birth (Month, day, year) Oct 25, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ranniker
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sevtsa, Austria (City or town) (State or foreign country)
14. Exact Occupation Shaft Repair Man
15. Industry or Business Mining Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Jenc
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Grahovo, Jugoslavia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:35 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature No Attendant M.D. (D.O., Midwife, etc.)
and address Date

State of Minnesota
County of St. Louis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Ranniker being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Edward Thomas Ranniker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that No Attendant (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Ranniker Signature
Eveleth, Minnesota P. O. Address

Subscribed and sworn to before me on this 26 day of Feb, 1941

(SEAL) Rose Miles Notary Public residing at

Clerk of the Municipal Court
Eveleth, Minnesota

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/7/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-115-003-235 REC'D

307944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 1201 N. Main
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home None days.
   In **THIS** county — years 5 month — days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 1201 N. Main
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address 1201 N. Main

3. **RESIDENCE of FATHER** (city, state): Pocatello Ida.

4. **FULL NAME OF CHILD** Willard Max Nelson

5. Date of Birth (Month, day, year) May 15, 1915

6. Sex Male

7. Twin or Triplet None If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lee Nelson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Farm - Colorado (City or town) (State or foreign country)
14. Exact Occupation Railroad
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Lavina Steed
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Farm - Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead — (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 5:50 P M. on the date and at the place stated above, and that personal particulars were furnished by Florence Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A Bridges Actg (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Washington
County of Skagit } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Willard Max Nelson as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Newton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence Nelson Signature

Clear Lake, Wash P. O. Address

Subscribed and sworn to before me on this 1st day of March, 1941.

(SEAL) Alvina Crogstad Notary Public, residing at Mt Vernon, Wash

DEPUTY AUDITOR SKAGIT COUNTY, WASH.

cc 3/7/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-127022-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307982
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr. Howe
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 1 years 12 month 365 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Ashton Ida.

3. **RESIDENCE of FATHER** (city, state): Ashton - Idaho

4. **FULL NAME OF CHILD** Jack Day Lauterman

5. Date of Birth (Month, day, year) Aug 27 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leverette Forman Lauterman

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Elkhart Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Emble

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Wapello - Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leverette Forman Lauterman, being first duly sworn, say that I am Father (Related to (or) acquainted with) Jack Day Lauterman (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hummell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leverette Forman Lauterman Signature

P.O. Box 967 P. O. Address

Subscribed and sworn to before me on this 1st day of March, 1941

(SEAL) J. H. Ames Notary Public, residing at Burke Ida
Justice of Peace

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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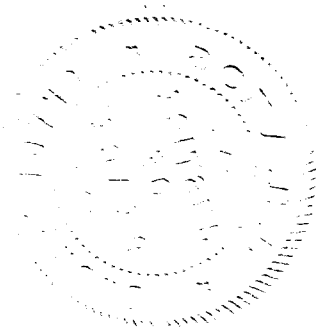

459-102-042-859

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3d Ave East
(d) Name of Hospital or Maternity Home: Mhern Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ——— days.
In THIS county years 4 months 2 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 3d Ave East
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address 3d Ave East, Twin Falls, Idaho

3. RESIDENCE of FATHER (city, state): Twin Falls, Idaho

4. FULL NAME OF CHILD Robert Francis Meiser

5. Date of Birth (Month, day, year) January 2, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Herman Francis Meiser
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Evelyn Heinzen
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Laiser (City or town), Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag NO3 - 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead X (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 4 A.M. on the date and ~~at the place~~ stated above, and that personal particulars were furnished by Mrs. H. F. Meiser (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John H. Houghlin M.D. ~~(Signature)~~
and address Twin Falls, Idaho Date 3-1-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 - 121-0 33-813

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308052
Local Reg. No. 47
Reg. Dist. No. 631

1. PLACE OF BIRTH:
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. I
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Rexburg #1

3. RESIDENCE of FATHER (city, state): " "

4. FULL NAME OF CHILD Samuel Junior Hall

5. Date of Birth (Month, day, year) June 21 1915

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Samuel Stuart Hall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Maria Nielson
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Glenwood (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNo3 170
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 3-6-41 (Date received) (b) Mrs H Eyoung (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Joseph Walker M.D. (D.O., Midwife, etc.)
and address Rexburg, Ida. Date 6-[illegible]-1915

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1964

3/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother ~~of~~ the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

704-00 -- -10-42

2 00 0/10

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308076
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** Bingham
(a) County ~~Bannock~~ (b) City Firth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County ~~Bannock~~ Bingham
(c) City Firth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 Mths.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state). Firth, Ida.

4. **FULL NAME OF CHILD** Ruth Eileen Romano
5. Date of Birth (Month, day, year) Jan. 7, 1915
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dominick Romano
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) (State or foreign country) Italy
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lelia Mitchell
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hillsdale Co. Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 12, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lelia M. Mitchell Romano, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Eileen Romano (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lelia Mitchell Romano / Signature
2816 Brinker Ave., Ogden Utah P. O. Address

Subscribed and sworn to before me on this 12th day of March, 1941

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho

JAN 23 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-106-1005-238 RECEIVED

308148

United States Department of Commerce Bureau of the Census

MAR 7 1941

FEB 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** George Straub

5. Date of Birth (Month, day, year) Sept. 6, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Straub
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Saratov (City or town) Russia (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Aluminum Co. of America

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Schierman
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Saratov (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes
    (c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Harry Straub (First name) (Last name), who is related to this child as father (Mother, etc.)

RECEIVED MAR 7 1941

26. (a) (Date received) (b) Edyth A Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** H. Straub M.D. (D.O., Midwife, etc.) and address Rt 1 Box 245 Vancouver Wash. Date 2/18/41

C.D. Platt M.D.

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. Straub, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Straub (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Platt (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. Straub Signature

Rt 1 - Box 245 Vancouver, Wash. P. O. Address

Subscribed and sworn to before me on this 27th day of February, 1941

(SEAL) Harry R. Porter Notary Public, residing at Vancouver, Wash.

APR 14 1969

JUL 20 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

29-109-042-653

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 7 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308149

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Roland LeRoy Shroll
5. Date of Birth (Month, day, year) 10-9-15
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Thomas Shroll
11. Color or Race white
12. Age at time of THIS birth ~~28~~ 29 yrs.
13. Birthplace Tyndall, S. D. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Felton
17. Color or Race white
18. Age at time of THIS birth ~~27~~ 27 yrs.
19. Birthplace Mapleton, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 7 1941 (Date received) (b) Clyde A Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of South Dakota
County of Pennington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louisa Shroll, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Roland Le Roy Shroll (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ira Mallory (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Louisa Shroll Signature

220 Philadelphia St., Rapid City, S.D. P. O. Address

Subscribed and sworn to before me on this 3rd day of March, 19 41

(SEAL) Stanley Beck, Clerk of Courts. residing at Rapid City, S. D.

cc 3/15/41 RMF

SEP 28 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-228.039-146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308180
Local Reg. No.
Reg. Dist. No.

MAR 10

1. **PLACE OF BIRTH:** (a) County Powe (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address American Falls

3. **RESIDENCE of FATHER** (city, state): American Falls

4. **FULL NAME OF CHILD** Esther Knecht

5. Date of Birth (Month, day, year) Sept 28 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Knecht
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Adolf
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Dakota (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2. P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 10 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Katharina Adolf M.D. (D.O., Midwife, etc.)
and address 336 Hilborn st Pocatello Ida. Date Mar 7 41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/14/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-22-3004-632

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 4 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308198

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county 5 years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho 5 yrs.
   (f) Mother's mailing address Montpelier Idaho

3. **RESIDENCE of FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Jean Louise Stevens

5. Date of Birth (Month, day, year) Sept. 23-1915

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Fredrick Stevens
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farm implement Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adonia Olsen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ephraim (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argonal
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at One P. M. on the date and at the place stated above, and that personal particulars were furnished by Adonia Olsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Clyde A Bridge Acting (Registrar's signature)

25. Attendant's **OWN** signature Dr. George F Ashley Deceased. M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on ____ by ____ (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Utah } ss.
County of Cache }

I, Walter F. Stevens, being first duly sworn, say that I am the father (Related to (or) acquainted with) Jean Louise Stevens (Name of person on certificate above) as daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Walter F. Stevens Signature

203 Blvd, Logan, Utah P. O. Address

Subscribed and sworn to before me on this 3rd day of March, 1941

(SEAL) A. Plant Notary Public, residing at Richmond, Utah

Com Expires Feb. 4, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-128-009-666

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 308302
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Coleman
(c) Street Address or R.F.D. No. Spirit Lake, Ida.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 6 years 1 month 26 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Coleman
(d) Street Address or R.F.D. No. Spirit Lake
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Spirit Lake

3. **RESIDENCE of FATHER** (city, state): Coleman

4. **FULL NAME OF CHILD** John Frederick Barnes

5. Date of Birth (Month, day, year) Oct. 28, 1915

6. Sex male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas William Barnes
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Machinist helper
15. Industry or Business Milwaukee Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jestina Elizabeth Wood
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace London, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Thomas Barnes (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** (deceased) M.D. (D.O., Midwife, etc.)
and address ..... Date .....

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas William Barnes, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Frederick Barnes (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained herein are true to the best of my knowledge. I further state that Mrs. Edward Hyde (Name of attendant at birth), who attended said birth (is now deceased) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas William Barnes Signature
717 North Madelia, Spokane, Wn. P. O. Address

Subscribed and sworn to before me on this 17th day of March, 1941

(SEAL) ..... Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

3/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-101-022-296

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 308323
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ora
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Parker Idaho

3. RESIDENCE of FATHER (city, state) Parker Idaho

4. FULL NAME OF CHILD James Glenn Mason

5. Date of Birth (Month, day, year) Sept 1, 1915 (1915)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James H. Mason
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Parker (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cista Elizabeth Brower
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by James Mason (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAR 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 1-8-41

State of ..... }
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/21/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 .111-039-168

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
MAR 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

308358

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH

County of POWER
City of ROCKLAND
No. ____ St. ____
(If born in hospital or institution give name.) ____

2. FULL NAME OF CHILD NORMAN KAY MOSS

3. Sex MALE

If plural births 4. Twin, triplet, or other ____ 5. Number, in order of birth 1st

6. Premature ____ Full term 9 months

7. Legitimate? YES

8. Date of birth DEC. 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name JOHN HENRY MOSS	18. Full maiden name ANNIE JOHNSON
10. Residence (usual place of abode) (If non-resident, give place and State) ROCKLAND IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) ROCKLAND IDAHO
11. Color or race WHITE | 12. Age at last birthday 46 (years)	20. Color or race WHITE | 21. Age at last birthday 43 (years)
13. Birthplace (city or place) (State or Country) S. Beautiful Woods Cross Davis Co Utah	22. Birthplace (city or place) (State or Country) Salt Lake City Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RANCHING	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. OWN FARM	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work Like Time
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work Same

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 9 10 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) V. G. Logan, M. D.
or ____, Midwife
Address American Falls Idaho

Filed MAR 10 1941, 193__ Clyde A. Bridger
Registrar. Acting Registrar.

3/25/41 L. B.

DECEASED

257-211-028-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 19 1941

State File No. 309283
Local Reg. No. 77
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1221 Coeur d'Alene Ave.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1221 Coeur d'Alene Ave.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state): Coeur d'Alene

4. FULL NAME OF CHILD Mable Edith Esgate

5. Date of Birth (Month, day, year) 5-11-1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Wagner Esgate
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Medina (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business County Commissioner

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle D. Hocker ~~Esgate~~
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Warrensburg (City or town) Mo (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Esgate (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 3-10-1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Ollwood M.D. (D.O., Midwife, etc.) and address March 3-41. Coeur d'Alene Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/27/41 I. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-105-040-367

309340

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bunker Hill & Sullivan Hospital
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home X days. IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Kellogg, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Stringfellow, Stanton Hamilton

5. Date of Birth (Month, day, year) July 5 = 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Stringfellow, Robert Stanton	16. FULL MAIDEN NAME Cope, Rosalie Nina
11. Color or Race white 12. Age at time of THIS birth 47 yrs.	17 Color or Race white 18. Age at time of THIS birth 34 yrs.
13. Birthplace Culpeper Ct House, Virginia (City or town) (State or foreign country)	19. Birthplace Sewris, Manitoba, Canada (City or town) (State or foreign country)
14. Exact Occupation minister	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child ~~4~~ 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Rosalie C. Stringfellow (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Mar. 31, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosalie Cope Stringfellow, being first duly sworn, say that I am related to (Related to (or) acquainted with) Stanton Hamilton Stringfellow (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Geo. Kennett, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rosalie Cope Stringfellow Signature
1520 No. 7th, Boise P. O. Address

Subscribed and sworn to before me on this 31st day of March 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/31/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

309346

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Residence on Farm
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 0 days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Iona
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.
   (f) Mother's mailing address (For registration notice): Route 1 (Street or R. F. D.) Idaho Falls Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Iona Idaho

4. **FULL NAME OF CHILD** Homer HANSEN

5. Date of Birth (Month, day, year) March 19, 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian G. Hansen

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Hyrum (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mc Mullin

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Leeds (City or Town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20 %

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live Alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Eva Hansen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** John A. Mellor M.D. (D.O., Midwife, etc.) and address Idaho Falls Date Mar 28, 1941

26. (a) Apr. 1 - 1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? No

(c) Was there an operation for delivery? No

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery? No

(4) Signature of Physician:

A. D. Mellar

1915-

249-124-012-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309549

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
In THIS county 5 years ____ month ____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Arco Ida.

3. RESIDENCE of FATHER (city, state): Arco Ida.

4. FULL NAME OF CHILD Philip Eugene Burk

5. Date of Birth (Month, day, year) July 24. 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philip Prosper Burk
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Prudence Gilbert
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace near Butler (City or town) Mo. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead one (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Burk (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) March 25, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature E. W. Fox M.D. (D.O., Midwife, etc.)
and address Hailey, Ida. Date 3-19-41

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-115-016-766

309618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 28 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home: Own Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Filer, Ida. Sen Bd
3. RESIDENCE of FATHER (city, state): Filer Ida

4. FULL NAME OF CHILD John Dwight Harris
5. Date of Birth (Month, day, year) 2/15/1915
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 280 days
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John William Harris
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Jennie Francis Cook
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Green Castle, Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Cook Harris (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAR 28 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel M Taylor, being first duly sworn, say that I am (Related to (or) acquainted with) related to (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Minter (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mabel M. Taylor Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of March, 1941
(SEAL) [signature] Notary Public, residing at Burley Idaho

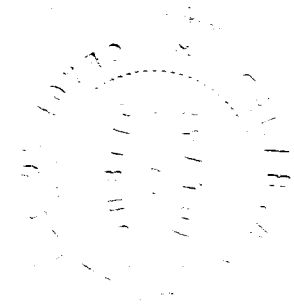
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/9/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



792-210-01K-234

309713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

APR 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 61
Reg. Dist. No. 361

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. #4
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Route #4
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address (For registration notice):
   Route #4, Caldwell, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elsie Amelia Gibbens

5. Date of Birth (Month, day, year) November 10, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Leslie Gibbens
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rice Lake, Wisconsin (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Blanche Stoddard
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace North Platte, Nebraska (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 10:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by William Gibbens (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) 4-1-41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
C. M. Kaley, M. D.
and address Caldwell, Idaho Date 4-1-41

SEP 15 1966

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

4/11/41 C.T.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) Was there an operation for delivery? no

State all operations:

(d) Did baby have any:

(1) Congenital Malformation? none

Describe:

(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery?

no

(4) Signature of Physician:

C. M. Haley, M. D.

669-126-001-363

RECEIVED APR 10 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309766
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. general delivery Boise
(d) Name of Hospital or Maternity Home: Born at Home.
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home none days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.
(f) Mother's mailing address Meridian Idaho Bx 61

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Charles Edwin Forkner.
5. Date of Birth (Month, day, year) april 26 - 1915
6. Sex Male.
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy ?
9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Charles Monroe Forkner.
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kansas city (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Tolman
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Chesterfield (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living X (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 4/10/41 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mary A. Callaway M.D. (D.O., Midwife, etc.) and address Boise Idaho Date

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 4/10/44 BBR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Rec'd April 10, 1941

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309766
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. General Delivery Boise
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Edwin Forkner

5. Date of Birth of Child (Month, day, year) April 26, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Monroe Forkner
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kansas City, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Tolman
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. Address Boise, Idaho Date

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 10, 1941 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DEC 3 _ 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-229-028-234 RECEIVED

309795

309795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Spirit Lake.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Our Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Spirit Lake

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Laura Isabelle Smith

5. Date of Birth (Month, day, year) July 29 1915

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Albert Smith

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Portland, Maine (City or town) (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Stumff

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Germany (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother (a) At time of birth and including this child 9 (b) Born alive and now living 7 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 17 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Henry A. Smith (Father) (Attendant) and address Spirit Lake, Ida. Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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432-116-640-689

309866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 7 1941

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 5 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? since 1907 yrs.
(f) Mother's mailing address 573 N. Nelson Kellogg

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** George Wesley McKinnis

5. Date of Birth (Month, day, year) Mar. 10-1915

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. McKinnis

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Lessor -

15. Industry or Business Mine -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Whitaker

17. Color or Race W. Lite

18. Age at time of THIS birth 24 years

19. Birthplace Mayaville Missouri (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead..... (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary J. McKinnis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Emilie Pfeifer M.D. or midwife (D.O., Midwife, etc.)
and address Kellogg Date April 3-41

26. (a) Apr. 3-1941 (Date received) (b) Mrs. Helen McBride (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....
(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-218-009-628 RECEIVED APR 19 1941

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

2-9997 309997
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Sandpoint
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** Edith Hallstein

5. Date of Birth (Month, day, year) Feb. 18, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Felix Hallstein
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Menomonie (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Feeding Machine
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Oschgar
17. Color or Race White
18. Age at time of THIS birth 24 years
19. Birthplace Wausau (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) April 19-1941 (Date received) (b) Maud E Feder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Felix Hallstein, being first duly sworn, say that I am related (Related to (or) acquainted with) Edith Hallstein (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x George Felix Hallstein Name
Libby Mont P. O. Address

Subscribed and sworn to before me on this 17th day of April, 1941

(SEAL) Notary Public, residing at Libby, Mont.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

754-123-004-366

309998

309998

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309998
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Dingle, Idaho

3. **RESIDENCE of FATHER** (city, state) Dingle, Ida.

4. **FULL NAME OF CHILD** Dale George Pedersen

5. Date of Birth (Month, day, year) 12-23-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Garfield Pedersen
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Rock Springs, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Surveyor
15. Industry or Business Phoenix Construction Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malinda Cook
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Dingle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 22/41 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Malinda Cook Pedersen, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dale George Pedersen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Malinda Cook Pedersen Signature
622 Downington Ave., Salt Lake City P. O. Address

Subscribed and sworn to before me on this 17th day of April, 1941

(SEAL) Lois Miller Notary Public, residing at 1269 E. 21 So.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-703-004-269

310071

United States Department of Commerce
Bureau of Census

RECEIVED APR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. R. F. D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 2 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. R. F. D.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address R.F.D., Sandpoint

3. **RESIDENCE of FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** GEORGE ZAKLAN

5. Date of Birth (Month, day, year) Sept. 3, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dan Zaklan
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace YUGOSLAVIA (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Milica Boraick
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Yugoslavia (City or town) (State or foreign country)
20. Exact Occupation housework
21. Industry or Business housemaid

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 18-1941 (Date received) (b) Mary T Keleher (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We, Dan Zaklan and Milica Zaklan being first duly sworn, say that we are related to (Related to (or) acquainted with) George Zaklan (Name of person on certificate above) as father and mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. We further state that there was no attendant (Name of attendant at birth) who attended said birth, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milica Zaklan Mother
Dan Zaklan Father Signature
R.F.D., Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of April, 1941

(SEAL) Arthur Bowden Notary Public, residing at Sandpoint, Idaho

4-12-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/24/41 L. B.

719-106-039-614

RECEIVED

APR 23 1941

311186

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311186
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County ____ (b) City Landing
(c) Street Address or R.F.D. No. ____
(d) Name of Hospital or Maternity Home: ____
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 3 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County ____
(c) City Landing Idaho
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address R 11 Box 568 Portland Ore

3. **RESIDENCE of FATHER** (city, state) 1925 Bdwy Alameda Calif

4. **FULL NAME OF CHILD** John Charles Partridge

5. Date of Birth (Month, day, year) July 5, 1915

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 yes

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Lancaster Partridge
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace St Paul, Minn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Bell Wampnar
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Madison SO Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 23, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Washington } ss.
County of Douglas }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Wampnar La Rue, being first duly sworn, say that I am Related to (Related to (or) acquainted with) of John Charles Partridge (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Hodgen (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Eva Wampnar La Rue Signature

Rock Island Wash P. O. Address

Subscribed and sworn to before me on this 21 day of April, 1941

(SEAL) Ralph Ramaker Notary Public, residing at East Wenatchee

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/29/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 108 025855

United States
Department of Commerce
Bureau of Census

APR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County IDAHO (b) City WHITE-BIRD
(c) ~~Street Address or R.F.D. No.~~
(d) ~~Name of Hospital or Maternity Home~~:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO.
(c) City WHITE-BIRD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address WHITE-BIRD, IDA

3. RESIDENCE of FATHER (city, state) Same as mother

4. FULL NAME OF CHILD ROGER-MORTIMER MARTIN.
5. Date of Birth (Month, day, year) 3-8-1915.
6. Sex MALE
7. Twin or Triplet X
If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9
9. Legitimate? yrs

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME MORTIMER-SETH-MARTIN.	16. FULL MAIDEN NAME BLANCHE-LAURA-HENLEY
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.	17 Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
13. Birthplace GRANGEVILLE-IDA (City or town) (State or foreign country)	19. Birthplace IOLA-KANSAS (City or town) (State or foreign country)
14. Exact Occupation RANCHER	20. Exact Occupation HOUSE-WIFE.
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid, Solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 o'clock M. on the date and at the place stated above, and that personal particulars were furnished by MORTIMER-MARTIN (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) April 24-1941 (Date received) (b) Mabel F. Geller (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mortimer S. Martin, being first duly sworn, say that I am ~~Father~~ Roger (Related to (or) acquainted with) Mortimer Martin (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. FOSKETT (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

M. S. Martin Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of April 1941

(SEAL) Eugene Sawyer Notary Public, residing at Craigmont Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/29/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of~~ Vital Statistics for ~~the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 16 1952

221-230-022-719

311225

United States
Department of Commerce
Bureau of Census

APR 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Fremont (b) City St. Anthony
(c) Street Address or ~~R.F.D.~~ No. 244 E. Main
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address ~~R.F.D.~~ No. 244 E. Main
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Katherine Ann Skalet

5. Date of Birth (Month, day, year) Sep. 30, 1915

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd ~~2nd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** O. O. Skalet
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Norway (City or town) ..... (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Roberta Parry
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace St. Ives, England (City or town) ..... (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 26-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J R Eby, M.D. (D.O., Midwife, etc.)
and address Elko, Nevada Date 4/15/41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391116 028 881

311379

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 806 Montana Ave.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 806 Montana Ave.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.
   (f) Mother's mailing address Coupeville, Wash.

3. **RESIDENCE of FATHER** (city, state) ditto

4. **FULL NAME OF CHILD** Robert Edwin Craney

5. Date of Birth (Month, day, year) Jan. 16, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Glenn Blount Craney
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Downs, Osborn Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Eliza O'Hara
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Brandon, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living - (c) Born alive and now dead - (d) Stillborn - (only child)

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) Apr. 29, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington } ss.
County of Island County }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Glenn Blount Craney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Edwin Craney (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. ( ) Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Glenn Blount Craney Signature

Coupeville, Washington P. O. Address

Subscribed and sworn to before me on this 25th day of April 1941

(SEAL) ____ Notary Public, residing at Coupeville

5/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 116 036 253

311383

United States
Department of Commerce
Bureau of the Census

APR 29 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Oneida (b) City Ceader Hill
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home: At Home of Parents
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Minnidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. R # 3
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.
   (f) Mother's mailing address (For registration notice): R # 3 (Street or R. F. D.) Rupert (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Rupert Ida.

4. **FULL NAME OF CHILD** George Hiram Michaels

5. Date of Birth (Month, day, year) 5/16/15

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9m.

9. Legitimate? .....

FATHER OF CHILD

10. **FULL NAME** George Washington Michaels
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wheeling (City or Town) West Virginia (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Evelyn Kelly
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Anatone (City or Town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
    (c) Born alive and now dead None (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 4.30 a M. on the date and at the place stated above, and that personal particulars were furnished by George W Michaels (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** V. G. Logan M.D. (D.O., Midwife, etc.)
    and address Rupert Date May 14 1941

26. (a) April 29, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on ..... by Mabel E. Elder (Registrar's Signature)

MAR 2 1943

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

5/5/41 L. B.

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

515 220 022 515

311408

United States
Department of Commerce
Bureau of the Census

APR 28 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or ~~Maternity~~ Home: at own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county Fremont years 1915 month Sept days. 20

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. 1 Box 88
(e) How long has MOTHER lived in Idaho? 42 yrs.
(f) Mother's mailing address Ashton Ida

3. RESIDENCE of FATHER (city, state): Ashton Ida

4. FULL NAME OF CHILD Edna Ann Van Sickle

5. Date of Birth (Month, day, year) Sept. 20, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Robert Wilson Van Sickle
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Portland Oregon (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Amelia Law Van Sickle
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lehi Utah (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead yes (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 A M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Van Sickle (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr. 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature Sarah Van Sickle M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Van Sickle, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna Strand (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Boucher (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Van Sickle Signature

P. O. Address

Subscribed and sworn to before me on this 28 day of Jan, 1941

(SEAL) Thos B Hargis Notary Public, residing at Ashton

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 12 1966

5/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, or the nearest of kin or guardian, or some person having direct knowledge in the premises.

264 114 022 557

RECEIVED

MAY 2 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311512
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address 496 12 St Idaho Falls

3. RESIDENCE of FATHER (city, state): Idaho Falls

4. FULL NAME OF CHILD Ralph Ray Boulter

5. Date of Birth (Month, day, year) 14th Dec 1915

6. Sex Mail

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 mo.

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME James Milvin Boulter

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Salt Lake city Utah (City or town) (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business Farm & sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Louise Engebretsen

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Salt Lake city Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 10 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 30 M. on the date and at the place stated above, and that personal particulars were furnished by Martha Engebretsen Boulter (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) May 2-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature H. A. Anderson M.D. (D.O., Midwife, etc.)
and address Rigby Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/9/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-124021 366

311573

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Carl George Hansen

5. Date of Birth (Month, day, year) Oct 24, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Victor Hansen

11. Color or Race W

12. Age at time of THIS birth 25 yrs.

13. Birthplace Weston Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Gertrude Cooper

17 Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Franklin Idaho (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 11:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mildred Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 5/2/1941 (Date received) (b) G.W. Stets (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mildred G. Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl George Hansen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. H. Wise (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mildred G. Hansen Signature

P. O. Address

Subscribed and sworn to before me on this 7 day of May 1941

(SEAL) Leon R. Johnson Notary Public, residing at Preston, Idaho

c.c. 5/15/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-227.042-391

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. Rural Route
   (d) Name of Hospital or Maternity Home: --(born in family home)
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address RFD, Buhl, Idaho

3. **RESIDENCE of FATHER** (city, state) " " "

4. **FULL NAME OF CHILD** BEATRICE LILLIAN TRASK

5. Date of Birth (Month, day, year) May 27, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Raymond Trask
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springfield (City or town) Massachusetts (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna L. Trask
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grandy (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 9, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ANNA L. TRASK, being first duly sworn, say that I am related to (Related to (or) acquainted with) BEATRICE LILLIAN TRASK (Name of person on certificate above) as her Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Larsen (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Anna L Trask Signature

Route 3, Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of May, 1941.

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho

5/9/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-129-039-434

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311739
Local Reg. No.
Reg. Dist. No.

MAY 12 1941

1. PLACE OF BIRTH
(a) County Power (b) City Am. Falls
(c) Street Address or R.F.D. No. P.O. Box
(d) Name of Hospital or Maternity Home: own Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. own home
IN THIS county 27 years 8 month 29 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Am. Falls
(d) Street Address or R.F.D. No. P.O. Box
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Am. Falls Po Box

3. RESIDENCE of FATHER (city, state) Am Falls

4. FULL NAME OF CHILD Everett W Rookstool

5. Date of Birth (Month, day, year) Aug 22 1915

6. Sex boy

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew R. Rookstool
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace mo. (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M Matthews
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Anna M Rookstool (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) MAY 12 1941 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on Aug 22 1915 by (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna M. Rookstool, being first duly sworn, say that I am mother (Related to (or) acquainted with) Everett Wilson Rookstool (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Stan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna M Rookstool Signature
4482 - 3rd N Seattle Wn P. O. Address

Subscribed and sworn to before me on this 24 day of May, 1941

(SEAL) Roy Ford Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/13/41. M.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-223-009-791

RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311794
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Clark Fork
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Clark Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state) Clark Fork Ida

4. **FULL NAME OF CHILD** Dorothy Mae McIver
5. Date of Birth (Month, day, year) May 23, 1915
6. Sex Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John McIver
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Canada (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Gladys Graham
17. Color or Race White
18. Age at time of THIS birth 20 years
19. Birthplace (City or town) Oaksdale, Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg.
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 3 (b) Born alive and now living Yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) May 14-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Wash
County of Pend Oreille } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John McIver, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dorothy Mae McIver (Sundberg) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs John Nagle (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x [signature] Name
Cusick, Wash P. O. Address

Subscribed and sworn to before me on this 10th day of May 1941

(SEAL) [signature] Notary Public, residing at Cusick, Wn

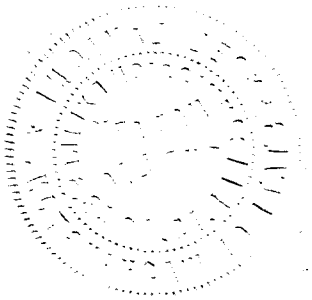
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/21/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



517-127.009-368

United States
Department of Commerce
Bureau of Census

MAY 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311797
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Perry L. Napier
5. Date of Birth (Month, day, year) Jan. 27-1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Elegah ashford Napier
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Marshfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ethel Coyle
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Moran (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Napier (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 14-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Laura Beckham M.D. (O., Midwife, etc.)
and address 725 E Rec Spokane Date 5.10.41

State of Idaho
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ethel Napier, being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ethel Napier Signature
Bayview P. O. Address

Subscribed and sworn to before me on this 12 day of May, 1941

(SEAL) James J. Feely Notary Public, residing at Bayview Idaho

NOTARY PUBLIC FOR THE STATE OF IDAHO. RESIDING AT BAYVIEW, IDAHO MY COMMISSION EXPIRES DEC 1, 19..

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C.C. 5/21/41. W.E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 15 1941

311834

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Bonner Co
City of Clarks Fork
No. _____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Edward Oliver McClung

3. Sex boy | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 3, 1941 (Month, Day, Year)

FATHER

9. Full name Oliver Smith McClung
10. Residence (usual place of abode) (If non-resident, give place and State) Clark Fork Ida.
11. Color or race White | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or Country) Sheaklysville Pennsylvania

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ranch
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work all my life

MOTHER

18. Full maiden name Mettie B. Wiles
19. Residence (usual place of abode) (If non-resident, give place and State) Clarks Fork
20. Color or race White | 21. Age at last birthday 42 (years)
22. Birthplace (city or place) (State or Country) Lancaster Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Doctor Samon, Deceased., M. D.

or RECEIVED, Midwife

Address _____

Give name added from a supplemental report _____
(Date of)

Filed MAY 15 1941, 193__ Mabel T. Keefer
Registrar.

_____
Registrar.

433103 009 693

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Oliver Smith McClurg being first duly sworn says that he is the Father (Relationship of child)* of Edward Oliver McClurg born Feb. 3 1915 (Date of birth) at Clarks Fork, Idaho, whose certificate of birth is hereto attached, and that Edward Oliver McClurg desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Edward Oliver McClurg hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Samon, Deceased M. D. was the Midwife medical attendant at the birth of said Edward Oliver McClurg and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Oliver Smith McClurg

P. O. Address Valley, Wash.,

Subscribed and sworn to before me this 13 day of May, 19 41

S. A. Kulzer
Notary Public.

Residing at Valley, Washington, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 9 1970

249726 019 491

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311893
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 5 years -- month -- days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Challis, Idaho

3. **RESIDENCE of FATHER** (city, state) Challis, Idaho

4. **FULL NAME OF CHILD** Frank Peter Burstedt

5. Date of Birth (Month, day, year) 4/26/41

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Seth Peter Burstedt
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Umea, Sweden (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Molly L. Drake
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malad, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 16-1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Custer } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Molly L. Burstedt, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Peter Burstedt (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Kirtley, M.D. (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Molly L. Burstedt Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of May, 1941

(SEAL) John Boyd Custer Co. Recorder

Notary Public, residing at Challis, Idaho

c.c. 5/26/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-229 001-469

311908

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311908
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 16 years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.
   (f) Mother's mailing address Eagle Idaho

3. **RESIDENCE of FATHER** (city, state) Eagle, Idaho

4. **FULL NAME OF CHILD** Roberta Violet Matthews

5. Date of Birth (Month, day, year) Mar. 29. 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Thomas Matthews
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lebanon, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Maude Morrisson
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Eagle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 20, 1941 (Date received) (b) Mabel E. Elder (Registrar's signature)

27. Given name added on ..... by Mabel E. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hattie Maude Matthews, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Roberta Violet Matthews as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hattie Maude Matthews Signature

Rfd #3, Boise Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of May 1941

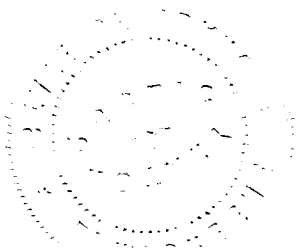
(SEAL) L. M. Greene Notary Public, residing at Boise Idaho

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



754-110-22-271

312960

United States
Department of Commerce
Bureau of Census

RECEIVED MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** William Pemble

5. Date of Birth (Month, day, year) April 10, 1915

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cloud H. Pemble
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Sparkman
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Nettie Pemble Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 20 1941 (Date received) (b) Mabel H. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Pemble Nelson, being first duly sworn, say that I am Mother related to William Pemble as Mother, whose birth certificate
(Name of person on certificate above) (Related to (or) acquainted with) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargis, who attended said birth cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth) (Is now deceased (or) cannot be located)

Mrs. Nettie Pemble Nelson Signature

Gen. Dely. Burke Idah P. O. Address

Subscribed and sworn to before me on this 17 day of May 1941

(SEAL) Geo. H. Packer Notary Public, residing at Wallace Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IS CORRECT? WHICH BIRTH DAY

BOTH DELAYED

DUP 01915--313245

68-25-039-153

312997

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

1 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address American Falls

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Shirley Arleen Whittemore

5. Date of Birth (Month, day, year) Nov. 15. 1915

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Alonzo Whittemore
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Detroit Lake, Minn. (City or town) (State or foreign country)
14. Exact Occupation Book Keeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Melin
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Minneapolis, Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 21 1941 (Date received) (b) Mabel H Feeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California } ss.
County of Los Angeles }

I, Lillian Whittemore, being first duly sworn, say that I am mother (Related to (or) acquainted with) of Shirley Arleen Whittemore (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Richard Noth, who attended said birth (Name of attendant at birth) deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillian Whittemore Signature
1317-So-Fedora St. Los Angeles Cal P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1941

(SEAL) Maude M. Hill Notary Public, residing at 1321 Fedora St Los Angeles Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 5/31/41. w.n.

253-130-029-987 REC

313024

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Moscow, Idaho

3. RESIDENCE of FATHER (City, state) Moscow, Idaho

4. FULL NAME OF CHILD Herman Edward Selvig

5. Date of Birth (Month, day, year) May 30, 1915

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Colfred Selvig	16. FULL MAIDEN NAME Ovidia Larson Ryg
11. Color or Race White 12. Age at time of THIS birth 41 yrs.	17 Color or Race White 18. Age at time of THIS birth 39 yrs.
13. Birthplace Menomonie, Wisconsin (City or town) (State or foreign country)	19. Birthplace Westbury, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business Building	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 24 1941 (Date received) (b) Mabel T. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Wisconsin
County of Barron } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Selvig Otterstein, being first duly sworn, say that I am related to (Related to (or) acquainted with) Herman Edward Selvig (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella Selvig Otterstein Signature

Barron, Wisconsin P. O. Address

Subscribed and sworn to before me on this 20th day of May, 1941

(SEAL) F. B. Williams Notary Public, residing at Barron

Barron County, Wisconsin - My Com. expires 1/17/43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

414-204-039-155

RECEIVED MAY 28 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313132
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Power. (b) City Rockland.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho. (b) County Power.
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Rockland

3. **RESIDENCE of FATHER** (city, state): Idaho.

4. **FULL NAME OF CHILD** Audrene May Darling.

5. Date of Birth (Month, day, year) Oct 4 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Earl N Darling.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ellensburg (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion J. Jensen.
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** V G Logan M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

6/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-11 7-0 29 RECEIVED

625 MAY 29 1941

313195

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County LATAH (b) City BOVILL
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none - born at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 2 years month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County LATAH
   (c) City BOVILL
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address BOVILL, Idaho

3. **RESIDENCE of FATHER** (city, state) BOVILL, Id.

4. **FULL NAME OF CHILD** HERBERT LEO ANSHUTZ

5. Date of Birth (Month, day, year) Jan. 17, 1915

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** PHILIP HERBERT ANSHUTZ
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace HAMMOND (City or town), KANSAS (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business BLACKSMITH

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VERONICA O'KEEFE
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace ADRIAN (City or town) MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum SALINE & SILVERNITRATE 2%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by VERONICA O'KEEFE ANSHUTZ (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

26. (a) May 29-1941 (Date received) (b) Mabel H Eddy (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Lillian Briggs Hyde M.D. (M.D., D.O., Midwife, etc.)
and address 4022 Burke, Seattle, Wash. Date 5-27-41

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

c.c. 6/10/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1915 - 2834

249-124-224-393

313200

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Bliss
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Bliss
(d) Street Address or R.F.D. No. Gen Del
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Gen Del

3. RESIDENCE of FATHER (city, state) Bliss Idaho

4. FULL NAME OF CHILD Orrell Ellsworth Smith

5. Date of Birth (Month, day, year) June 24 - 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Marion Smith

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Ashland (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Mae Tickner

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Fort Collins (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 1 - 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Iona Thompson ~~M.D.~~ (~~D.O.~~, Midwife, ~~etc.~~) and address Bliss Idaho Date May 28-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is ~~NOT LIVING~~ or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 1975

c.c. 6/11/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-130-42-236 RECEIVED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Twin Falls R.F.D.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Glenn Dewayne Kimbell

5. Date of Birth (Month, day, year) Nov. 30, 1915

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Walter Raymond Kimbell	16. FULL MAIDEN NAME Lenora Pearl Stout
11. Color or Race White 12. Age at time of THIS birth ____ yrs.	17 Color or Race White 18. Age at time of THIS birth 23 yrs.
13. Birthplace Valentine (City or town) Nebraska (State or foreign country)	19. Birthplace Blockow (City or town) Missouri (State or foreign country)
14. Exact Occupation Rancher	20. Exact Occupation House Wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lenora (First name) Kimbell (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 31-1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of STATE OF CALIFORNIA
County of CITY AND COUNTY OF SAN FRANCISCO

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, + Lenora Pearl Kimbell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Glenn Dewayne Kimbell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Alexabder (Name of attendant at birth), who attended said birth Cannot Be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

+ Lenora Pearl Kimbell Signature
83 Ordner St S.F. P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL) [signature] Notary Public, residing at ____

My Commission Expires ____

Notary Public in and for the City and County of San Francisco, State of California.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/11/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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251-103-001-993 313271

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 17 1941

State File No. 313271
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) ~~Street Address or~~ R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JOSEPH WILLIAM SEAR, JR.

5. Date of Birth (Month, day, year) March 3, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME JOSEPH WILLIAM SEAR	16. FULL MAIDEN NAME Clara Richardson
11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.	17 Color or Race white 18. Age at time of THIS birth 36 yrs.
13. Birthplace (City or town) Utah (State or foreign country)	19. Birthplace Boise, (City or town) Idaho (State or foreign country)
14. Exact Occupation blacksmith	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 17 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara Sear, being first duly sworn, say that I am related (Related to (or) acquainted with) Joseph William Sear Jr. (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Tukey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Clara Sear Signature

Bend-Ore P. O. Address

Subscribed and sworn to before me on this 13th day of June, 1941

(SEAL) Clarence W. Nelson Notary Public residing at Bend Ore

NOTARY PUBLIC FOR OREGON
My Commission Expires Dec. 19, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 3 1974

6/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253/13-042693 RECEIVED

313326

United States Department of Commerce
Bureau of Census

JUN 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home (exact address forgotten)
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
IN **THIS** county no years 10 month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 10 Months years.
(f) Mother's mailing address General Delivery

3. **RESIDENCE of FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Clifford Leonard Kelly

5. Date of Birth (Month, day, year) JAN-13-1915

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Dean Kelly

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Salem (City or town) Oregon (State or foreign country)

14. Exact Occupation furniture repair man

15. Industry or Business — Furniture Business for self.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evie May Wilder Kelly

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Milton (City or town) Oregon (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Self.

22. Name prophylactic used ~~to prevent Ophthalmia~~ Neonatorum (Unknown) - (Doctor attended)

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn — none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at 3:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Evie Kelly (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Jesse Dean Kelly and Evie May Wilder Kelly, being first duly sworn, say that ~~I am~~ we are related to (Related to (or) acquainted with) Clifford Leonard Kelly (Name of person on certificate above) as Father and Mother respectively (State relationship or acquaintance), whose birth certificate appears above, and that We desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of ~~my~~ our knowledge. We further state that name of the physician (Name of attendant at birth), who attended said birth cannot be remembered (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jesse Dean Kelly Father (Signature)
Evie May Wilder Kelly Mother 1819-26 Street, Sacramento, California P. O. Address

Subscribed and sworn to before me on this 28th day of May, 1941

(SEAL) Gregory E. Kobell Notary Public, residing at Sacramento California

My Comission expires 6/19/42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6/16/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-128 040-432

313333

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Kellogg.
(c) Street Address of R.F.D. No. Mc Kinley ave
(d) Name of Hospital or Maternity Home:
Was confined at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 15 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg.
(d) Street Address or R.F.D. No. Mc Kinley ave
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Kellogg Idaho.

3. **RESIDENCE of FATHER** (city, state) Kellogg Ida

4. **FULL NAME OF CHILD** John Francis Corby

5. Date of Birth (Month, day, year) Sept. 28. 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Benjamin Corby

11. Color or Race white

12. Age at time of THIS birth 27 yrs.

13. Birthplace Taylor (City or town) Nevada (State or foreign country)

14. Exact Occupation Purchasing Agent

15. Industry or Business Bunker Hill & Sullivan mining co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Beall McKasson

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace La Plata (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 2 (c) Born alive and now dead no (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 4 - 1941 (Date received) (b) Maud H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature T. R. Mason M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with)
as ..... (State relationship or acquaintance), whose birth certificate
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 15-35284

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RECEIVED JUN 9 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Naf
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: J. H. Haslam's home Naf, Idaho
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 14 days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Naf
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Henry Haslam Reader

5. Date of Birth (Month, day, year) 5-23-1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Francis Reeder Reader	16. FULL MAIDEN NAME Roselia Riggs Haslam
11. Color or Race White 12. Age at time of THIS birth 24 yrs.	17 Color or Race White 18. Age at time of THIS birth 22 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)	19. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation deceased
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of children of this mother: (a) At time of birth and including this child 2 (b) Born~~ alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED JUN 9 1941

26. (a) JUN 9 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature ~~Delila E. Martin~~ M.D. (D.O., Midwife, etc.)
X and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Delia A. Martin, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Henry Haslam Reader (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my mother (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Delila E. Martin Signature
428 N. 8th Pocatello Ida P. O. Address

Subscribed and sworn to before me on this 7 day of June 1941

(SEAL) J. Blackhurst Notary Public, residing at Pocatello Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/17/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-107-034-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Parents farm Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 2 years 1 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Heyburn Ida

3. RESIDENCE of FATHER (city, state) Heyburn Ida

4. FULL NAME OF CHILD Ralph Leon Jones

5. Date of Birth (Month, day, year) March 7, 1915.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph William Jones
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Tirza Almeda Carter
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Joseph W Jones (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUN 10 1941 (Date received) (b) Mabel T Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph W Jones, being first duly sworn, say that I am Father (Related to (or) acquainted with) Ralph Leon Jones (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Killin (Name of attendant at birth), who attended said birth deceases (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

+ Joseph William Jones Signature
+ Paul Ida Box 341 P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) C B Wiley Notary Public, residing at Paul Idaho

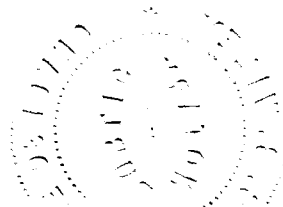
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/20/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-107-022-689

United States
Department of Commerce
Bureau of Census

RECEIVED
JUN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313571
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at parents home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ——— days.
IN THIS county two years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address Ashton Idaho

3. RESIDENCE of FATHER (city, state) Ashton Ida

4. FULL NAME OF CHILD Arthur Weld Wilkie

5. Date of Birth (Month, day, year) 2-7-15

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Arthur Herring Wilkie
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Syracuse (City or town) New York (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Estella Whiffin
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Keokuk (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ——— (born alive, stillborn) at ——— M. on the date and at the place stated above, and that personal particulars were furnished by ——— (First name) (Last name), who is related to this child as ——— (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Mark H Peeler (Registrar's signature)

27. Given name added on ——— by ——— (Registrar's signature)

25. Attendant's OWN signature ——— M.D. (D.O., Midwife, etc.)
and address ——— Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillian Estella Wilkie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arthur Weld Wilkie (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. C. Meacham, M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillian Estella Wilkie Signature
1221 Sage, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of June, 1941

(SEAL) A H Wilson Notary Public, residing at Idaho Falls, Idaho

P.C. 6/20/41

JAN 25 1995

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213124-028-765

RECEIVED JUN 16 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yr yrs.
(f) Mother's mailing address Harrison, Idaho

3. RESIDENCE of FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD ANTHONY SALVATORE
5. Date of Birth (Month, day, year) Oct. 24, 1915
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Sabastian Salvatore	16. FULL MAIDEN NAME Mary Pongitore
11. Color or Race White 12. Age at time of THIS birth 19 yrs.	17 Color or Race White 18. Age at time of THIS birth 16 yrs.
13. Birthplace S. Croce Del Sanno, Italy (City or town) (State or foreign country)	19. Birthplace Calabria, Italy (City or town) (State or foreign country)
14. Exact Occupation Laborer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was XXXXXXXXXX at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by XXXXXXXXXXXXXX (First name) (Last name), who is related to this child as XXXXXX (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Marvel F. Eccher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Pennsylvania
County of Westmoreland } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Salvatore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Anthony Salvatore (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Maria Calabretta (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Salvatore Signature
107-12th St. Jeannette, Penna. P. O. Address

Subscribed and sworn to before me on this 12th day of June, 1941

(SEAL) John J. Taggart Notary Public, residing at Jeannette, Pa.

JOHN J. TAGGART NOTARY PUBLIC
MY COMMISSION EXPIRES MARCH 9, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 64-2074

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-210-028-157

313585

United States Department of Commerce
Bureau of Census

JUN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 229
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital or Maternity Home~~: Born at Home
(e) Mother's stay BEFORE delivery: none
In ~~Hosp. or~~ Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Hayden Lake Id.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Gertrude Frances Sprungman

5. Date of Birth (Month, day, year) Jan 10th 1915

6. Sex Female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustave Wm Sprungman

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Minneapolis Minn (City or town) Minn (State or foreign country)

14. Exact Occupation R.R. Car Inspector

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Angelia

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Not Known (City or town) Poland (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) 6 12. 41. (Date received) (b) H. L. Newcomb M.D. (Registrar's signature)

27. Given name added on by Mary F. Elder (Registrar's signature)

25. Attendant's OWN signature John O Wood M.D. (D.O., Midwife, etc.) and address Crescent Alum. Sq. Date June 10. 41.

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Gustave Wm Sprungman, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gertrude Frances Sprungman as Father, (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wood, (Name of attendant at birth) who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. J. MULEAHY
Notary Public, Hennepin County Minn.
My Commission Expires Mar. 4, 1945.

G W Sprungman Signature
1320 - 4th Ave So Minneapolis Minn P.O. Address

Subscribed and sworn to before me on this 29 day of May, 1941

(SEAL) M J Muleahy Notary Public, residing at Minneapolis Minn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1942

JUN 27 1942

P. C. Lyrey 41

JAN 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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313598

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 4 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ½ days; IN **THIS** county years 18 months days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Rockland, Ida.

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Arlie Meral Moore

5. Date of Birth (Month, day, year) Sept 6, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9ms.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Howard Moore
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kackley (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilie Wilhelmnia Barth
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Culberston, (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4.20 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** V. L. Logan M.D. (D.O., Midwife, etc.) and address American Falls, Idaho Date 6/10/41

26. (a) JUN 13 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of Idaho } ss.
County of Canyon }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Winifred Moore, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arlie Meral Moore (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Logan (Name of attendant at birth), who attended said birth cannot be located (Is was deceased or cannot be located) and that this birth **has not been previously recorded.**; that I was present when said child was born. Winifred Moore Signature

R. #2, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941.

(SEAL) Kathryn V. Hartkopf Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

P. C. 6/20/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-127 022-819

313633

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Ashton

3. RESIDENCE of FATHER (city, state) Ashton

4. FULL NAME OF CHILD Wilfred Bruce Reynolds

5. Date of Birth (Month, day year) Dec. 27, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Bruce Francis Reynolds
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Laurence Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Zora Harris
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Marysville (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business farmers Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 16 1941 (Date received) (b) Mabel H Geeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Zora Reynolds, being first duly sworn say that I am related to (Related to (or) acquainted with)
Wilfred Bruce Reynolds Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alfred L. Hummell who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs Zora Reynolds Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of June, 1941

(SEAL) Paul Stone Notary Public, residing at Ashton, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

RECEIVED JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313677
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Wilder Idaho.

3. RESIDENCE of FATHER (city, state) Wilder Idaho

4. FULL NAME OF CHILD Orville Eugene Robuck

5. Date of Birth (Month, day year) Aug. 23. 1915

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Monroe Robuck
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace La Cross, Izard co. Ark (City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ona Mae Reno.
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Logan, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 18 1941 (Date received) (b) Mabel V. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Bonner } ss.

I, Ona Mae Robuck, being first duly sworn, say that I am Mother of (Related to (or) acquainted with)
Orville Eugene Robuck as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McKinnon (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ona Mae Robuck Signature
Wilder Idaho R. 1 P. O. Address

Subscribed and sworn to before me on this 18th day of June 1941

(SEAL) T. M. Robinson Notary Public, residing at Caldwell Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

236-23/028-295

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 21 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314808
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: Home
   In Hosp. or Mat. Home — days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Ida (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Bovill, Ida

4. **FULL NAME OF CHILD** Doris Katheren Stowe

5. Date of Birth (Month, day, year) May 31 — 1915

6. Sex Female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Marshall Stowe
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Appleton (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Kinney
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Pembina (City or town) N. Dak. (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) JUN 21 1941 (Date received) (b) Mairl H Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Kootenai } ss.

I, George Marshall Stowe, being first duly sworn, say that I am the Father (Related to (or) acquainted with) Doris Katheren Stowe (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D Dwyer (Name of attendant at birth), who attended said birth Died (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

George Marshall Stowe Signature
Flora Stowe P. O. Address

Subscribed and sworn to before me on this 20 day of June, 1941

(SEAL) John W. Booth Notary Public, residing at Coeur d'Alene Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-205-039863

314820

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAY 22

1. PLACE OF BIRTH
(a) County Power (b) City Ray Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Ray
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Banks Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Irene Esther Reiman

5. Date of Birth (Month, day, year) May 5, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME August Reiman	16. FULL MAIDEN NAME Emma Hochbaum
11. Color or Race white 12. Age at time of THIS birth 26 yrs.	17 Color or Race 18. Age at time of THIS birth 23 yrs.
13. Birthplace Parkiton S.D. (City or town) (State or foreign country)	19. Birthplace Westbrook Minn (City or town) (State or foreign country)
14. Exact Occupation farmer	20. Exact Occupation house wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I August Reiman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irene Esther Reiman (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Minnie Hochbaum (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

August Reiman Signature
Banks Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of May, 1941

(SEAL) Carolina A. Douglas Notary Public, residing at Sweet, Idaho

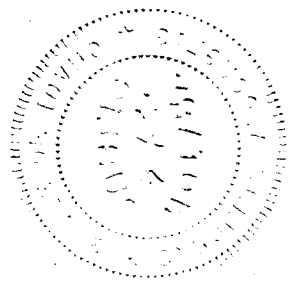
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be~~ received and filed by the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



132-223 (20) 915

314855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

JUN 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 520

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Ames home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county 18 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock (Caribou)
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice): Conda, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Spgs. Ida

4. **FULL NAME OF CHILD** Edna Mabel Albrecht

5. Date of Birth (Month, day, year) Sept. 28, 1915

6. Sex Fe

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George E. Albrecht
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Germany (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Nanney
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Grace, Idaho (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Stiles (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 1, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Russell Tigert, M.D. (C.O., Midwife, etc.)
and address Soda Spgs, Idaho Date June 1, 1941

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JAN 2 2 1975

652-227030-355

United States Department of Commerce
Bureau of Census

JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314934
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ~~days~~.
IN **THIS** county 23 years 3 month 2 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Sherlin Ore

3. **RESIDENCE of FATHER** (city, state) Sherlin Ore

4. **FULL NAME OF CHILD** Hazel Virginia Webber

5. Date of Birth (Month, day, year) Dec 27 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Burr Webber
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Steamboat Springs Colo. (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U.S. Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Lee
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Junction Ida (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Mary H Geeler (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry B. Webber, being first duly sworn, say that I am Related (Related to (or) ~~acquainted with~~), Hazel Virginia Webber (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McComb (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Henry B. Webber Signature
Sherlin Ore P. O. Address

Subscribed and sworn to before me on this ____ day of ____ 19

(SEAL) Notary Public, residing at Sherlin Ore

MY COMMISSION EXPIRES 1/14/44

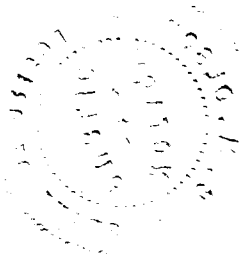
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-110006-363

314978

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: Mrs. Batway Midwife
   (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County
   (c) City Blackfoot
   (d) Street Address or R.F.D.No.
   (e) How long has MOTHER lived in Idaho? 1½ yrs.
   (f) Mother's mailing address Stockton Calif

3. RESIDENCE of FATHER (city, state) Same.

4. FULL NAME OF CHILD Frederick Erwin Wright

5. Date of Birth (Month, day year) Aug. 10, 1915

6. Sex Male

7. Twin or Trip'let

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Pearl Wright
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Williamstown (City or town) Missouri (State or foreign country)
14. Exact Occupation Salesman in Clothing
15. Industry or Business Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Martha Coleman
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Bay City (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) 5-15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Catherin Wright (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 26 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [redacted] M.D. (D.O., Midwife, etc.) and address [redacted] Date

State of California } ss.
County of San Joaquin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, WILLIAM PEARL WRIGHT, being first duly sworn, say that I am Related to the N.B. (Related to (or) acquainted with) Frederick Erwin Wright (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Batway (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Pearl Wright Signature

Rt. 1, Box 652, Stockton, California P. O. Address

Subscribed and sworn to before me on this 25th day of June 1941

(SEAL) Edith A. Monellini Notary Public, residing at Stockton, Calif.

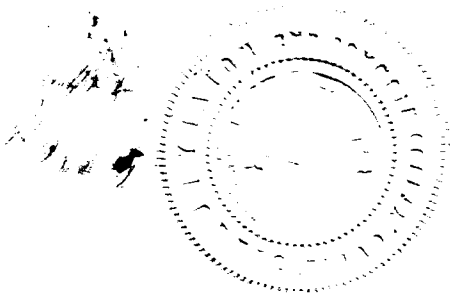
by 30941

FEB 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 1915-32548

291 228 028 455

United States Department of Commerce Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315016
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'alene
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: baby born at home of parents
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home -- days. IN THIS county 3 years 6 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'alene
(d) Street Address or R.F.D. No. General Deliv.
(e) How long has MOTHER lived in Idaho? 3½ yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Coeur d'alene, Idaho

4. FULL NAME OF CHILD Bonnie May Brackett

5. Date of Birth (Month, day, year) Aug. 28, 1915

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Bert Nye Brackett	16. FULL MAIDEN NAME Flora Estella Devereaux
11. Color or Race white 12. Age at time of THIS birth 39 yrs.	17 Color or Race white 18. Age at time of THIS birth 29 yrs.
13. Birthplace Little Grant, Wisconsin (City or town) (State or foreign country)	19. Birthplace Superior, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Lather	20. Exact Occupation housekeeper
15. Industry or Business Building	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead -- (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:15pM. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Bert Brackett (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel Y Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bert Nye Brackett, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bonnie May Brackett (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bro (reg. midwife) (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x. Bert Nye Brackett Signature

2797 Golden Ave., Long Beach, Cal. P. O. Address

Subscribed and sworn to before me on this 25 day of June 1941

(SEAL) V. H. Greenup Notary Public residing at Long Beach Calif.

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814728 006-259 RECEIVED

315017

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D.No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Shelley Idaho

3. RESIDENCE of FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Glen Hampton

5. Date of Birth (Month, day year) Feb. 28-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Junius Wells Hampton
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Cement Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Emma Berry
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8 A M. on the date stated above, and that the personal particulars were furnished by Mildred E Hampton (First name) (Last name), who is related to this child as mother (Mother, etc.)

RECEIVED JUN 27 1941

25. Attendant's OWN signature J. W. Roberts M.D. (D.O., Midwife, etc.)
and address Shelley Ida. Date June 26 41

26. (a) ..... (Date received) (b) Mabel V. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

651726042168

315018

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R F D No. 434 4th ave west
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls,
(c) City Twin Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** John William Weaver

5. Date of Birth (Month, day, year) Feb.26.1915

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy x

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Weaver
11. Color or Race W
12. Age at time of THIS birth 46 yrs.
13. Birthplace Harrisonburg (City or town) Virgina (State or foreign country)
14. Exact Occupation Hotel Prop
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Isadora Johnson
17. Color or Race W
18. Age at time of THIS birth 31 years
19. Birthplace Idaho Springs, Colo (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6.00 a M. on the date and at the place stated above, and that personal particulars were furnished by Clara Weaver (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) June 24 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clara I Weaver, being first duly sworn, say that I am related to (Related to (or) acquainted with) John William Weaver (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that John R Morgan (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara I Weaver Name

Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 24th day of June 1941

(SEAL) [signature] Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343-109 044-349

315051

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315051
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 68 yrs.
(f) Mother's mailing address Cascade, Idaho

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD JOHN K. CULLEN

5. Date of Birth (Month, day year) December 9, 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frederick Cullen
11. Color or Race White American
12. Age at time of THIS birth ..... yrs.
13. Birthplace San Francisco, California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Turmas
17. Color or Race White American
18. Age at time of THIS birth ..... yrs
19. Birthplace Bruneau, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Turmas Cullen, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of John K. Cullen (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the person (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Turmas Cullen Signature
P. O. Address

Subscribed and sworn to before me on this 8 day of July, 1941

(SEAL) Wm. J. Jones Jr. Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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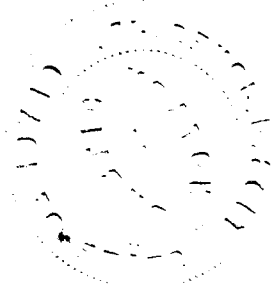

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RF Hiv-4

315112

United States
Department of Commerce
Bureau of Census

JUN 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D.No. None
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Wendell, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Jesse James Kingery

5. Date of Birth (Month, day year) Dec. 13, 1915

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Vernon Kingery
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dawson County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming operations

MOTHER OF CHILD

16. FULL MAIDEN NAME Agusta Georgena Colton
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Harrisburg, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.) Name unknown and location unknown.

26. (a) JUN 30 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agusta Georgena Kingery, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jesse James Kingery (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor's name and location (Name of attendant at birth) who attended said birth is unknown to me (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Agusta Georgena Kingery Signature
Rt. 1, Box 652 X, Stockton, Calif. P.O. Address

Subscribed and sworn to before me on this 27th day of June, 1941.

(SEAL) Fred M. Bollinger Notary Public, residing at Stockton, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

442-125-003-315

315212

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 2 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.:
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Grace Idaho

3. **RESIDENCE of FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Lewis Emerson Duke

5. Date of Birth (Month, day, year) August 25 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Duke
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter and
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Fern Sanner
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Mound Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 2-1941 (Date received) (b) Mabel M Edelen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Duke, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lewis Emerson Duke (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hubbard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Duke Signature

Burley Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of June, 1941

(SEAL) Notary Public, residing at Burley Ida

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-108-039-238

315242

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 7 1941

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Power (b) City American Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Power
(c) City American Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Am. Falls Ida.

4. FULL NAME OF CHILD William Paul Blake

5. Date of Birth (Month, day year) Aug. 28, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Arthur Blake
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Laundry Washman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Scherer
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Bessrabia (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Fred (First name) Blake (Last name), who is related to this child as Father (Mother, etc.)

JUL 7 1941

26. (a) ..... (Date received) (b) Mary Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of ..... } ss.
County of ..... }

I, Fred A. Blake, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Paul Blake (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Starr (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred A. Blake Signature

10 46.15th Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL)

Notary Public, residing at Residence, Idaho Falls, Idaho,

My Commission Expires May 8, 1945

7-10-41
8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

253-102-203-493

RECEIVED

JUL 8

315256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 75
Reg. Dist. No. 611

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 13 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address (For registration notice):
   Bancroft, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Idah

4. **FULL NAME OF CHILD** Darrell Lavern Kelly

5. Date of Birth (Month, day, year) Dec- 2- 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Earl Kelly
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Rockland, Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Irene Mickleson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Logan Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Kelly (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July- 7- 41 (Date received) (b) Mrs. G. G. Fitz (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs. Alice Aston M.D. (D.O., Midwife, etc.)
deceased
and address ..... Date .....

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Bannock }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

~~Darrell Laverne~~ Irene Kelly being first duly sworn says that she is the Mother (Relationship of child)* of Darrell Laverne Kelly born Dec- 2- 1915 (Date of birth) at Bancroft, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Darrell Laverne Kelly hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Alice Aston ~~was~~ Midwife was the medical attendant at the birth of said Darrell Laverne Kelly and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Irene Kelly

P. O. Address Bancroft Idaho

Subscribed and sworn to before me this 7th day of July 1941

Charles W. Shanklin
Notary Public.

Residing at Bancroft Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-10-41

553-130-006-466 RECEIVED JUL 8 1941

315303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 456
Reg. Dist. No. 610 -

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelton, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls, Idaho
   (d) Street Address or R.F.D. No. 240- I St
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.
   (f) Mother's mailing address (For registration notice):
   240-I St- Idaho Falls, Idaho
   (Street or R. F. D.) (Town)

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Kenneth Walter Nelson

5. Date of Birth (Month, day, year) May 30 - 15

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd X th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Oscar Nelson

11. Color or Race W

12. Age at time of THIS birth 44 yrs.

13. Birthplace Peoa, Utah (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Downs

17. Color or Race W

18. Age at time of THIS birth 38 yrs.

19. Birthplace Derbyshire, England (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol 10%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Nelson (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) July 7-1941 (Date received) (b) Anna Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C. C. Allen M.D. (D.O., Midwife, etc.)
and address Idaho Falls Date 7-7-41

7-14-41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

296-115-005-855

United States
Department of Commerce
Bureau of Census

RECEIVED JUL 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315395
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years 6 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state) Plummer, Idaho

4. FULL NAME OF CHILD Jack Clifford Brown
5. Date of Birth (Month, day, year) July 15, 1915
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Archie Edgar Brown
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Auburn, Kansas (City or town) (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business General store

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Henderson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Latah, Washington (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Jack Clifford Brown (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. McCormick (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice Brown Signature
Plummer, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL) George J. McFadden Notary Public, residing at Plummer, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-226-029-699

United States
Department of Commerce
Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Harvard
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Harvard
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Harvard

3. RESIDENCE of FATHER (city, state) Harvard Ida

4. FULL NAME OF CHILD Ruth Isabelle Gleason

5. Date of Birth (Month, day year) 6-26-1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Christian Gleason
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Clinton (City or town) Iowa (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railway Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Crettie Frick
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace Spangle (City or town) Wash- (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 11 — P M. on the date and at the place stated above, and that personal particulars were furnished by John C. Gleason (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel T Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr. Deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John C Gleason, being first duly sworn, say that I am ~~Father~~ related to (Related to (or) acquainted with) Ruth Isabelle Gleason as Father (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sylvia Greener (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

× John C. Gleason Signature
Harvard Ida P. O. Address

Subscribed and sworn to before me on this 1st day of July, 1941

(SEAL) [signature] Notary Public, residing at

Notary Public for the State of Idaho, Lotlatch, Idaho
My Commission Expires Feb. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

866172 035-386

315413

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D.No. Farm
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Leland, Ida.

4. FULL NAME OF CHILD Archie Hoffman
5. Date of Birth (Month, day year) Dec. 12, 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Hoffman
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Leland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Blanche Thornton
17. Color or Race White
18. Age at time of THIS birth 20 yrs
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 11-1941 (Date received) (b) Mabel F. Eldur (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Eliza M. Thornton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Archie Hoffman (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stoneburner (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Eliza M. Thornton, Signature
1144 - Idaho Street - Lewiston, Idaho P.O. Address

Subscribed and sworn to before me on this 9 day of July, 1941.

(SEAL) Philip Neisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315588
Local Reg. No.
Reg. Dist. No.

JUL 17 1941

1. **PLACE OF BIRTH**
(a) County Carbon (b) City Idaho Falls Ida
(c) Street Address or R.F.D.No. Water Ave
(d) Name of Hospital or Maternity Home: Finley.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Carbon
(c) City Idaho Falls.
(d) Street Address or R.F.D.No. Water av
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Water Av

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** Bernard William Younker

5. Date of Birth (Month, day year) July 26 - 1915.

6. Sex Boy. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John William Younker
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Paducah (City or town) Ky (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Mens Clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Rigoni Younker
17. Color or Race White 18. Age at time of THIS birth 24 yrs
19. Birthplace Pilot Knob (City or town) Missouri (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argar oil.
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mabel H. Tedford (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of California
County of Los Angeles } ss.

I, Josephine Rigoni Younker being first duly sworn, say that I am related to (Related to (or) acquainted with) Bernard William Younker (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Finley (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Josephine Rigoni Younker Signature
718 W. Palm Burbank Calif. P. O. Address

Subscribed and sworn to before me on this 14th day of July 1941

(SEAL) Velma R. Sterling Notary Public, residing at Burbank, Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/27/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

438 114 034-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUL 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315589
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minnidoka (b) City Rupert
(c) Street Address or R F D No. Box 284
(d) Name of Hospital or Maternity Home: home residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minnidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Box 284
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Rupert, Idaho

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Charles Leslie [illegible] McQuain

5. Date of Birth (Month, day, year) July 14, 1915

6. Sex: Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Scott McQuain
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Weston (City or town) West Virginia (State or foreign country)
14. Exact Occupation Farmer, General Merchant
15. Industry or Business Farming—Retail Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Lipps
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Stirling (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 16 1941 (Date received) (b) Maud Zeiler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary McQuain Hunt, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Charles Leslie McQuain (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Kenagy (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann McQuain Hunt Name
Box 284 Rupert Ida P. O. Address

Subscribed and sworn to before me on this 15th day of July 1941

(SEAL) A. K. Driesen Notary Public, residing at Rupert Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/2744

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-121-EUC-154

United States
Department of Commerce
Bureau of Census

JUL 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D.No. 1101 Pearl Street
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years 14 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D.No. 1101 Pearl St.
(e) How long has MOTHER lived in Idaho? 14mos. yrs.
(f) Mother's mailing address 1101 Pearl St., Wallac

3. RESIDENCE of FATHER (city, state) 1101 Pearl St. Wallace, Idaho

4. FULL NAME OF CHILD Robert Chris Breckeen

5. Date of Birth (Month, day year) Mar. 21, 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 mos.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Martin Breckeen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Atkinson, Kansas (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business Building contractor.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellyn E. Anderson
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Kewanee, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Robert Martin Breckeen (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.) and address Box 199; Wallace, Idaho Date 7/16/41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-115-04X-391

316823

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 1

1. PLACE OF BIRTH:
(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Weiser Ida

3. RESIDENCE of FATHER (city, state): Weiser Ida

4. FULL NAME OF CHILD Paul James Crowell

5. Date of Birth (Month, day, year) Feb, 15, 1915

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry A. Crowell
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace ..... (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lora I. Craven
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Weiser (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mabel T. Elifer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lora I. Crowell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul James Crowell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carol Conant (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lora I. Crowell Signature
Midvale Ida. P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941

(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

MAR 10 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

345-118-004-213

316875

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 22 1941 CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No. Box 214
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Inst. Home ..... days.
IN THIS county 48 years 2 month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D.No. Box 214
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address Mary Salvisberg Tueller

3. RESIDENCE of FATHER (city, state) Montpelier Idaho

4. FULL NAME OF CHILD Harry Lorsine Tueller

5. Date of Birth (Month, day year) 18 Jan. 1915

6. Sex

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME David Tueller
11. Color or Race White
12. Age at time of THIS birth 65 yrs.
13. Birthplace Emmenthal (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer till 5 years ago.
15. Industry or Business nothing yet.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Salvisberg
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Oltigen Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 22 1941 (Date received) (b) Mary H. Tueller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, DAVID TUELLER, being first duly sworn, say that I am the Father (Related to (or) acquainted with)
Harry Lorsine Tueller (Name of person on certificate above) — (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Tueller Signature

P. O. Address

Subscribed and sworn to before me on this 21 day of July 19. 41

(SEAL) Albert E. Reese Notary Public, residing at Montpelier Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

259-2241022-465

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 29 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316877
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Richard's
(c) Street Address or R.F.D. No. -- Ranch
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. At Home
IN THIS county 3 years month 24 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Reno, Idaho

3. RESIDENCE of FATHER (city, state) Reno, Idaho

4. FULL NAME OF CHILD Hilda Maxine Knight

5. Date of Birth (Month, day, year) 3/24/1915

6. Sex Feminine

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Oliver Earl Knight	16. FULL MAIDEN NAME Beula Maude Montgomery
11. Color or Race White 12. Age at time of THIS birth 31 yrs.	17 Color or Race White 18. Age at time of THIS birth 29 yrs.
13. Birthplace Pekin, (City or town) Illinois (State or foreign country)	19. Birthplace Urich, (City or town) Missouri (State or foreign country)
14. Exact Occupation Ranch foreman Richard's Ranch	20. Exact Occupation Housewife
15. Industry or Business None.	21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Wyoming
County of Park } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oliver E. Knight, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hilda Maxine Knight (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sadie Nieman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Oliver E Knight Signature

Cody, Wyoming P. O. Address

Subscribed and sworn to before me on this 22 day of July, 1941

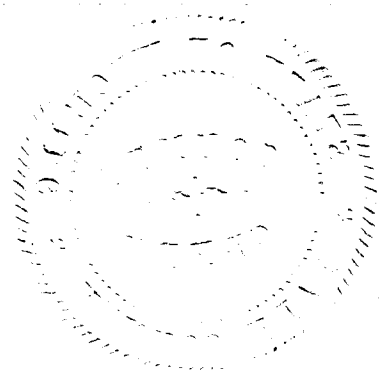
(SEAL) Eva E Larson County Clerk. ~~XXXXXXXXX~~ residing at Cody, Wyoming

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



569-125007-219

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316881
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on a ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. none (Rambler
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address 956 W. Center - Pocatello

3. **RESIDENCE of FATHER** (city, state): Pocatello, Ida.

4. **FULL NAME OF CHILD** Clifford William Norton

5. Date of Birth (Month, day, year) Aug. 25, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ethan Commodore Norton
11. Color or Race White
12. Age at time of THIS birth 18 yrs.
13. Birthplace McCammon, Idaho (City or town) (State or foreign country)
14. Exact Occupation Automobile salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amelia Benson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Deseret, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mother and Father (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUL 29 1941 (Date received) (b) Mabel W. Geddes (Registrar's signature)

25. Attendant's **OWN signature** A. M. Newton M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

7-4-41

DEC 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-126-079-294

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316905
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Harvard
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Harvard
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Harvard

3. RESIDENCE of FATHER (city, state) Harvard, Ida.

4. FULL NAME OF CHILD Raymond Jackson Queener
5. Date of Birth (Month, day year) July-26-1915
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Peyton Queener
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Harvard (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leona Melva Kidwell
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Harvard (City or town) U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Boy (born alive, stillborn) at Home M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Rhoda Canfield M.D. (D.O., Midwife, etc.)
and address Harvard Ida Date July 28, 1915

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Thomas Peyton Queener, being first duly sworn, say that I am Father (Related to (or) acquainted with) Raymond Jackson Queener (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas Peyton Queener Signature
Harvard, Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of June 1944

(SEAL) S. L. Stapleton Notary Public, residing at Potlatch, Idaho

NOTARY PUBLIC State of Idaho
Residing at Potlatch, Idaho
My Commission Expires May 13, 1945.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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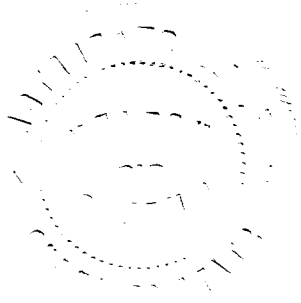

168-201-028-464

316936

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316936
Local Reg. No. 264
Reg. Dist. No. 120

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1311 Park
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 7 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1311 Park
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) Coeur d'Al

4. FULL NAME OF CHILD Lucille Marie Johns

5. Date of Birth (Month, day, year) Jan. 1, 1915

6. Sex Female

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Theo- dore Johns

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Little Rock, Ark.
(City or town) (State or foreign country)

14. Exact Occupation Truck driver

15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Agatha Mougin

17. Color or Race W

18. Age at time of THIS birth 20 yrs.

19. Birthplace Glenwood Springs, Colo.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ____ (d) Stillborn ____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 18, 1941 (Date received) (b) N. D. Newcombe, M.D. (Registrar's signature)

27. Given name added on ____ by Fay P. Thomas deputy (Registrar's ~~signature~~)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Fred Schmieder, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucille Marie Johns (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Fred Schmieder Signature

Box 545, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of July 1941

(SEAL) Jas. A. Foster Clerk of the District Court ~~Notary Public, residing at~~ Ex-Officio Auditor and Recorder By Jos. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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263-1 14-0 03-915

RECEIVED JUL 30 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317026
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County BANNOCK (b) City THATCHER
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: AT MOTHER'S HOME 6 MONTHS
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City THATCHER
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) THATCHER FOR.

4. FULL NAME OF CHILD RUSSELL LINCOLN BOLLWINKEL

5. Date of Birth (Month, day year) OCT. 16, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME LUCIUS LYNN BOLLWINKEL
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace THATCHER, IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH MARGUERITE RANSOM
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs
19. Birthplace PIMA ARIZONA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) Mabel H. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of CALIFORNIA
County of SAN JOAQUIN } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SARAH MARGUERITE BOLLWINKEL, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) RUSSEL LINCOLN BOLLWINKEL (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. HUBBARD (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marguerite R Bollwinkel Signature
1837 E. Miner Ave Stockton Calif. P. O. Address

Subscribed and sworn to before me on this 28th day of July, 1941

(SEAL) G O Boguist Notary Public, residing at Stockton Cal.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

214-216-042-515

317095

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 31 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Amsterdam
(c) Street Address or R.F.D. No. 0
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years no month 15 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Amsterdam Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hattie Kadyk

5. Date of Birth (Month, day, year) Oct. 16 - 1915

6. Sex Female

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emes Kadyk
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Leens, - Netherland. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business 0

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude van Essen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Fond du Lac, - Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 5.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Emes Kadyk (First name) (Last name), who is related to this child as Father (Mother, etc.)

JUL 31 1941

26. (a) ..... (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Emes Kadyk Father ~~M.D.~~ ~~(D.O., Midwife, etc.)~~ and address ..... Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emes Kadyk, being first duly sworn, say that I am related ~~Father~~ (Related to (or) acquainted with) Hattie Kadyk (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emes Kadyk ~~Signature~~
Amsterdam Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of July 19 41

(SEAL) [signature] Notary Public, residing at Everett

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-110-025-279

317143

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317143
Local Reg. No.
Reg. Dist. No.

AUG 2 1941

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Canfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 7 month · days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Canfield
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 7 mo yrs.
   (f) Mother's mailing address Canfield Idaho

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Bill Carlyle Glenn Clark

5. Date of Birth (Month, day, year) 4/10/15

6. Sex Male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Henry Clark
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Stewart, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Springer.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Huntsville Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now **dead** None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Clark (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 2 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Washington
County of Lewis } ss.

I, Ruth Clark, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Bill Clark (Name of person on certificate above) as Mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tackett (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ruth Clark Signature

Box 146 Centralia Wash. P. O. Address

Subscribed and sworn to before me on this 10th day of June 1941

(SEAL) ..... Notary Public, residing at Centralia

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-205-037-569

RECEIVED AUG 4 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317159
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County was Owyhee (now Elmore) (b) City King Hill
(c) Street Address or R.F.D.No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6 years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee (now Elmore)
(c) City King Hill
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address King Hill, L/9 mos.

3. RESIDENCE of FATHER (city, state) King Hill, I.

4. FULL NAME OF CHILD CAROLYN CARNAHAN
5. Date of Birth (Month, day year) March 5, 1915
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Albert Pollard Carnahan	16. FULL MAIDEN NAME	Carrie Selena Ewing
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	43 yrs.	18. Age at time of THIS birth	40 yrs
13. Birthplace (City or town)	Boulder, Colorado (State or foreign country)	19. Birthplace (City or town)	Cadmus, Linn Co., Kansas (State or foreign country)
14. Exact Occupation	Farmer & Stockman	20. Exact Occupation	Housewife
15. Industry or Business	Farming & Stockraising	21. Industry or Business	"

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 4-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, CARRIE E. CARNAHAN, being first duly sworn, say that I am related to (Related to (or) acquainted with) CAROLYN CARNAHAN (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles C. Smith (Name of attendant at birth), who attended said birth is now deceased, (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carrie E. Carnahan Signature
King Hill, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of August, 1941.
(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho.
My commission expires Nov. 6, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

433-014-285-363

317212

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317212
Local Reg. No.
Reg. Dist. No.

AUG 4 1941

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Canfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Canfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address Canfield

3. **RESIDENCE of FATHER** (city, state) " Idaho

4. **FULL NAME OF CHILD** Louise Emiline McCoy

5. Date of Birth (Month, day, year) June 14-1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Clark McCoy
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace San Jose (City or town) California (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Jane Cochran
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Colfax (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at June 14- M. on the date and at the place stated above, and that personal particulars were furnished by A. C. McCoy (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel V. Fraser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, A. C. McCoy (Name of person on certificate above), being first duly sworn, say that I am Father (Related to (or) acquainted with) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Foskett (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

A. C. McCoy Signature

Grover P. O. Address

Subscribed and sworn to before me on this 25 day of July 1941

(SEAL) Mabel Fraser Notary Public, residing at Spokane Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-122-079-863

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

AUG 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317213
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D.No. gen del
   (d) Name of Hospital or Maternity Home: at own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 6 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D.No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 5½ yrs.
   (f) Mother's mailing address Rockland gen del

3. **RESIDENCE of FATHER** (city, state) Rockland Idaho

4. **FULL NAME OF CHILD** Ronald Douglas Holcomb

5. Date of Birth (Month, day year) July 22-1915

6. Sex Male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thos Judd Holcomb
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Iowa co. near Alford Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Holcomb
17. Color or Race
18. Age at time of THIS birth 43 yrs
19. Birthplace Ringold co Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1% Sol.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Thomas Holcomb (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** V L Fogg M.D. (D.O., Midwife, etc.) and address American Falls, Ida. Date July 19-41

26. (a) AUG 4 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended (Name of attendant at birth) said birth ..... and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

493-219-022-415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH

County of Fremont

City of Dubois

No. ..... St.

(If born in hospital or institution give name.)

AUG 15 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

317320

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Alice Dick

3. Sex F

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Mar. 19, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Maurice Lowell Dick	18. Full maiden name: Isabel Margaret Davis
10. Residence (usual place of abode) (If non-resident, give place and State) Dubois, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Dubois, Idaho
11. Color or race white 12. Age at last birthday 26 (years)	20. Color or race White 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Idaho Falls, Idaho	22. Birthplace (city or place) (State or Country) Pocatello, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.P. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 2½	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother First child (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG 15 1941, 193.. Mabel F. Eeder Registrar.

8-30-41

493-219-022-415

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho)
County of Bannock) ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Isabel D. Dick being first duly sworn says that she is the Mother (Relationship of child)* of Dorothy Alice Dick born March 19, 1915 (Date of birth) at Dubois, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Dorothy Alice Dick hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. T. L. Harrison, M. D., was the [redacted] medical attendant at the birth of said Dorothy Alice Dick and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Isabel D. Dick

P. O. Address 224 West Sublette, Pocatello, Idaho

Subscribed and sworn to before me this 14 day of August, 19 41

Blackhurst
Notary Public.

Residing at Pocatello, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

632-205-010-468

317405

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Lincoln, Ida
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
At own home
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Blanche Lavonda Olsen

5. Date of Birth (Month, day year) Feb 5 1915

6. Sex female

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lyle Oscar Olson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Hudson (City or town) So Dakota (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Mohr
17. Color or Race white
18. Age at time of THIS birth 34 yrs
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Mohr (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 12 1941 (Date received) (b) Maud F Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Now deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Mohr, being first duly sworn, say that I am related (Related to (or) acquainted with) Blanche Lavonda Olsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that deceased (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Anna Mohr Olsen Signature

R-2 Idaho Falls Ida P. O. Address

Subscribed and sworn to before me on this 11th day of August, 19 41

(SEAL) Marie Bundy Notary Public, residing at Idaho Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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6 89-116-005-355

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317463
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years 6 month 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address St. Maries, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Lawrence Winton Whiteside

5. Date of Birth (Month, day year) Apr. 16, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Hance Whiteside
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Evart, Michigan (City or town) (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Esther Lennon
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Evart Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Mabel H Eccles (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, R. H. Whiteside, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Lawrence Winton Whiteside (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. D. McRae (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

R. H. Whiteside Signature
220 12th St. St Maries Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of August 1941

(SEAL)

Notary Public, residing at St Maries

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

036-108-02-713

RECEIVED
AUG 11 1941

317496

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state) Preston, Ida.

4. FULL NAME OF CHILD Harold Guinar Stokes

5. Date of Birth (Month, day year) July 8, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Harold Stokes
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming & student
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna P. Packer
17. Color or Race yes
18. Age at time of THIS birth 19 yrs
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Henry H. Stokes (First name) (Last name), who is related to this child as father (Mother, etc.).

26. (a) Aug 11-1941 (Date received) (b) Mabel T. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henry H. Stokes, being first duly sworn, say that I am the father of (Related to (or) acquainted with)
Harold Guinn Stokes as father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Allen R. Cutler, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

X Henry H. Stokes Signature
142 10th North Twin Falls Ida. P.O. Address

Subscribed and sworn to before me on this 9th day of August, 1941

(SEAL) Leah Cedarholm Notary Public, residing at Twin Falls, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-713-013-415

317577

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 11 1941

1. **PLACE OF BIRTH**
   (a) County Camas (b) City Soldier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Camas
   (c) City Soldier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address Manard, Idaho

3. **RESIDENCE of FATHER** (city, state) Manard, Idaho

4. **FULL NAME OF CHILD** Leslie Arthur Davis

5. Date of Birth (Month, day, year) 1 - 13 - 1915

6. Sex - male

7. Twin or Triplet

If so—born (1st) 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur DeWitte Davis
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Uniontown (City or town) Kansas (State or foreign country)
14. Exact Occupation Stock Man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Capitola Davis
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Miatteville (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 11 1941 (Date received) (b) Mabel T. Geiger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Kansas
County of Allen } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. F. Eastwood, being first duly sworn, say that I am related (Related to (or) acquainted with) Leslie Arthur Davis (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that had no doctor (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. F. Eastwood Signature

Iola, Kansas P. O. Address

Subscribed and sworn to before me on this 12 day of June, 1941

(SEAL) A. M. Dunlap Notary Public, residing at Iola, Kansas

Probate Judge

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-109 040-795

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318790
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Avery, Ida.
(c) Street Address or R.F.D.No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Avery
(d) Street Address or R.F.D.No. None
(e) How long has **MOTHER** lived in Idaho? 5 Mo. yrs.
(f) Mother's mailing address Gen. Delv.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Wallace Lester McCaughey

5. Date of Birth (Month, day year) Sept. 9th 1915

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Charles McCaughey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation Carman C.M.&St.P.RR
15. Industry or Business Railroading

MOTHER OF CHILD

16. FULL MAIDEN NAME Leah Greetan
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Conto (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) Mabel H. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, H. L. Brasue, being first duly sworn, say that I am Acquainted (Related to) (or) acquainted with) Wallace Lester McCaughey (Name of person on certificate above) Acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ✓ (Name of attendant at birth), who attended said birth ✓ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

H. L. Brasue Signature

3408 W. Providence Spokane, Wash. P. O. Address

Subscribed and sworn to before me on this 18th day of August 1941

(SEAL) Alex Alexander Notary Public, residing at Spokane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed ~~by~~ the ~~local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

386-207 022-139

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
In home at Drummond
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 6yrs2mos yrs.
(f) Mother's mailing address Drummond

3. RESIDENCE of FATHER (city, state) Drummond

4. FULL NAME OF CHILD Leona Ann Thorsted

5. Date of Birth (Month, day year) May 7, 1915

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Otto Thorsted
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Anna Atzbach
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Hooper, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Rose Atzbach Thorsted (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 20 1941 (b) ..... (Registrar's signature)
(Date received)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. L. Sharpe M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 8-16-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315 728003 743

318819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
he was born at his own home
(e) Mother's stay **BEFORE** delivery:
~~In Hosp. or Mat.~~ Home 10 days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft.
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address (Deceased)

3. **RESIDENCE of FATHER** (city, state). (Deceased)

4. **FULL NAME OF CHILD** ~~Asel~~ Asel John Landon

5. Date of Birth (Month, day, year) Feb. 28 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Porter Landon
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Woodruf Oneida Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Elizabeth Purkiser
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Avon (City or town) Utah (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 9 1941 (Date received) (b) Mabel H Edler (Registrar's signature)

25. Attendant's **OWN signature** Ellen Kaskley M.D., Midwife, etc.) and address Soda Springs Date 8-11-41

27. Given name added on by (Registrar's signature)

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALVERDA NIELSEN LANDON, being first duly sworn, say that I am sister of (Related to (or) acquainted with) ASEL JOHN LANDON (Name of person on certificate above) xx (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kaskley (Name of attendant at birth), who attended said birth ~~is now deceased~~ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alverda Landon Nielsen Signature

46 W. Pleasant St, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 6th day of August, 19 41

(SEAL) E W Cornell Notary Public, residing at Long Beach, Calif.

Comm. expires Feb. 1, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318825

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Idaho (b) City Grangeville (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: At Home (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 17 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth) (a) State Idaho (b) County Idaho (c) City Grangeville (d) Street Address or R.F.D. No. (e) How long has **MOTHER** lived in Idaho? 17 yrs. (f) Mother's mailing address Grangeville.

3. **RESIDENCE of FATHER** (city, state) Grangeville

4. **FULL NAME OF CHILD** Warren Wesley Hockersmith

5. Date of Birth (Month, day year) July 21, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Wesley Hockersmith

11. Color or Race White

12. Age at time of THIS birth 49 yrs.

13. Birthplace Junction City, Oregon (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Elizabeth Palmer

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Woodson Co. Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2. (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Myra E. Hockersmith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 20 1941 (Date received) (b) Mabel I. Felker (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myra E. Hockersmith, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Warren Wesley Hockersmith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foskett (Name of attendant at birth) who attended said birth Is Now Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Myra Elizabeth Hockersmith Signature

1533 - Bellevue Ave, Seattle Wn. P. O. Address

Subscribed and sworn to before me on this 16th day of August 1941

(SEAL) M. E. Whiting Notary Public, residing at Seattle, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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381 104001669 # 318870

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318870

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1107 Grove
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1107 Grove
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Nampa, Ida. R 1*

3. RESIDENCE of FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Julio Chacartegui

5. Date of Birth (Month, day year) 7-4-15

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jose Chacartegui
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mendega (City or town) Spain (State or foreign country)
14. Exact Occupation Wool grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucasia Foruria
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Legueitio (City or town) Spain (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lucasia (First name) Chacartegui (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Rec 7-9-1941 (Date received) (b) Mabel Heeler (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho
County of Canyon } ss.

I, Lucasia Chacartegui, being first duly sworn, say that I am related to (Related to (or) acquainted with) Julio Chacartegui (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Carmen Chacartegui (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucasia Chacartegui Signature

Route #1, Nampa, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of August 1941

(SEAL) Notary Public, residing at Nampa, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-123019-363 # 318880 31888

United States
Department of Commerce
Bureau of the Census

JUN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Mackey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state): Mackey, Ida

4. FULL NAME OF CHILD Oliver Andrew Thomas

5. Date of Birth (Month, day, year) Jan 23, 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Hankin Thomas
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Iron Mountain Mo. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Eltazera Collins
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Girad, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 27 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Nevada
County of Churchill } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Hankin Thomas, being first duly sworn, say that I am Related (Related to (or) acquainted with) Oliver Andrew Thomas (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mason (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Hankin Thomas Signature
P. O. Box 404 Fallon, Nevada P.O. Address

Subscribed and sworn to before me on this 25th day of June, 1941

(SEAL) [signature] Notary Public, residing at Fallon Nev

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

956 101039 955 # 318885

United States
Department of Commerce
Bureau of Census

SEP - 4

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Arbon
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER [illegible] Idaho? 17
(f) Mother's mailing address Arbon, Idaho

3. RESIDENCE of FATHER (city, st. Arbon, Idaho

4. FULL NAME OF CHILD Benjamin William Infanger

5. Date of Birth (Month, day year) 8-1-1915

6. Sex boy

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Joseph Infanger
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation General work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Liza Rose Iversen
17. Color or Race white
18. Age at time of THIS birth 18 yrs
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP - 4 1941 (Date received) (b) Marvel I. Eide (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Liza Rose Infanger, being first duly sworn, say that I am related to (Related to (or) acquainted with) Benjamin William Infanger (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Henry Shandrew (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Liza R. Infanger Signature
624 North 12th Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of September, 1941

(SEAL) R. J. Merrill Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

714-123022--271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

319001
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Clark (b) City Small
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Clark
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Small Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Philip Rollo Gauchay
5. Date of Birth (Month, day, year) April 23, 1915
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Philip Rollo Gauchay
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake Co (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida LaRue Spafford
17. Color or Race White
18. Age at time of THIS birth 37 years
19. Birthplace Annabella Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:10 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 25-1941 (Date received) (b) Mabel H Geldert (Registrar's signature)

27. Given name added on .....by..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs. LaRele Gauchay. M.D. or Mother (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I LaRele Gauchay, being first duly sworn, say that I am related to (Related to (or) acquainted with) Philip Rollo Gauchay (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Charles Dance (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. LaRele Gauchay. Name
Small, Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of August 1941

(SEAL) John H. Hays Notary Public, residing at Dubois, Idaho
my com expires April 18, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of ..... Nez Perce

City of .....

No. ..... Myrtle St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 2 1941

CERTIFICATE OF BIRTH

319202

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fermin Henry Galloway

3. Sex M | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth ..... | 6. Premature No; Full term ..... | 7. Legitimate? yes | 8. Date of birth I-I2-I5, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name John G. Galloway	18. Full maiden name Birdie Alda McKay
10. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Myrtle, Ida.
11. Color or race wht | 12. Age at last birthday 53 (years)	20. Color or race ..... | 21. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Van. Me	22. Birthplace (city or place) (State or Country) Leland, Ida.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hswife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Same	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Same
16. Date (month and year) last engaged in this work Now, 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work Now, 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 4 (At time of this birth and including this child) two
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs D C McKay, Midwife

Address Myrtle, Ida.

Filed Sept 5, 1941 Mabel F Elder
Registrar.

713/12035-432

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

1941

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John G. Galloway being first duly sworn says that he is the father (Relationship of child)* of Fermin Henry Galloway born Jan. 12, 1915 (Date of birth) at Myrtle, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Fermin Henry Galloway hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. D. C. McKay--midwife M. D. was the Midwife medical attendant at the birth of said Fermin Henry Galloway and that the said medical attendant is None (Now deceased (or) cannot be located)

Name of Affiant John G Galloway

P. O. Address Myrtle, Idaho

Subscribed and sworn to before me this 30 day of Aug. 1941, 19

John K. Rhellegs
Notary Public.

Residing at Lewiston, Idaho., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

168 · 208 034 · 719

319249

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Minedoka (b) City Paul
   (c) ~~Street~~ Address or R.F.D. No. 1
   (d) ~~Name of Hospital or Maternity~~ Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home .....days.
   IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minedoka
   (c) City Paul
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 months yrs.
   (f) Mother's mailing address Paul, Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Nellie Johnson

5. Date of Birth (Month, day year) Nov-8-1915

6. Sex Female

~~7. Twin or Triplet.~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Joseph N Johnson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salem (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Serena Regena Gardner
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Sept 8 - 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Serena Regena Johnson, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) Nellie Johnson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Thompson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Serena Regena Johnson Signature

Paul Idaho R #1 P. O. Address

Subscribed and sworn to before me on this 28th day of August, 1941

(SEAL)

Notary Public, residing at Burley, Idaho

My Commission Expires Oct 22-1943

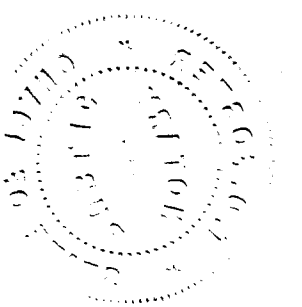
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce SEP 5 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319355
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ONEIDA (b) City BLACK PINE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 2 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City BLACK PINE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address BLACK PINE

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD THELMA BATES
5. Date of Birth (Month, day year) NOV. 13. 1915
6. Sex FEMALE
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** PRENTICE ALEXANDER BATES
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace TEXAS (City or town) (State or foreign country)
14. Exact Occupation BOILERMAKER
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** BERTHA ESTELLA CHAMBERLAIN
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace WILLARD UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept 5 - 1941 (Date received) (b) Maurel T Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of KING } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, BERTHA ESTELLA BATES NIELSEN, being first duly sworn, say that I am RELATED (Related to (or) acquainted with) THELMA BATES (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS WALTERS (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Bertha Estella Bates Nielsen x Signature
810, EASTLAKE, SEATTLE, WASH. P. O. Address

Subscribed and sworn to before me on this 3rd day of September 1941
(SEAL) M. M. Hornaday Notary Public, residing at Seattle, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

(2) 7-11-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of ~~Fremont~~ Fremont
City of St Anthony
No. 653 104 022 235 St.
home
(If born in hospital or institution give name.)

SEP 9 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

319434

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Glen Carl Wellard

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	Yes	Aug 4, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Stanley Raymond Wellard	18. Full maiden name Elsie Steinman
10. Residence (usual place of abode) St. Anthony (If non-resident, give place and State)	19. Residence (usual place of abode) St. Anthony (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 28 (years)	20. Color or race white | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) Twin Groves ~~Idaho~~ (State or Country) Twin Groves, Idaho	22. Birthplace (city or place) Hanover (State or Country) Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plaster	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 3 yrs	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed SEP 9 1941, 193... Mabel H Eccles
Registrar.

..... Registrar.

027

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 9 1941

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Jefferson Fremont } ss.

Elsie S Barnes being first duly sworn says that

She is the Mother of Glen Earl Welland
(Relationship of child)*

born Aug 4, 1915 at St. Anthony, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Glen Earl Welland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr James Gray, M. D., was the ~~Midwife~~ medical attendant at the birth of said Glen Earl Welland and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Elsie S. Barnes.

P. O. Address 238 So. Allen, San Bernardino, Calif

Subscribed and sworn to before me this 27 day of Aug, 19 41

W. E. Knapp.
Notary Public.

Residing at Long Beach, Calif, ~~Idaho.~~

My Commission Expires [illegible] 1944

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

SEP 17 1941

319718044 895

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319572
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Cambridge, Ida.

3. RESIDENCE of FATHER (city, state) Cambridge, Id

4. FULL NAME OF CHILD William Thomas Carrick

5. Date of Birth (Month, day year) Jan. 18, 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Carrick

11. Color or Race W

12. Age at time of THIS birth 42 yrs.

13. Birthplace Fall River, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Winder

17. Color or Race W

18. Age at time of THIS birth 29 yrs.

19. Birthplace Springville, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Eva Carrick (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. Elizabeth Winder M.D. (D.O., Midwife, etc.)
Attendant
and address Vale, Ore. Date 9-8-41

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Carrick, being first duly sworn, say that I am related to (or) acquainted with) related to William Thomas (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Winder (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 18 1941

DELAYED

1915-
DUP OF 29097

413-203-030-412 #319639

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309639
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In our own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county one years one month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? five yrs.
(f) Mother's mailing address Leadore Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Portia MaComb

5. Date of Birth (Month, day year) July 3, 1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Thomas Todd MaComb
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Philadelphia Penn. (City or town) (State or foreign country)
14. Exact Occupation Physician, Surgeon
15. Industry or Business Physician, Surgeon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Anna Massie MaComb
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Logan Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 A.M. (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Thos T MaComb M.D. (D.O., Midwife, etc.)
and address Los Angeles California Date Sept. 22 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 25 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

485/10-040-675

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 19 1941

State File No. 319751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Burke Road
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Burke Road
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Herbert Uhlman

5. Date of Birth (Month, day year) August 10, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Uhlman

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Exact Occupation Not working

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wiegele

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Austria (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 19 1941 (Date received) (b) Maurel H. Eller (Registrar's signature)

25. Attendant's **OWN** signature Dr. M. Dayvere M.D. (D.O., Midwife, etc.)
and address Wallace Ida Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

X 351-127-004-299

SEP 28 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 28 years 10 month 1 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Dingle, Idaho

3. RESIDENCE of FATHER (city, state) Dingle, Idaho

4. FULL NAME OF CHILD Wesley Jean Ream

5. Date of Birth (Month, day year) June 27, 1915

6. Sex male

7. Twin or Triplet single birth If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Wesley Ream
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dingle (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer School teacher and surveyor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cooper Birrine
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dingle (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by William Wesley Ream (First name) (Last name), who is related to this child as father (Mother, etc.)
26. (a) SEP 22 1941 (Date received) (b) Mabel T. Edder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Wesley Ream, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wesley Jean Ream (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. I. W. Lynn (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Wesley Ream Signature
Dingle Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of September, 1941
(SEAL) Chas E. Evans Notary Public, residing at Montpelier Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 613-115-003-863

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 22 1941

State File No. 320946
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. North Harrison
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery:
In ~~Hosp.~~ or ~~Mat.~~ Home ..... days.
IN **THIS** county years 4 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. North Harrison
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Pocatello, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Holbrook Facer

5. Date of Birth (Month, day year) Jan. 15, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Henry Facer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Willard, Utah (City or town) (State or foreign country)
14. Exact Occupation Machinist's helper in R. R. shop
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Amanda Holbrook
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel F. Esler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Martha Amanda Holbrook, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Holbrook Facer (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Woolley (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Martha Amanda Holbrook Facer Signature
Murray, Utah 1250 West 64th So. P. O. Address

Subscribed and sworn to before me on this 17 day of September, 1941
(SEAL) Henry E. Tempest Notary Public, residing at Midvale, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-109-022-437

321035

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

25 1941

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Parents Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ___ days. ___
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address Ashton Idaho

3. RESIDENCE of FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Frank Lamar Kidd

5. Date of Birth (Month, day year) Nov 9th 1915

6. Sex M.

7. Twin or Triplet X If so born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? 9

FATHER OF CHILD

10. **FULL NAME** Earl Jackson Kidd
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Oxford (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Maude McGavin
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 a M. on the date and at the place stated above, and that personal particulars were furnished by Estella Maude Kidd (First name) (Last name), who is related to this child as mother (Mother, etc.)

25 1941

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature E. L. Hargis M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 9-23-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-123-010-362

321051

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321051
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Lomax Street
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years 3 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Lomax Street
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.
   (f) Mother's mailing address Same

3. **RESIDENCE of FATHER** (city, state): Same

4. **FULL NAME OF CHILD** Blaine Cabble Taylor

5. Date of Birth (Month, day, year) Sept. 23, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Riley John Taylor
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Harrisville, Utah (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Grocery store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elizabeth Cabble
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mary F. Eddy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Elizabeth Cabble Taylor, being first duly sworn, say that I am related to (Related to (or) acquainted with) Blaine Cabble Taylor (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. C. Hollister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Pearl Elizabeth Cabble Taylor Signature
1064 So. 17th East, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me on this 24th day of September, 1941

(SEAL) Franklin Rhem Richards Notary Public, residing at Salt Lake City, Utah

SEP 26 1941
OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263 129 028-296

321067

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 360
Reg. Dist. No. 120

1. **PLACE OF BIRTH**
   (a) County Kootenia (b) City Coeur d'Alene
   (c) Street Address or R.F.D.No. 1319 Gov Way.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 13 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenia
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D.No. 1319 Gov Way.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address Route 1. Coeur d'Alene

3. **RESIDENCE of FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Roy Alvin Solsirk

5. Date of Birth (Month, day year) Nov. 29. 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Raymond Solsirk
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bergen (City or town) Norway (State or foreign country)
14. Exact Occupation Common labor
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alvilde Krone.
17. Color or Race White
18. Age at time of THIS birth 27 yrs
19. Birthplace Spokane (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Alvilde Solsirk. (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) September 15, 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Kootenia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alvilde Solsirk, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Roy Alvin Solsirk. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John Busby (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alvilde Solsirk. Signature

P. O. Address

Subscribed and sworn to before me on this 15 day of Sept., 19 41

(SEAL) Jos. A. Foster Clerk of the District Court Ex-Officio Auditor and Recorder Notary Public, residing at By Jos. C. White Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

519 203 006 219

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) OCT 8 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321079
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State California (b) County Los Angeles
(c) City Los Angeles
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Alma Harker

5. Date of Birth (Month, day year) March 3, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Matthew William Harker

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Democrat, Wisconsin (City or town) (State or foreign country)

14. Exact Occupation Retired

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Barnes

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Columbus, Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 6 1941 (Date received) (b) Mabel H Eccles (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mabel B. Harker, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elizabeth Alma Harker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that physician (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel B. Harker Signature
1187 Crenshaw Blvd Los Angeles Cal P. O. Address

Subscribed and sworn to before me on this 3rd day of Oct. 1941

(SEAL) J. A. Eccles Notary Public, residing at Los Angeles Cal.

My Commission Expires Apr. 5, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-221-025-432

321139

United States
Department of Commerce
Bureau of Census

SEP 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Riggins, Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Irma Louise Pinnell

5. Date of Birth (Month, day year) 5-21-1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Kestner French Pinnell
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Pullman, Wash. (City or town) (State or foreign country)
14. Exact Occupation Owner and operator
15. Industry or Business Saw-mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine May McKee
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Revere, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 24 1941 (Date received) (b) Mary T. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. K. F. Pinnell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Irma Louise Pinnell (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Roy Edmunson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. K. F. Pinnell Signature
Harvard, Idaho P. O. Address

Subscribed and sworn to before me on this 23" day of September 1941

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

259-117 016 696

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321162

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) as above

4. FULL NAME OF CHILD Donald Clyde Bergman

5. Date of Birth (Month, day year) Dec. 17-1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Anthony Bergman

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace North Loop (City or town) Nebraska (State or foreign country)

14. Exact Occupation farming

15. Industry or Business Plumbing + Heating

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Cresha Froman

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Laramie (City or town) Wyoming (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Professional Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ruby Bergman (First name) (Last name), who is related to the child as Mother (Mother, etc)

26. (a) SEP 26 1941 (Date received) (b) Maud H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Colorado } ss.
County of Fremont }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ruby Bergman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Donald Clyde Bergman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ruby Bergman Signature

Box 508 Rt 4 Canon City Colo P. O. Address

Subscribed and sworn to before me on this 24 day of September, 1941.

(SEAL)

Notary Public, residing at Canon City Colo

My Commission expires Oct 25 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-118-022-411

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Humphrey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County X Fremont
(c) City Humphrey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Lima, Mont.

3. RESIDENCE of FATHER (city, state) Lima, Mont.

4. FULL NAME OF CHILD Carl Douglas Kuchler

5. Date of Birth (Month, day year) 12/18/15

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert H. Kuchler
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bluffton (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Majaker
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Portland (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Kuchler (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Mary T. Geefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Kuchler, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Douglas Kuchler (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~the~~ me (Name of attendant at birth), ~~who~~ attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Mrs Mary Kuchler Signature
Lima, Montana P. O. Address

Subscribed and sworn to before me on this 27 day of September 1941
(SEAL) John H. Hays Notary Public, residing at Dubois Idaho
My com expires April 18. 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 113 028 995

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321183
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Coeur D. Alene (b) City
(c) Street Address or R.F.D. No. Ft. Sherman Grounds
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. at home
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootney
(c) City Coeur D. Alene
(d) Street Address or R.F.D. No. Ft. Sherman Ground
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Gen Del.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Ted Edward Brackett

5. Date of Birth (Month, day year) 3/13/1915

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mahlon A. Brackett
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Grant Co. (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Saw Mill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Ries
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Mitchell County (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8
(c) Born alive and now dead — (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) [illegible] (Date received) (b) Mavel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Mrs. Rose Ries Brackett, being first duly sworn, say that I am ..... (Related to ~~(or) acquainted with~~)
Ted Edward Brackett (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Brown (Name of attendant at birth), who attended said birth ..... (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

x Mrs. Rose Ries Brackett Signature
St West 52nd St Long Beach P. O. Address

Subscribed and sworn to before me on this 27 day of Sept. 1941
(SEAL) Gladys Woodruff Notary Public, residing at 921 Euclid ave. Long Beach, Calif

My Commission expires Sept 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 133 123004 389

321221

321221

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321221
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Frederick Virgil Allred

5. Date of Birth (Month, day year) Sept 23-1915

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fredrick Homer Allred

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Fairview, Utah (City or town) (State or foreign country)

14. Exact Occupation Barber

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Whitley Thirkill

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Thatcher Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes (c) Born alive and now dead None (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Mary T. Geer (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho } ss.
County of Caribou }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lula Thirkill, being first duly sworn, say that I am Grandmother (Related to (or) acquainted with) of Frederick Virgil Allred (Name of person on certificate above) Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lula Thirkill Signature
Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of September, 1941

(SEAL) ..... Notary Public, residing at Soda Springs Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966 219 031 386

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321231

United States Department of Commerce
Bureau of Census

OCT 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: Born at mother's home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 13 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Gadsby, Alberta, Canada

3. RESIDENCE of FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Fannie Evelyn Rowe

5. Date of Birth (Month, day year) Sept 19, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Wade Rowe

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Conover, North Carolina (City or town) (State or foreign country)

14. Exact Occupation Grain Elevator Agent

15. Industry or Business Wheat Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Hance Thompson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Star, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't believe any used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6 (c) Born alive and now dead -- (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) OCT 8 1941 (Date received) (b) Mabel H Eedes (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Effie H. Rowe, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Fannie Evelyn Rowe (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Effie H. Rowe — Signature
Gadsby, Alberta, Canada — P. O. Address

Subscribed and sworn to before me on this 8th day of October, 19 41

(SEAL) Clara L. McFarlane — Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Repeals 1911 - 33118

559 105003 154

321308

United States
Department of Commerce
Bureau of the Census

SEP 16 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 96
Hand Reg. Dist. No. 520

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Henry Jay Verham

5. **DATE OF BIRTH** (Month, day, year) 12/5/1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Verham

11. Color or Race W

12. Age at time of THIS birth 33 yrs.

13. Birthplace Amsterdam, Holland
(City or Town) (State or foreign country)

14. Exact Occupation farmer, shoemaker

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amelia Anderson

17. Color or Race W

18. Age at time of THIS birth 28 yrs.

19. Birthplace Soda Springs, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mary Verham (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 15, 1941 (Date received) (b) D. Russell Tigert (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Ackley M.D. M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 9/15/41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

959-113-022-249

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 1 1941

State File No. 321415
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont RECEIVED (b) City St. Anthony
(c) Street Address or R.F.D. No. RFD #3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D. #3
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address as above

3. RESIDENCE of FATHER (city, state) St. Anthony Idaho

4. FULL NAME OF CHILD ~~Donald~~ Donral Leon Reid

5. Date of Birth (Month, day, year) Nov. 13, 1915

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Ormus Reid

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Box Elder County (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia A. Smith

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Saswell Co. (City or town) Virginia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Maud T. Elder (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jesse O. Reid, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Donral Leon Reid (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gray (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jesse O Reid Signature
6445 Dunham Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me on this 26 day of September, 1941

(SEAL) F. W. White Notary Public, residing at Los Angeles, Calif.

My Commission Expires Dec. 6, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-108-024-366

321419

United States Department of Commerce Bureau of the Census

OCT 2 1941 RECEIVED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gooding (b) City Wendell
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gooding
   (c) City Wendell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address (For registration notice): Wendell (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Russell Frith

5. Date of Birth (Month, day, year) Mar 8 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Harry Alexander Frith

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Beloit (City or Town) Wisc (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Belle Tool

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace New Windsor (City or Town) Colo. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 2 1941 (Date received) RECEIVED (b) Mabel H Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** H E Lamb M.D. (D.O., Midwife, etc.)

and address Eugene Ore Date Sept 27 1941

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

133-231-022-168

321452

United States
Department of Commerce
Bureau of the Census

OCT 4 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eloise Ruth Atchley
5. Date of Birth (Month, day, year) May 31 1915
6. Sex Female
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John P. Atchley
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Tenn (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Johnston
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Utah (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Laura Johnston (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 4 1941 (Date received) (b) Mabel F. Eccles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 10-8-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

K

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

693 228024 912

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Wendell, Idaho

No. ..... St.

(If born in hospital or institution give name.)

OCT 8 1941

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321537

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Violet Wilson

3. Sex Fe

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ✓ Full term Yes

7. Legitimate? Yes

8. Date of birth April 28, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Washington Wilson	18. Full maiden name Maudie Pearl Rost
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Wendell, Idaho
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Noel, Missouri	22. Birthplace (city or place) (State or Country) Lakefield, Minn. Jackson Co.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ditch Rider	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Irrigation	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work April 28, 1915 | 17. Total time (years) spent in this work 5 yrs.	25. Date (month and year) last engaged in this work April 27, 1915 | 26. Total time (years) spent in this work 13 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) C. L. Simonton, M. D.

or ....., Midwife

Address Wendell, Idaho

Filed 10/4/41 Sister M. Rose, O.S.B.

Registrar.

Give name added from a supplemental report .....

(Date of)

K

Registrar.

JUL 9 1973

291-113 010-962

United States
Department of Commerce
Bureau of Census

OCT 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321585
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls,
(c) ~~Street Address or~~ R.F.D. No. 7
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) ~~Street Address or~~ R.F.D. No. 7
(e) How long has MOTHER lived in Idaho? 9mths yrs.
(f) Mother's mailing address Idaho Falls,

3. RESIDENCE of FATHER (City, state) Idaho Falls, Ida,

4. FULL NAME OF CHILD Roland Thomas Kramer
5. Date of Birth (Month, day, year) Dec 13 1915
6. Sex Male
7. Twin or Triplet none If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	August R.Kramer	16. FULL MAIDEN NAME	Katerine Rosin
11. Color or Race	White	17 Color or Race	White
12. Age at time of THIS birth	21 yrs.	18. Age at time of THIS birth	23 yrs.
13. Birthplace (City or town)	Cassel (State or foreign country) Russia	19. Birthplace (City or town)	Hoffnungstahl (State or foreign country) Russia
14. Exact Occupation	Farming	20. Exact Occupation	Farming
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Antiseptic eye wash
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Katerine Kramer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 13-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X Mrs. Daniel Baumiller ~~M.D.~~ ~~D.O.~~, Midwife, ~~etc.~~ and address Parkston, S.D. Date Oct 8, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

OCT 16 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-115-003 819

321692

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None. At her own private home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.
(f) Mother's mailing address Pocatello. Idaho

3. RESIDENCE of FATHER (city, state) Pocatello. Ida

4. FULL NAME OF CHILD Charles Robert Nelson

5. Date of Birth (Month, day year) 8/15/1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Charles Nelson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hyrum. (City or town) Utah (State or foreign country)
14. Exact Occupation Police Officer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rachel Rosseta Hardy
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Menan. (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 14 1941 (Date received) (b) Mary H. Eller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Guy Charles Nelson, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Charles Robert Nelson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hubbard (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Guy Charles Nelson (Signature)
424 N. 11th Pocatello. Idaho (P. O. Address)

Subscribed and sworn to before me on this 13th day October 19 41

(SEAL) Leslie M. White Notary Public, residing at Pocatello, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-128-009-792

321737

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years 6 months 4 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.
(f) Mother's mailing address Newport

3. RESIDENCE of FATHER (city, state) Newport

4. FULL NAME OF CHILD Forrest Schuyler Pierce

5. Date of Birth (Month, day year) Oct. 28 - 10

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Otto Allen Pierce
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Spiggardville Mo. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Pike
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bronaugh Mo. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living all 3
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 14 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Otto Allen Pierce, being first duly sworn, say that I am father of (Related to (or) acquainted with) Forrest Schuyler Pierce (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 129, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rogers (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Otto Allen Pierce Signature

1303 E. Broadway Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 13th day of October 1941

(SEAL) George Elmer Mann Notary Public, residing at Spokane, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1941

AUG 25 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

981-115 040-818

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 15 1941

State File No. 321740

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 7 days. IN **THIS** county years month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Cataldo, Ida.

3. RESIDENCE of FATHER (city, state) Cataldo, Ida

4. FULL NAME OF CHILD Robert Edward Ryan

5. Date of Birth (Month, day year) Aug. 15, 1915

6. Sex Male

7. Twin or Triplet no, If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Ryan

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Nebraska, U. S. (City or town) (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizeabeth Hayden

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Cataldo, Idaho. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) OCT 15 1941 (Date received) (b) Mabel H Fellon (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Anna Ryan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Edward Ryan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Anna Ryan Signature

P. O. Address

Subscribed and sworn to before me on this 14th day of October, 1941

(SEAL) L. W. Butler Notary Public, residing at Cataldo, Ida.

OCT 16 1941

AUG 14 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659 131 004 238

321757

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN **THIS** county 5 years 0 month no days record

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Montpelier, Ida.

3. RESIDENCE of FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Sidney Loraine David Feinauer

5. Date of Birth (Month, day year) May 31, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Feinauer
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Kupferzell, Germany (City or town) (State or foreign country)
14. Exact Occupation Railroad engine mechanic
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Schief
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hosslenswert, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) OCT 16 1941 (Date received) (b) Mabel F. Eeles (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of N.Y. } ss.
County of Kings }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert E. Feinauer being first duly sworn, say that I am related to (Related to (or) acquainted with) Sidney Loraine David Feinauer (Name of person on certificate above) as a brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. George F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert E. Feinauer Signature
Jc 615 - Westminster Rd P. O. Address

Subscribed and sworn to before me on this 1 day of Oct, 1941
(SEAL) William Bornik Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

AUG 23 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X26/128010-799

321882

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Harper, Oregon

3. RESIDENCE of FATHER (city, state) Harper, Ore.

4. FULL NAME OF CHILD Lawrence Edgar Swanson

5. Date of Birth (Month, day year) Nov 28, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar Luther Swanson

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Oldeburg (City or town) Kansas (State or foreign country)

14. Exact Occupation Sectionsman

15. Industry or Business U.P. R.R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ethel Griffith

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Logan, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 17 1941 (Date received) (b) Maud H. Esser (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT
To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon
County of Malheur } ss.

I, Edgar Luther Swanson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lawrence Edgar Swanson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edgar Luther Swanson Signature
Harper Ore P. O. Address

Subscribed and sworn to before me on this 14th day of Oct, 1941

(SEAL) Ray W. Darnall Notary Public, residing at Harper Ore
My Com Expires Aug 6, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No stamps for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 209 009 962

United States
Department of Commerce
Bureau of Census

OCT 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hazel Estella Craig

5. Date of Birth (Month, day year) Jan. 9, 1915

6. Sex Female

7. Twin or Triplet Single

If so—born ~~1st, 2nd, 3rd~~ 5th

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Martin Craig
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Redding (City or town), California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Maude Rose
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pe Puplin (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 5 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6-00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Clara Maude Craig (First name) (Last name) who is related to this child as Mother (Mother, etc.)
26. (a) Oct 17-1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Sarah Studebaker M.D. (D.O., Midwife, etc.) and address Sagle, Ida Date 10-15-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this 15th day of Oct, 1941
(SEAL) Frances J. Long Probate Judge ~~Notary Public~~, residing at Sand Point, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

54X-118-026-959

322910

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED OCT 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322910
Local Reg. No. 188
Reg. Dist. No. 641

1. PLACE OF BIRTH
(a) County Jefferson (b) City Labelle
(c) Street Address or R.F.D.No. x
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Labelle
(d) Street Address or R.F.D.No. x
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Lorenzo, Ida R.1

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD NED ARLIN EDDINS.

5. Date of Birth (Month, day year) 4/18/1915

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William Eddins.
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Cresent, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Meiklejohn.
17. Color or Race White 18. Age at time of THIS birth 25 yrs
19. Birthplace Tooele, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Eddins. (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 3, 1941 (Date received) (b) Miss A B Eckersell (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Sarah Eddins M.D. (D.O., Midwife, etc.)
and address mother Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Eddins of Ned Arlin Eddins (Name of person on certificate above), being first duly sworn, say that I am the mother (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Meiklejohn (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sarah Eddins, Signature
Lorenzo, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of October 19 41
(SEAL) Lillie M. Randel Notary Public, residing at Rigby, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

312.122-110-769

United States
Department of Commerce
Bureau of the Census

OCT 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 322971
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH:
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 6 years 4 month 4 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Route 5 Idaho Falls

3. RESIDENCE of FATHER (city, state): Idaho Falls, Idaho

4. FULL NAME OF CHILD Kenneth Henry Casper

5. Date of Birth (Month, day, year) January 22, 1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Winston Casper
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Menan (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eneid Joe Portner
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Apple River (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 21 1941 (Date received) (b) Mavel T. Elder (Registrar's signature)

RECEIVED

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ira Winston Casper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Kenneth Henry Casper (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Willson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ira Winston Casper Signature
Route 2, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of October 1941

(SEAL) Martha Marks Notary Public, residing at Idaho Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-23-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-210-628-363

322978

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 14 1941

State File No.

Local Reg. No. 788

Reg. Dist. No. 150

1. PLACE OF BIRTH
(a) County Koo enai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Cant remember
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Can't remember
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address C.D.A., Idaho

3. RESIDENCE of FATHER (city, state) C.D.A., Idaho

4. FULL NAME OF CHILD Margarette Ellen Dofelmier

5. Date of Birth (Month, day year) March 10, 1915

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Dofelmier

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business Atlas Tie Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Margaret Collins

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Douglas Co., Minnesota (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Matilda Dofelmier (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) September 25, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature John O Wood M.D. (D.O., Midwife, etc.)
and address Coeur d'Alene, Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1975

DEC 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-130-035-813

322989

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 23 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
   (a) County Nezperce (b) City Southwick
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hosp. or Mat. Home ..... days.
   IN THIS county 2 years 6 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Southwick
   (d) Street Address or R.F.D.No.
   (e) How long has MOTHER lived in Idaho? 2 yrs.
   (f) Mother's mailing address Southwick

3. RESIDENCE of FATHER (city, state) Southwick

4. FULL NAME OF CHILD George Richard Jones

5. Date of Birth (Month, day year) August 30, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Jones
11. Color or Race White
12. Age at time of THIS birth 67 yrs.
13. Birthplace Troy (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie May Yates
17. Color or Race White
18. Age at time of THIS birth 42 yrs
19. Birthplace Jonesburg (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 AM. on the date and at the place stated above, and that personal particulars were furnished by Hattie May Jones (First name) (Last name), who is related as this child as Mother (Mother, etc.)

26. (a) OCT 23 1941 (Date received) (b) Mavis I. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John E Hoyt M.D. (D.O., Midwife, etc.)
and address Spokane Wash Date 7-19-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) in 1918 address Kendrick Idaho

..... as ....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended
(Name of attendant at birth)

said birth ..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

JUL 2 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

963-122-034-749

323132

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City
(c) Street Address or R.F.D. No. P.O. Kimama
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home no days. IN **THIS** county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Kimama P.O.
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address [illegible]pia

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Henry Roth, Jr

5. Date of Birth (Month, day year) Nov. 22, 1915

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Roth

11. Color or Race white **12.** Age at time of THIS birth 25 yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Wheat Rancher

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolina Grischkowsky

17. Color or Race white **18.** Age at time of THIS birth 20 yrs.

19. Birthplace Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum No drug used

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 6 (c) Born alive and now dead ~~xxxalive~~ (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carolina Roth (First name) [illegible]sky (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Maud T. Edler (Registrar's signature)

25. Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Washington } ss.
County of Thurston }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carolina Roth, being first duly sworn, say that I am related as mother (Related to (or) acquainted with) to Henry Roth, Jr (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louise Grischkowsky (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carolina Roth Signature
3203 Quince St. Olympia Wash. P.O. Address

Subscribed and sworn to before me on this 25th day of October 1941

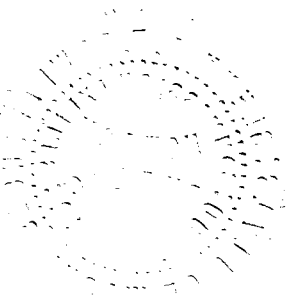
(SEAL) Notary Public, residing at Olympia, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-226-032-386

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

OCT 27 1941 RECEIVED

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone R#a
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county 1 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Kenyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address (For registration notice): Shoshone (Street or R.F.D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Dec'd

4. **FULL NAME OF CHILD** Elvernetta Mae Cooley

5. **DATE OF BIRTH** (Month, day, year) 2/26/41

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Cooley

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Iowa (City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Elizabeth Thorpe

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Rocky Colo. (City or Town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Emma E. Henderson (First name) (Last name), who is related to this child as mother (Mother, etc.) formerly Emma E. Cooley

26. (a) OCT 27 1941 (Date received) RECEIVED (b) Mabel Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** L. S. Dill M.D. (D.O., Midwife, etc.)
and address Shoshone Idaho Date 10/25/41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None

(b) Labor: Complications: None

Induced? no

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? no

Describe: —

(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. no Pos..... Neg.....

(e) Signature of Physician:

[signature], MD

566-128-075-766

323171

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 27 1941

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 19 years 1 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Leland, Idaho

3. RESIDENCE of FATHER (city, state) Leland, Idaho

4. FULL NAME OF CHILD Allen Ben Hoffman

5. Date of Birth (Month, day year) Sept. 28, 1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ben Hoffman
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Leland (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Nancy Powell
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Cheney (City or town), Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie (First name) Hoffman (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 27 1941 (Date received) (b) Mabel I. Edlefsen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, County of Nez Perce } ss.

I, Laura Gillespie, being first duly sworn, say that I am related to (Related to (or) acquainted with) Allen Ben Hoffman (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John Hoyt (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Laura Gillespie Signature
511-7 Ave Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of October 1941

(SEAL) M. V. Eastman Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271-16-614-619

H 323222

323222

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County CASSIA (b) City OAKLEY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 26 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City OAKLEY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address TWIN FALLS IDAHO

3. **RESIDENCE of FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** JAMES WARING SPARKS

5. Date of Birth (Month, day year) MAR. 16, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EARNEST W. SPARKS
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace GREENVILLE TENN. (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AGNES LYDIA WARING
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace LIBERTY KENTUCKY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, stillborn) at 6:A M. on the date and at the place stated above, and that personal particulars were furnished by EARNEST (First name) SPARKS (Last name), who is related to this child as FATHER (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Earnest Sparks M.D. (D.O., Midwife, etc.) and address Twin Falls Date NOV. 3, 41

State of IDAHO } ss.
County of CASSIA }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Earnest Sparks, being first duly sworn, say that I am Father (Related to (or) acquainted with) James Waring Sparks (Name of person on certificate above) as Twin Falls, Idaho (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Earnest Sparks Signature

P. O. Address

Subscribed and sworn to before me on this 3rd day of November 1941

(SEAL) [signature] Notary Public, residing at Twin Falls Idaho

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 249-106-030-914

United States
Department of Commerce
Bureau of Census

OCT 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEMHI RECEIVED (b) City SALMON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City SALMON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address SALMON, IDAHO

3. RESIDENCE of FATHER (city, state) SAME

4. FULL NAME OF CHILD PETE SMITH

5. Date of Birth (Month, day year) MAY 6, 1915

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** PETE SMITH
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace GLENA (City or town) YUGO SLAVIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMELIA RADONOVICH
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace GLENA (City or town) YUGO SLAVIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) Oct 27-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, AMELIA RADONOVICH SMITH, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) PETE SMITH (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. E. F. HANMER (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

AMELIA RADONOVICH SMITH-HER MARK X Signature
MAY, IDAHO P. O. Address

Subscribed and sworn to before me on this 23rd day of OCTOBER, 1941
(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

My commission expires December 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319+164-035-695

323309

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Culdesac.
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac.
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Same.

3. **RESIDENCE of FATHER** (city, state): Same.

4. **FULL NAME OF CHILD** Frank Clarence La Rue

5. Date of Birth (Month, day, year) 12-4-'15

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Felix La Rue

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace State of Mo. (City or town) (State or foreign country)

14. Exact Occupation Farm laborer

15. Industry or Business U

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace D. Frederickson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace State of Ore. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business U

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Necessary

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 31-1941 (Date received) (b) Mabel H. Edelen (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Felix La Rue, being first duly sworn, say that I am related (Related to (or) acquainted with) Frank C. La Rue (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Crowder (Name of attendant at birth), who attended said birth (is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Felix La Rue Signature

108 Main St. Lewiston, Ida. P. O. Address

Subscribed and sworn to before me on this 29 day of Oct., 1941

(SEAL) John L. Kelly Notary Public, residing at Lewiston, Ida.

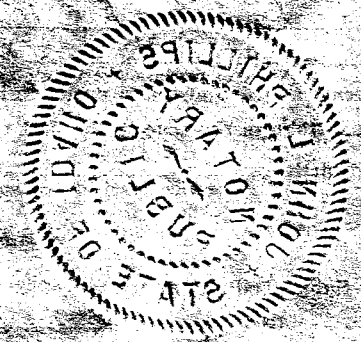
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10-31-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1917 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO PUBLIC LIBRARY PHILLIPS

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United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City or Town Crystal
(c) Street Address or R.F.D.No. R.F.D.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Crystal
(d) Street Address or R.F.D.No. R.F.D.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address R. F. D. Crystal Idaho

3. RESIDENCE of FATHER (city, state) Crystal Ida.

4. FULL NAME OF CHILD Lucille Grace Bear

5. Date of Birth (Month, day year) May 22, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Bear
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Richmond (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Heathe Bear Toler
17. Color or Race White
18. Age at time of THIS birth 32 yrs
19. Birthplace Richmond (City or town) Virginia (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ella Heathe Bear (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ella Heathe Bear, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lucille Grace Bear (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ella H Bear Signature

312 Walker, San Pedro, California P. O. Address

Subscribed and sworn to before me on this 30th day of October, 1941

(SEAL) Beatrice E Aads Notary Public, residing at San Pedro

My Commission Expires April 11th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be~~ received and filed by the local ~~regis~~trar for record in the Bureau of Vital ~~Statistics~~ for ~~the~~ purposes **and uses** prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 4 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) ~~Street Address or~~ R.F.D. No. 5
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address or~~ R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address R.F.D. #5, Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD Donald Wayne King

5. Date of Birth (Month, day year) Sept. 16: 1915

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elbert Reese King
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ashley, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Lillian Ferguson
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Vandalia, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) NOV 4 1941 (Date received) (b) Maud H Fuller (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California. } ss.
County of San Bernardino }

I, Elbert Reese King, being first duly sworn, say that I am the fatherof (Related to (or) acquainted with)
Donald Wayne King (Name of person on certificate above) as I am the father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Drs. Fuller & Hollister (Name of attendant at birth), who attended said birth are deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elbert Reese King Signature
Twentynine Palms. California. P. O. Address

Subscribed and sworn to before me on this third day of November 1941. 19

(SEAL) Neil M. Pratt Justice of Peace. Notary Public, residing at 29-Palms Cali

OCT 25 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

NOV 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323505
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address Jerome Idaho

3. RESIDENCE of FATHER (city, state) Jerome Ida

4. FULL NAME OF CHILD Harvey Leland Davis

5. Date of Birth (Month, day year) Oct 19. 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eynon Leon Davis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Malad City Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel ~~Dea~~ Jones
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bregham City Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 10 1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rachel Jones Davis, being first duly sworn, say that I am ~~mother~~ Related to of (Related to (or) acquainted with) ~~Eynon Leon Davis~~ Harvey Leland Davis as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Shandrew (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rachel Jones Davis Signature
Jerome Idaho P. O. Address

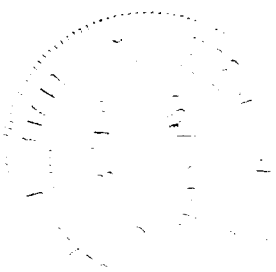
Subscribed and sworn to before me on this 7 day of November, 1941
(SEAL) [signature] Notary Public, residing at Jerome Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce NOV 5 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Valley (b) City Norwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Norwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 2/3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Norwood Ida

4. FULL NAME OF CHILD Taylor Finis Sherrill
5. Date of Birth (Month, day year) May 9 1915
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Finis Critendon Sherrill
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Corvallis (City or town) Mont. (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Edna Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Benton City (City or town) Mo. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 5 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edna Sherrill, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Taylor Finis Sherrill (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edna Sherrill Signature
Donnelly Ida P. O. Address

Subscribed and sworn to before me on this 1st day of Nov, 1941
(SEAL) [signature] Notary Public, residing at Donnelly Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

11-7-41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County X
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Roy Elliott Bowen

5. Date of Birth (Month, day year) Oct 19 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Willard E. Bowen

11. Color or Race

12. Age at time of THIS birth 30 yrs.

13. Birthplace Montana (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Alma Graves

17. Color or Race

18. Age at time of THIS birth 28 yrs.

19. Birthplace Nebraska (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 29 1941 (Date received) (b) Mabel Keller (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

State of California } ss.
County of Solano }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Perreault, being first duly sworn, say that I am related to (Related to (or) acquainted with) Roy Bowen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baker (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Perreault Signature

Vallejo——632 Pennsylvania St. P. O. Address

Subscribed and sworn to before me on this 4th day of November, 1941.

(SEAL) Alice M. Talley Notary Public, residing at Vallejo, Calif.

SEP 9 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323603**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: ------
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address R.F.D.1, Wiley, Colo

3. **RESIDENCE of FATHER** (city, state) R.F.D.1, Wiley, Colorado;

4. **FULL NAME OF CHILD** Mollie G. Dieterle

5. Date of Birth (Month, day year) Nov. 19, 1915

6. Sex Female

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Dieterle
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace New Weimar (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Meyer
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by George Dieterle (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature George Dieterle M.D.
and address Wiley, Colo. (D.O., etc.) Date 11-3-41

State of COLORADO } ss.
County of PROWERS }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, GEORGE DIETERLE, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mollie G. Dieterle (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I (Name of attendant at birth), who attended said birth with my wife only (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

George Dieterle Signature

Wiley, Colorado. P. O. Address

Subscribed and sworn to before me on this 3rd day of November A. 1941

(SEAL) ..... Notary Public, residing at Lamar, Colo

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323669
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 12 1941

1. PLACE OF BIRTH
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) McCall, Idaho

4. FULL NAME OF CHILD William Lester Close

5. Date of Birth (Month, day year) Feb. 19, 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Close
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Clay County (City or town) Indiana (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Samantha Evelyn Meador
17. Color or Race White **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Jasper County (City or town) Mo. (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Charles (First name) Close (Last name) who is related to this child as father (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature Valeria McFall MD (D.O., Midwife, etc.)
and address McCall Ida. Date 11/7/1941

27. Given name RECEIVED on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Valley }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Close, being first duly sworn, say that I am Father (Related to (or) acquainted with) William Lester Close (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Charles Close Signature
McCall Ida. P. O. Address

Subscribed and sworn to before me on this 7 day of Nov., 1941

(SEAL)

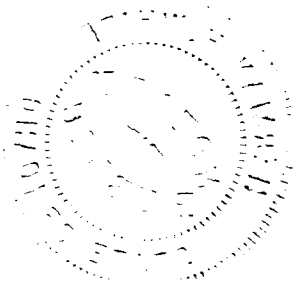
Notary Public, residing at McCall Ida.
Expires Jan 24 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

NOV 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323701
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Custer RECEIVED (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Mackay~~ Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Edna Mae Fitzjarrald

5. Date of Birth (Month, day year) Aug. 24, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Bruce Fitzjarrald
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace (City or town) Illinois (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Vina Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Washoe (State or foreign country) Nevada
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 13 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Santa Clara }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ellen Vina Hines, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edna Mae Fitzjarrald (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Chas. Baker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ellen Vina Hines Signature
961 So. 10th St. San Jose California P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1941

(SEAL) A. W. Moellering Notary Public, residing at San Jose, California
Notary Public in and for the County of Santa Clara, State of California.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 239-119-040-168

323924

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Shoshone
(a) County Kootenai (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Kellogg Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Kellogg Ida

4. FULL NAME OF CHILD Merlyn Wayne Stidham

5. Date of Birth (Month, day year) Dec 19 – 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Stidham

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Waco (City or town) Texas (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Johnson

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Hanska (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housemaid

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel T. Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature J. R. Mason M.D. (D.O., Midwife, etc.)
and address ..... Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-127-025-408

323965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 5 1941

State File No. 34
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Harrisburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 16 years ... months ... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Idaho
   (c) City Harrisburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address (For registration notice):
   Kamiah (Street or R. F. D.) Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ralph H. Knight

5. Date of Birth (Month, day, year) Oct. 27, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John W. Knight
11. Color or Race W.
12. Age at time of THIS birth 41 yrs.
13. Birthplace Indiana (City or Town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive L. Maynard.
17. Color or Race W.
18. Age at time of THIS birth 38 yrs.
19. Birthplace Iowa (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver -
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8
(c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by John W. Knight (First name) (Last name), who is related to this child as Father. (Mother, etc.)

26. (a) Nov. 3, 1941 (Date received) (b) Beulah V. Brown (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** C. A. Bryson M.D. (D.O., Midwife, etc.)
and address Kamiah Date .....

APR 14 1958

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

296-113-003-612

324047

United States Department of Commerce
Bureau of Census

NOV 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 656 W. Lander
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 656 W. Lander
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.
   (f) Mother's mailing address 656 W. Lander

3. **RESIDENCE of FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Deane Wakley Brown

5. Date of Birth (Month, day, year) Sept. 13, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Wm Brown
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sandy (City or town) Utah (State or foreign country)
14. Exact Occupation Brakeman Union Pac
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Belva Wakley
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Marsh Valley (Downey) Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Registrar's signature

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Ida W. Brown, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Deane W. Brown (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wooley (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Ida W. Brown Signature

656 W. Lander P. O. Address

Subscribed and sworn to before me on this 20th day of November, 1941

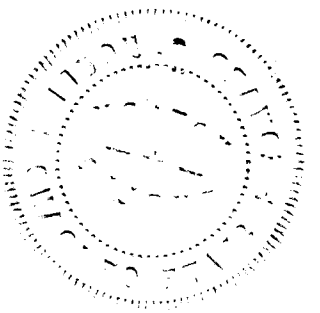
(SEAL) Edward G. Houde Notary Public, residing at Pocatello

DEC 10 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



244-124-044-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

324053

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

NOV 18 1941

1. **PLACE OF BIRTH:** (a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 3 years 10 months 20 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in th
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Sheelm Oregon

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Ira Earl Sumpter

5. Date of Birth (Month, day, year) Oct. 24, 1916

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry Otto Sumpter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Asotin (City or town) Washington (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lenora Finley
17. Color or Race White
18. Age at time of THIS birth 29 years
19. Birthplace Kirksville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was none (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Lenora Sumpter, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Ira Earl Sumpter (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Matilda Watson (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ethel Lenora Sumpter Name
Sheelm Ore P. O. Address

Subscribed and sworn to before me on this 17 day of November 1941

(SEAL) C. M. Olson Notary Public, residing at Sheelm Ore

MY COMMISSION EXPIRES 1/14/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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325 125

DEC 1 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325125
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. RF 4
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county 1 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. RF 4
(e) How long has MOTHER lived in Idaho? 1 years yrs.
(f) Mother's mailing address (For registration notice):
~~Charlie~~ RF 4 Nampa
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Marvin Jordan

5. DATE OF BIRTH (Month, day, year) Sept 30-1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Jordan

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Linton (City or Town) Indiana (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lou Williams

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Huntsville (City or Town) Ala. (State or foreign country)

20. Exact Occupation Homemaker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 2:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs E Williams (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) DEC 1 1941 (Date received) (b) Mabel L Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs E Williams (D.O. ~~Midwife~~, etc.) attendant
and address Nampa Date Nov 29, 41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 7 1966

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DEC 2 1947

966-117-C 09-145

325252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Granite
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Granite, Idaho

4. FULL NAME OF CHILD Burton Dean Rooks

5. Date of Birth of Child (Month, day, year) 7-17-15

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Dean Francis Rooks
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Galt (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Estella Frances Imes
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Amery (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for years, and that Mary Emma Rooks (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Frances Rooks Signature
Spirit Lake, Idaho P. O. Address

Subscribed and sworn to before me this day of November, 1941

(SEAL) Notary Public, residing at Spirit Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Maud E. Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

9-1-4

X 699-128-040-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325263
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items ~~at time~~ of this birth)
   (a) County SHOSHONE (b) City KELLOGG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: KELLOGG WARDNER HOSPITAL
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. 720 4th
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** JOHN LEONARD FRITZ

5. Date of Birth of Child (Month, day, year) Dec. 28-1915

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Arnold Fritz
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Penn. (City or town) (State or foreign country)
14. Exact Occupation Hairdresser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Brant
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Penn. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Otto (First name) Fritz (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida Date 12/21-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1941 by Mabel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-131-039-289

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325278
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Jerome Idaho

3. **RESIDENCE of FATHER** (city, state) Jerome Idaho

4. **FULL NAME OF CHILD** Darrell D. Darling

5. Date of Birth (Month, day, year) Dec. 31, 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Scott Vilas Darling
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Seattle Washington (City or town) (State or foreign country)
14. Exact Occupation Rail-road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola E. Byington
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Rockland Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Scott Darling (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) NOV 29 1941 (Date received) (b) Maud F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** V. G. Logan M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-22-0035-285

325 323

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 1 19

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325323
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Webb
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Webb
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state). same

4. **FULL NAME OF CHILD** Gladys Swensen
5. Date of Birth (Month, day, year) Sept. 27, 1915
6. Sex Female
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Broder Jensen Svensen
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Varde, (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Krestensen
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oegod, (City or town) Denmark (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child six (b) Born alive and now living six (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 1 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of MONTANA
County of Cascade } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Swensen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gladys Swensen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Taiber-midwife (Name of attendant at birth), who attended said birth now believed to be dead (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie Svensen Signature
Sweet Grass, Montana P. O. Address

Subscribed and sworn to before me on this 15th day of November, 1941

(SEAL) Ray E. Barkuloo Notary Public, residing at Great Falls, Mont.

Commission Expires Nov. 25, 1942

12-4-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

944-125-044-297 325 336 325336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Del Meirer Rudolph

5. Date of Birth of Child (Month, day, year) April 25, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** G. W. Rudolph
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wright County, Minn. (City or town) (State or foreign country)
14. Exact Occupation Veterian
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura E. Sipe
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G W Rudolph Signature
P. O. Address

Subscribed and sworn to before me this 6th day of December, 1941
(SEAL) Marion E. Dee Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

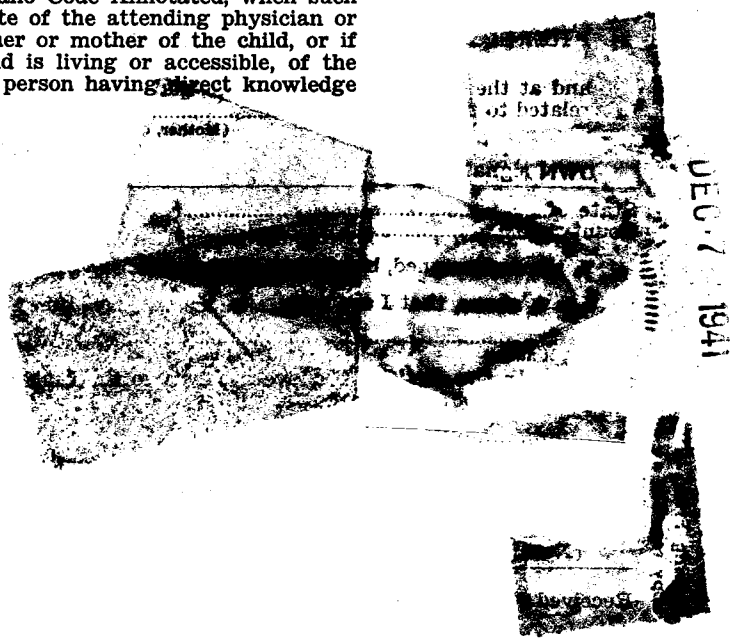
Received for filing on by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325395
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Desmet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Donald David Stengar

5. Date of Birth of Child (Month, day, year) Sept 5 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles James Stengar
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Desmet (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Bailey
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Auburn (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Skagit } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Doctor (name forgotten) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Buck formerly Rhoda Stengar Signature

215 Puget Ave Sedro Woolley Wash P. O. Address

Subscribed and sworn to before me this 1st day of December, 1941

(SEAL) A. H. Ward Notary Public, residing at Sedro Woolley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1941 by Maud T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-123-030-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 5 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X days.
In THIS county 2 years 5 month 0 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 7/12 yrs.
(f) Mother's mailing address Leadore, Idaho

3. RESIDENCE of FATHER (city, state) Leadore, Ida.

4. FULL NAME OF CHILD Robert Lee Wilson

5. Date of Birth (Month, day, year) April 23, 1915

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gilbert Wilson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pasadena, California (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte M. Shepard
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dry Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 5 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charlotte M. Wilson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Lee Wilson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Silas Dishnow (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Charlotte M. Wilson Signature
Baker, Idaho P. O. Address

Subscribed and sworn to before me on this 3rd day of December, 1941

(SEAL) Preston Thatcher Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 7 1941

X 556-128-28-281

325499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Idaho

4. FULL NAME OF CHILD George Robert Newcomb

5. Date of Birth of Child (Month, day, year) October 28 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Edwin Newcomb
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Greenfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Madora Ellen Sharp
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Greenfield (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person since birth years, and that De K. Dwyer (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Madora S. Sharp Newcomb Signature
Rte. 2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 1941.
(SEAL) E. H. Miles U.S. Notary Public residing at Coeur d'Alene Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1941 by Mabel H. Eesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1193-120-003-819

325508

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lago Ida,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at mothers residence Lago
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years 8 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Lago. Ida.

4. FULL NAME OF CHILD Reao Henry Mickelson

5. Date of Birth of Child (Month, day, year) Aug. 20, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Mickelson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Hjorring (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer + Rancher
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Emeline Harris
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Thatcher Ida. (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Homemaker.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for Life years, and that Dr John N Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Emeline Harris Mickelson Signature
Lago Idaho P. O. Address

Subscribed and sworn to before me this 6 day of December, 1941.

(SEAL) W. H. Mendenhall Notary Public, residing at Public Road Thatcher Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9-1941 by Mabel H Eagler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

174-22-001-769

325526 325526

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 918 Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 918 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Flora Josephine Aguirre

5. Date of Birth of Child (Month, day, year) 3-21-15

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Maria Aguirre
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Segura (City or town) Spain (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gabina Josefa Goitia
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Lequeitio (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr. George (First name) Collister (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank M. Aguirre Signature
Box 2243 P. O. Address

Subscribed and sworn to before me this 9th day of December, 1941.
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9-1941 by Mabel H Eelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1943

MAY 19 1947

MAR 3 1964

JAN 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-128-028-249 325551

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325551
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 7th and Sherman
(d) Name of Hospital or Maternity Home: Dr. Busby's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1027 Indiana
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) C.D.A., Idaho

4. FULL NAME OF CHILD John Burnside Dingler

5. Date of Birth of Child (Month, day, year) Aug. 28, 1915

6. Sex Male **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francis Dingler
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Blairstown (City or town), Iowa (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Burnside
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known (Doctor is dead)
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the mother and father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 & 66 years of age, that I have known this person for 26 years, and that Dr. John Busby (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Dingler Signature
1027 Indiana, Coeur d'Alene, Ida. Anna Elizabeth Burnside P. O. Address

Subscribed and sworn to before me this 10th day of Dec., 1941.

(SEAL) Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF IDAHO
MY COMMISSION EXPIRES SEPT. 20, 1945

Received for filing on Dec 10 - 1941 by Mabel Helden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793_126-019-415

325577

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Lay (rural)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gilson's Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 3 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City near Lay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs+

3. RESIDENCE OF FATHER (city, state) Lay, Idaho

4. FULL NAME OF CHILD Godfrey John Gilson

5. Date of Birth of Child (Month, day, year) 6-26-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Edwin Gilson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Nemaha Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Raising stock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Augusta Maelzer
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3-15 A M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature George Edwin Gilson M.D. Midwife Address Centralia Kans Date 12-4-1941

State of Kansas
County of Nemaha } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Frankie Maelzer Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Edwin Gilson Signature

P. O. Address

Subscribed and sworn to before me this 4th day of Dec., 1941

(SEAL) Edith G. Ryan Notary Public, residing at Centralia Kan.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex. Mar. 27, 1943

Received for filing on DEC 8 1941 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1941
FEB 25 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-116-016-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure this information is as of date of birth of THIS child)
DEC 9 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325595
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county one years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Twin Falls~~
(c) City ~~Twin Falls~~ Burley, Cassia Co.
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address Route #1 Twin Falls

3. RESIDENCE of FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Robert John Rodman

5. Date of Birth (Month, day year) June 16th 1915

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Asa John Rodman
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dawes city Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Burt
17. Color or Race white
18. Age at time of THIS birth 29 yrs
19. Birthplace Hamilton Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Three P. M. on the date and at the place stated above and that personal particulars were furnished by Emma Burt Rodman (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) DEC 9 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Burt Rodman, being first duly sworn, say that I am mother (Related to (or) acquainted with) Robert John Rodman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Story (Name of attendant at birth), who attended said birth was deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Emma Burt Rodman Signature
Route #1 Twin Falls Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of December, 1941

(SEAL) J. C. Roberts Notary Public, residing at Twin Falls Idaho

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

485-107.029-842

United States
Department of Commerce
Bureau of the Census DEC 10 ...

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325605
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Ida.

4. FULL NAME OF CHILD JACK ROBERT MYERS

5. Date of Birth of Child (Month, day, year) March 7-1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRED MYERS
11. Color or Race W.
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cheyenne (City or town) Wyoming (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDITH VIOLA HUBBELL
17. Color or Race W.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Emporia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife None Address Date

State of IDAHO
County of BONNER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, ~~and that~~ ..... (First name) ..... (Last name), ~~who attended this birth~~ ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith V Myers Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of December, 19 41
(SEAL) Arthur L Bowden Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 10-1941 by Mabel F Elder, Registrar.

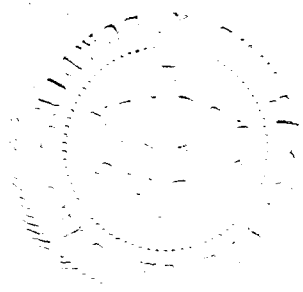
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



685-216-003-569

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 7 1941 RECEIVED

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325641
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
(f) Mother's mailing address 638 So Arthur Pocatello Idaho

3. RESIDENCE of FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Helen Agnes Wheatley

5. Date of Birth (Month, day year) 3 - 16th - 1915

6. Sex Female **7.** Twin or Triplet ..... If so—born 1st, 2nd, 3rd ..... **8.** No. months of Pregnancy nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Wheatley
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Calls Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Agnes Norton
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maude Agnes Norton Wheatley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 7 1941 (Date received) (b) Maud E. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature H A Cooper M.D. (or D.O., Midwife, etc.)
and address Grandview Date 11/24/41

AFFIDAVIT
To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, } ss.
County of Bannock }

I, Maude Agnes Norton Wheatley being first duly sworn, say that I am related to (Related to (or) acquainted with) Helen Agnes Wheatley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper, thomas M., who attended (Name of attendant at birth) said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Agnes Norton Wheatley (Signature)
638 S Arthur Ave, Pocatello, Idaho (P. O. Address)

Subscribed and sworn to before me on this 9th day of October, 19 41.
(SEAL) Ted Turner, Notary Public, residing at Pocatello, Idaho
My Com Expires Oct 15th 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

815-223-003433

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 1941

State File No. 325644

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 15 years 3 month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address McCammon, Idaho

3. RESIDENCE of FATHER (city, state) McCammon, Ida

4. FULL NAME OF CHILD Vaudis Chloe Hansen

5. Date of Birth (Month, day year) October 23, 1915

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Edmond Hansen

11. Color or Race Danish **12.** Age at time of THIS birth 38 yrs.

13. Birthplace Providence (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth McCrary

17. Color or Race Irish **18.** Age at time of THIS birth 36 yrs.

19. Birthplace Kaysville (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag NO3 8%

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 9 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 8 P.M. on the date X and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) NOV 26 1941 (Date received) (b) Mabel H. Ellis (Mother, etc.) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature O.S.A. Cooper M.D. (D.O., Midwife, etc.)
and address Grandview, Ida Date 12/6/41

State of Utah } ss.
County of Cache }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Elizabeth McCrary, being first duly sworn, say that I am related (Related to (or) acquainted with) Vaudis Chloe Hansen (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cooper (Name of attendant at birth), who attended said birth believed dead (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Mary Elizabeth McCrary Signature

P. O. Address

Subscribed and sworn to before me on this 25th day of November, 19 41

(SEAL) A.M. Brockett Notary Public, residing at Logan Utah

My comm.ex. Apr. 13, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-105-032-369

DEC 11 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325648

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shosnone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 3 years 11 month 5days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD Domingo Sabala

5. Date of Birth (Month, day year) May 5,1915

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Domingo Sabala
11. Color or Race Caucasian **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Building construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Antonia Cortabarria
17. Color or Race Caucasian **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6 (c) Born alive and now dead 3 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) DEC 11 1941 (Date received) (b) Mabel Field (Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address ....Date

State of California } ss.
County of Orange }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Antonia Sabala, being first duly sworn, say that I am related to (Related to (or) acquainted with) Domingo Sabala (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), who attended said birth ....(Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Antonia Sabala Signature

1137 S. Flower St. Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me on this 8th day of December, 1941.

(SEAL) M. L. Thiele Notary Public, residing at Santa Ana, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1 1940

FEB 2 9 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-101-023-693 325650 325650

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Raymond Eugene Bilbrey

5. Date of Birth of Child (Month, day, year) May 1, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Raymond Hanford Bilbrey
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Simonville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Wilson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Walla Walla (City or town), Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] 63 years of age, that I have known this person for 36 years, and that Mrs. Annie Wright (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Bilbrey Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 10th day of December, 1941

(SEAL) Margaret Snipe Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires Oct 13, 1944

Received for filing on Dec 11 - 1941 by Mabel Hebler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1962
JUN 24 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-103-00-282 32566 325669

United States
Department of Commerce
Bureau of the Census DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon.
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD Dorsel Eugene Fairless

5. Date of Birth of Child (Month, day, year) Feb. 3, 1915

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Fairless
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Wales, Utah (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Bybee
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Coltman, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Mrs. Simmons (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Bybee Fairless Signature
Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 8th day of Dec., 1941.
(SEAL) [signature] Probate Judge ~~Notary Public~~, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12-12-41

*758/11 039 458

325733

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 12 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Am. Falls, Ida.

4. **FULL NAME OF CHILD** Ferdinand L. Gehring

5. Date of Birth of Child (Month, day, year) 10-11-15

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Gehring
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kassel, (City or town) South Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albina Mehlhaff
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kassel, (City or town) South Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO
County of POWER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Mrs. Gottliep Adolf (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albina Gehring Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December, 19 41.

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Maud Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1974

12-15-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451130-025-761

325768

United States
Department of Commerce
Bureau of the Census

DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325768
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Norman Daniel Dean

5. Date of Birth of Child (Month, day, year) June 30, 1915 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Harrison Dean
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Watertown (City or town), New York (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Violet Goan
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grangeville (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that George Stockton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Harrison Dean Signature

P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941.

(SEAL) C. E. Beymer Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 1956

12-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 15-31248

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United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325827
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of Mrs. Mattie Courtney
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Drummond, Ida.

4. FULL NAME OF CHILD Glen Alfred Kerstetter

5. Date of Birth of Child (Month, day, year) June 14, 1915

6. Sex male

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Earl George Kerstetter
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Bucyrus (City or town) Ohio (State or foreign country)
14. Exact Occupation Working for Forest Service
15. Industry or Business Telephone Lineman.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth May Courtney
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Hiram (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Solum Nit 10%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Kerstetter (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature B A Orr M.D. ~~Midwife~~ Address Rigby Ida Date 12-9-41

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1941 by Marcel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1960

MAR 17 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-207-001-813

325911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325911
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle, Ida.

4. FULL NAME OF CHILD Alta Cornelia Jones

5. Date of Birth of Child (Month, day, year) Sept. 7, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Love Jones

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Murfreesboro, Tenn. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie M. Hall

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Van Wyck, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr. John Froom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie M Jones (Chaffin) Signature
610 N. 14th St. Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of December, 1941.

(SEAL) A. L. Groves Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Maud Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-119 006995

325929 325929

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325929
Local Reg. No.
Reg. Dist. No.

DEC 19 1941

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R. F. D. # 5
(d) Name of Hospital or Maternity Home: In own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ... years 8 months .. days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R.F.D. # 5
(e) How long has **MOTHER** lived in Idaho? ... yrs. 8 Months

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Jack Carl Weiand

5. Date of Birth of Child (Month, day, year) June 19, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd ..

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Carl Weiand
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace ..... (City or town) Illinois (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Book Salesman

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wilmina Ziegler
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Trenton, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 26 years, and that Millie (First name) Sandburg (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Russell Signature

Pocatello, Idaho Route # 1 North P. O. Address

Subscribed and sworn to before me this 18th day of December 19 41

(SEAL) Jno. H. Falk, Clerk of the Dist. Court, Sixth Judicial Dist. State of Idaho. residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By M. Simpson Deputy

Received for filing on DEC 19 1941 by Maud M. Geer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

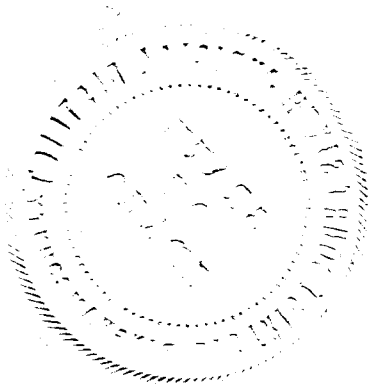
DEC 19 1941

JAN 30 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325977

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elwin Clark Bell			2. Date of Birth (month) March (day) 16 (year) 1915
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho, Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Ephraim Bell			7. State or Country of Father's Birth: Utah, Grantsville
MOTHER	8. Full Maiden Name of Mother: Sylvia Ann Clark			9. State or Country of Mother's Birth: Idaho Oakley
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elwin Clark Bell		11. Present Address of Registrant: 2419-25th St Santa Monica Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: April 8th 1963	12. Signature of Notary: W Jim Shors		13. Notary Commission expires: My Commission Expires [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: L.D.S.Church, Salt Lake City, Utah	Date Issued: June 17, 1958	Date Orig. Entry: May 2, 1915	
	Date of Birth: March 16, 1915	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Sylvia Ann Clark	Name of Father: Ephriam Bell	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school Record	By whom issued and signed: Mat Warr, Clerk, Cassia County Schools, Burley, Idaho	Date Issued: Jan 18, 1963	Date Orig. Entry: 1927	
	Date of Birth: March 16 1915	Birth Place: -----	Full Name of Mother: Sylvia Bell	Name of Father: Ephraim Bell	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce Bureau of Census, Wn., D.C.	Date Issued: July 29 1958	Date Orig. Entry: Census of Jan 1, 1920	
	Date of Birth: Age 4 9/12 yrs	Birth Place: Idaho	Full Name of Mother: Sylvia Bell	Name of Father: Ephraim Bell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 16, 1963

FORM BH 56067

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
X (c) Street Address or R.F.D. No. none
X (d) Name of Hospital or Maternity Home: own Home
X (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
X (d) Street Address or R.F.D. No. none
X (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elwin Clark Bell

5. Date of Birth of Child (Month, day, year) March 16 1916

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ephraim Bell
11. Color or Race white
X 12. Age at time of THIS birth 39 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Ann Clark
17. Color or Race white
X 18. Age at time of THIS birth 25 yrs.
19. Birthplace Oakley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife — Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
X 23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Dr. A. F. O. Nielson, deceased — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

X I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64+ years of age, that I have known this person for 25 years, and that Dr. A. F. O. Nielson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ephraim Bell Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of December, 1943

(SEAL) Henry W. Fischer Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by Mabel F. Elifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DEC 6 1957

APR 17 1963

YED REGISTRATION LAW

n Laws, Chapter 139, Section 4)

Where t child born prior to the

tending physician or

of the child, or if

neither fat r of the child is living or accessible, of the nearest of an, or some person having direct knowledge in the pren

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United States 289
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Malta Ida

4. FULL NAME OF CHILD Arthur Arthur Pierce

5. Date of Birth of Child (Month, day, year) Sept 28 1915

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur D. Pierce
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Geneva Thurgood
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Mitt Illinois (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg. prot. 30 gr. 25%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at 11-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Beulah (First name) Pierce (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature C. I. Sater M.D. ~~Midwife~~ Address Albion Ida formerly Malta Ida Date 12/4/41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-124-009-699

...tes (Be sure the information is as of date of birth of THIS child)

...ent of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 6 1941

State File No. 326039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boner (b) City Colburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boner
(c) City Colburn, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth F. Robeson

5. Date of Birth of Child (Month, day, year) 4-24-1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Robeson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Orr
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tarkio, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born a live (Born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Charles Robeson (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Charles Robeson M.D. Midwife Address Eagle Point, Oregon Date 12/4/41

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 26 years, and that Dr. Roscoe Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

Charles Robeson Signature

Eagle Point, Oregon P. O. Address

My Commission Expires 6-25-44

Subscribed and sworn to before me this 4th day of December, 1941

(SEAL) Thelma Short Notary Public, residing at Eagle Point, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1941

DEC 4 1947

JAN 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 612 108 016-993

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 326094
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Jane Durfee
(e) Mother's stay **BEFORE** delivery: Jane Durfee
In Hosp. or Mat. Home ..... days. year
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Town Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
(f) Mother's mailing address Almo Idaho

3. RESIDENCE of FATHER (city, state) Almo

4. FULL NAME OF CHILD Nathaniel Rice Wake

5. Date of Birth (Month, day year) 8- Feb, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Francis ake
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Willard City Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janie Isable Rice
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Town Almo (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Dec 20-1941 (Date received) (b) Mabel Fielder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Janie Rice Wake, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Nathaniel Rice Wake (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Green (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

W. J. Lloyd Almo Idaho Signature
P. O. Address

Subscribed and sworn to before me on this 15 day of Dec, 1941
(SEAL) 3rd Dist Justice of the Peace ~~Notary Public~~, residing at Almo Idaho
My Term expires next election. I have served 14 years

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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326121

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 19 1941

State File No. 1
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Samuel Adams

5. Date of Birth (Month, day year) March 1. 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Peck Adams
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sugar Loaf (City or town) Colorado (State or foreign country)
14. Exact Occupation Metal Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Ellen Coughlin
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Gordon Gulch (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was 11.45 (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Kate Ellen Adams (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif } ss.
County of Placer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Kate Ellen Adams, being first duly sworn, say that I am related (Related to (or) acquainted with) Samuel Adams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Beaver (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kate Ellen Adams Signature
Roseville Calif 211 Earl Ave P. O. Address

Subscribed and sworn to before me on this 21st day of Nov 1941
(SEAL) [signature] Notary Public, residing at Roseville, Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 15-29540

X 295-130-028-269

United States
Department of Commerce
Bureau of the Census

DEC 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327095
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D. No. 733 Military Drive
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 11 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeurd'Alene
(d) Street Address or R.F.D. No. 733 Military D
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Coeurd'Alene Ida

4. FULL NAME OF CHILD Gordon Edward Sinrud

5. Date of Birth of Child (Month, day, year) 8/30/15

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Louis Sinrud
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pigeon Falls, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Superintendent
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gunda Emelie Sorlie
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Eau Claire, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that W. H. Holden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Louis Sinrud Signature
Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 18 day of December, 1941

(SEAL) Jas. A. Foster ~~Notary Public~~ residing at Clerk of the District Court By Ardath Babbe Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1941 by Naval F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-204-010-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327102
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 9 mi. Del
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 9 mi. Del.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Francis Noreene Garrard

5. Date of Birth of Child (Month, day, year) Nov. 4, 1915

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnacy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ary Nelson Garrard
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Idaho (State or foreign country)
14. Exact Occupation shoe repairman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Francis Cutler
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Rotin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sara Francis Long (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature A. C. Soderquist M.D. Midwife Address Idaho Falls Idaho Nov. 19/41

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 26 years, and that Dr. Soderquist (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Long. Signature

Sunnyside Wn P. O. Address

Subscribed and sworn to before me this 8 day of Dec, 19 41

(SEAL) L. E. Stone Notary Public, residing at Sunnyside

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 23 - 1941 by Mary H. Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 '341

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 819-1/22-118-63a

327105

United States Department of Commerce Bureau of the Census

(Be sure th information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: stayed at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all her life yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ned John Harless

5. Date of Birth of Child (Month, day, year) Jan. 22. 1915

6. Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** J a Harless

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Sweetwater Wyo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christine Olson

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Orofino Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 46 years of age, that I have known this person for 26 years, and that Sophie Dean (First name) (Last name), who attended this birth — — — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sophie Dean Signature
1521 E Indiana - Spokane, Wn P. O. Address

Subscribed and sworn to before me this 18th day of December, 1941

(SEAL) Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 23-1941 by Mary Heal, Registrar.

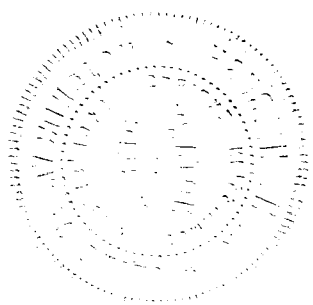
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-109-016-719

327135

United States
Department of Commerce
Bureau of the Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burrell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burrell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Burrell, Idaho

4. FULL NAME OF CHILD Dean Edward Bailey

5. Date of Birth of Child (Month, day, year) Sep. 9, 1941

6. Sex M. 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnacy Reg. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Darrel J. Bailey
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Willsville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Parkington
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

Midwife - Maggie Walters - deceased

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 25 years of age, that I have known this person for 26 years, and that Maggie (First name) Walters (Last name) midwife, who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel J. Bailey Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of December, 19 41.
(SEAL) Henry W. Miller Notary Public, residing at Burley, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 415-122-014-279 327168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327168
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1412 N. 6th St
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1412 N. 6th Street
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Billy Manser

5. Date of Birth of Child (Month, day, year) April 22 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** McKlos Manser
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace New Elum (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Millicent Springer
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Robinson (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:32 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maude (First name) Manser (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jennie Wilson ~~M.D.~~ Midwife Address Payette, Idaho Date Dec. 26, 1941

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941
(SEAL) [signature] Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26, 1941 by Clyde A Bridger Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-201-201-689 327176

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327176
Local Reg. No.
Reg. Dist. No.

DEC 1941

1. PLACE OF BIRTH
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. 1703-N. 25th
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No. 2510 - Bella St
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Louise May Pearson

5. Date of Birth (Month, day year) March 1st 1915

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Pearson
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation William Pearson
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ann White
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Newton Stewart (City or town) Scotland (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 27 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature) acting

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Ann Pearson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louise May Pearson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Louisa B. West (Name of attendant at birth), who attended said birth Deceased. (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret Ann Pearson Signature
911 26th St. Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me on this 12 day of December 1941
(SEAL) [signature] Notary Public, residing at Los Angeles

My Commission Expires June 12, 194

NOTARY PUBLIC
In and for the ... of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-119-044-445 327180

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Gen. Deel.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Gen Deel
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD Delbert Leon Orrell

5. Date of Birth of Child (Month, day, year) 4-19-15

6. Sex - Male. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Lafyettee Bosil Orrell
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Harness Maker.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Mary Duncan
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 26 years, and that Dr. Frank (First name) Schmitz (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theresa Watkins Signature
119 South 5th - Boise Idaho P. O. Address

Subscribed and sworn to before me this 27 day of December, 1941
(SEAL) [signature] Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 27, 1941 by Clyde A. Bridges Acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1963

DEC 27 1941

SEP 29 1943

ORRELL

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1915-30939

331-103-006-133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327195
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. West Center St.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? Unknown yrs.

3. RESIDENCE OF FATHER (city, state) Unknown

4. FULL NAME OF CHILD Lavell Clark

5. Date of Birth of Child (Month, day, year) May 3, 1915

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 8

9. Legitimate? No

FATHER OF CHILD Foster Parents-Real Parents Unknown **MOTHER OF CHILD**

10. **FULL NAME** William Wallace Clark
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Freedom (City or town) Wyoming (State or foreign country)
14. Exact Occupation Railroad worker
15. Industry or Business

16. **FULL MAIDEN NAME** Cora Allred
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Garden city (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wyoming } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Lavell (First name) Clark (Last name), who attended this birth Dr. J. D. Dow (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cora Allred Clark Signature
611 Railroad Ave Rock Springs Wy P. O. Address

Subscribed and sworn to before me this 12 day of December, 19 41

(SEAL) My Commission Expires Nov. 26, 1945 Notary Public, residing at Rock Springs Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel H. Eckler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 '41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1915-2774/0

363-304-030-559

327202

United States Department of Commerce Bureau of the Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Leadore
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Idaho Ranch Home Leadore, Idaho
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Leadore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leadore

4. **FULL NAME OF CHILD** Helen Josephine Coleman

5. Date of Birth of Child (Month, day, year) 2/4/1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Coleman
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Dassel, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Helen Vezina
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Leadorem Idaho (City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 26 years, and that Dr. Story (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Helen Coleman Signature

Leadore Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941.

(SEAL) W. J. Story Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridges Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

FEB 17 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-22-0039-275

327203

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 16 1941

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Power (b) City Rockland

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: At home

(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ---days. IN **THIS** county 4 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Power

(c) City Rockland

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

(f) Mother's mailing address Rockland

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Vera Esther Kramer

5. Date of Birth (Month, day year) June 21, 1915

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Paul Kramer

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Eastman (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Louise Speck

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Prairie Du Shein, Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 5. (c) Born alive and now dead (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's **OWN** signature V. G. Logan M.D. (D.O., Midwife, etc.)

and address 12-8-41 Twin Falls Idaho

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed ~~when the attendant at birth~~ is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

21-213-022-296

327245

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 22 1941

State File No. 327245
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice):
   dead
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** Annie Leonora Bates

5. Date of Birth (Month, day, year) Jan. 13, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest L. Bates

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Lyman (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Brown

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Chester (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ernest Bates (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) DEC 22 1941 (Date received) (b) Clyde A Bridger Actg (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Jeanette Brown M.D. (D.O., Midwife, etc.)
and address St. Anthony Idaho Date Oct. 10, 1941

AUG 16 1961

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

295-105-035-386

327252

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Southwick
(d) Street Address or R.F.D. No. no number
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Southwick, Id

4. **FULL NAME OF CHILD** James King

5. Date of Birth of Child (Month, day, year) Dec 5-1915

6. Sex male

7. Twin or Triplet -------

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmer King
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Southwick, (City or town) Idaho (State or foreign country)
14. Exact Occupation Mail carrier (US.)
15. Industry or Business US Mail carrier

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Thompson King
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Southwick, (City or town) Ida (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum nil
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. Rothwell (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Washington } ss.
County of Walla Walla }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Dr. (First name) Rothwell (Kendrick Ida) (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma King Signature

Garden City Heights, Walla Walla, Wn. P. O. Address

Subscribed and sworn to before me this 28 day of DEc 1941

(SEAL) Notary Public, residing at Walla Walla, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridges Asst, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-106-006-451

327263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R.F.D. #
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Judson Yancey

5. Date of Birth of Child (Month, day, year) Oct 6 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emory Yancey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Chesterfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Dortha Dean
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Woodruff (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Blackfoot M. on the date and at the place stated above, and that personal particulars were furnished by his Mother (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mary Knous Black M.D. Midwife Address Logan Utah Date Dec. 22-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridges Asst., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 7 [illegible]

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for ~~the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

177-119 036-444

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 327453
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Daniels
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Daniels
(d) Street Address or R.F.D. No. Box 586
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Daniels Ida

3. **RESIDENCE of FATHER** (city, state): " "

4. **FULL NAME OF CHILD** Pharen Martell Apgood

5. Date of Birth (Month, day, year) Oct 19, 1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Frank Leslie Apgood
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wardship (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elizabeth Dudley
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cherry Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Malad Idaho (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Moyes Hindley, being first duly sworn, say that I am Related (Related to (or) acquainted with) Pharen Martell Apgood (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Daniel Wheeler (Name of attendant at birth) who attended said birth Mrs Cannot be Located (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Moyes Hindley ..... Signature
Malad City Idaho ..... P. O. Address

Subscribed and sworn to before me on this 18 day of December, 1941

(SEAL) Maree Billingsley Notary Public, residing at Malad, Ida

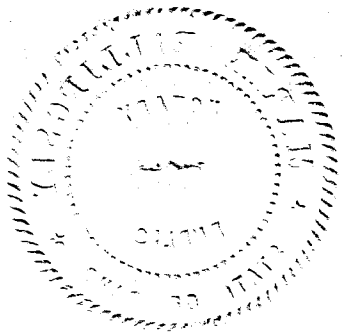
SEP 16 1948

DEC 3 0

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154 112 001 265

327457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5, Ivywild
(d) Name of Hospital or Maternity Home: Stalphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pioneerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Grimes Pass, I

4. FULL NAME OF CHILD Donald Edward Anderson

5. Date of Birth of Child (Month, day, year) 5-12-1915.

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Edward Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Pioneerville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Gertrude Sweikhart
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Pittsburg Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that Dr. George Collister (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna G. Sweikhart Anderson Signature
Grimes Pass - Idaho P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941

(SEAL) Leah Wallace Notary Public, residing at Grimes Pass - Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 12 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 103039215

327486

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County POWER (b) City IDAHO, ROCKLAND
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 4 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City ROCKLAND
(d) Street Address or R.F.D. No. 0
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address NOT LIVING

3. RESIDENCE of FATHER (city, state) WOODBURN, ORE.

4. FULL NAME OF CHILD RAY ADAMS

5. Date of Birth (Month, day year) JUNE 3 1915

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALANSON R. ADAMS

11. Color or Race WHITE

12. Age at time of THIS birth 35 yrs.

13. Birthplace GREENVILLE (City or town) MICHIGAN (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARM

MOTHER OF CHILD

16. FULL MAIDEN NAME MAUDE JANE McKANE

17. Color or Race WHITE

18. Age at time of THIS birth 32 yrs.

19. Birthplace CHIPPAWA LAKE (City or town) MICHIGAN (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living YES (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by A. R. ADAMS (First name) (Last name), who is related to this child as FATHER (Mother, etc)

26. (a) DEC 26 1941 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address BEND OREGON Date 12/3/41

27. Given name added on ..... by ..... (Registrar's signature)

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, A R Adams, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ray Adams (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

A. R. Adams Signature
Woodburn, Oregon P. O. Address

Subscribed and sworn to before me on this 3rd day of December, 1941

(SEAL) [signature] Notary Public, residing at Bend Oregon

My Commission expired Aug 1st 1944

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-107 004 689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327522
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Delivery at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 3 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho 23 yr. yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier

4. **FULL NAME OF CHILD** Russell Henry Schoper

5. Date of Birth of Child (Month, day, year) July 7-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George August Schoper
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Eitzen (City or town) Minnesota (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business For Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Mildred Whitman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for since birth years, and that DR. Geo. F. Ashley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Mildred W. Schoper Signature

P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941.

(SEAL) Mabel Nunn Notary Public, residing at Montpelier, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 30-1941 by Mabel H Peeler, Registrar.

JUN 15 1943

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Manard Ida

4. FULL NAME OF CHILD Lee Roy Borup

5. Date of Birth of Child (Month, day, year) May 29 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Thomas Borup
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Gaines (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Life Insurance

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Estella Lee
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Friedman (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Emmit Thurber (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm Thomas Borup Signature

Box 501 Emmett Ida P. O. Address

Subscribed and sworn to before me this 31st day of December, 19 41

(SEAL) C. P. Larsen Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel F. Keller, Registrar.

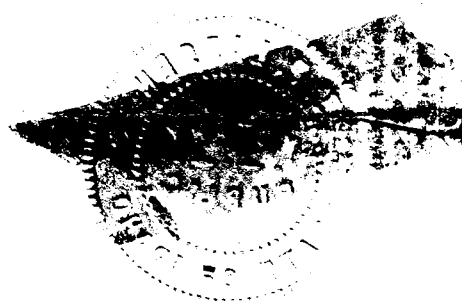
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



261-123 028-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
DEC 20 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327572
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 724 Military Drive
(d) Name of Hospital or Maternity Home: 724 Military Drive
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 9 months 11 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 724 Military Dr.
(e) How long has **MOTHER** lived in Idaho? 9 Mo. yrs.
(f) Mother's mailing address Coeur d'Alene, Ida

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Robert Carl Swanson

5. Date of Birth (Month, day, year) April 23, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Oscar William Swanson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Green Chain Contractor
15. Industry or Business Blackwell Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Victoria Peterson
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 20 1941 (Date received) (b) Maud V. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Oscar Swanson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Carl Swanson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Oscar Swanson ..... Name
1127 - 14th Ave., Lewiston, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 18th day of December 1941

(SEAL) Henry L. Toon ..... Notary Public, residing at Lewiston, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1941

OCT 17 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Irish Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

1914 211 026-793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 26 1941

State File No. 327577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Hamer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county I years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Hamer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? I yrs.
(f) Mother's mailing address Hamer Ida.

3. RESIDENCE of FATHER (city, state) Hamer, Id

4. FULL NAME OF CHILD Naomi Bell Raumaker

5. Date of Birth (Month, day year) July II 1915

6. Sex Feamale 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ralph Raumaker
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Ransome Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Lee Picken
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bently, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Lee Raumaker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Katie E. Harvey M.D. (D.O., Midwife, etc.)
and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1968

3 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

DEC 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327587
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Castleford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City ~~Castleford~~ Castleford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Castleford Ida

4. FULL NAME OF CHILD George Donald Wade

5. Date of Birth of Child (Month, day, year) Nov 5-1915

6. Sex M.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wade
11. Color or Race American
12. Age at time of THIS birth 38 yrs.
13. Birthplace Milford (City or town) N.J. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Zimmerman
17. Color or Race American
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grapahoe (City or town) Nebr (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Wade (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Twin Falls Date 12-15-41

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1941 by Mabel F Eeder, Registrar.

JUL 3 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327707
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. —
(d) Name of Hospital of Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county 31 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Ida (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.
(f) Mother's mailing address (For registration notice):
613 Grand St Boise Ida
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Harold George Wood

5. **DATE OF BIRTH** (Month, day, year) 6-12-15

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo W Wood

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Rockland (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene L. Walker

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace Rockland (City or Town) Ida (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum One percent Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was 6-12-15 (born alive, stillborn) at Rockland Ida M. on the date and at the place stated above, and that personal particulars were furnished by Geo. W Wood (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Dec 5-1942 (Date received) (b) Mabel F Eden (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** V G Logan M.D. (D.O., Midwife, etc.)
and address Am Falls Ida. Date 12-29-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 4 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ~~$10~~ nor more than ~~$300~~.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

X 154 108-022-264

327758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Drummond, Ida.

4. FULL NAME OF CHILD Melvin Dewey Anderson

5. Date of Birth of Child (Month, day, year) 9-8-15

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Olet Anderson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Jennison (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Mary Southam
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Doctor (First name) Meacham (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Leah Mary Anderson Signature
Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) Gilbert Grinton Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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327868

United States
Department of Commerce
Bureau of the Census

DEC 12 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327868
Local Reg. No. 341
Reg. Dist. No. 6

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county 33 years — months — days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Boise
(c) City Sweet, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address (For registration notice): 1 (Street or R.F.D.) Sweet (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Sweet, Idaho

4. **FULL NAME OF CHILD** Edwin Kenneth Chilcott

5. **DATE OF BIRTH** (Month, day, year) April 1st, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Grant Chilcott

11. Color or Race white

12. Age at time of THIS birth 36 yrs.

13. Birthplace Greenwood (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula May Talbott

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace (City or Town) Arkansas (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 40% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Lula (First name) Chilcott (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 12-5-41 (Date received) (b) J L Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** × Mary B Rainer (D.O., Midwife, etc.)
and address Sweet Idaho Date Apr. 1, 1915

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than ~~10 days after the~~ birth, if ~~so required~~ by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than ~~$300~~.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of *none*

(b) Labor: Complications: *none*

Induced? *No*

(c) State all operations for delivery *none*

(d) Did baby have any:

(1) Congenital Malformation? *none*

Describe:

(2) Birth Injury? *none*

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No ✓ Pos..... Neg.....

(e) Signature of Physician:

Mary B. Rainey
Mid-wife

154 108 022-715

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glen Orvid Anderson

5. Date of Birth of Child (Month, day, year) Feb 28, 1915

6. Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orvid Anderson
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dayna Green
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Midland Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Elva Anderson (First name) (Last name), who is related to this child as Mother (wife) (Mother, etc.)

25. Attendant's **OWN** signature Dr A Young M.D. Midwife Address Ashton Date 12-27-14

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 6 - 1915 by Mabel N. Eddler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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327911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327911
Local Reg. No.
Reg. Dist. No.

JAN 8 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 918 East Main
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 918 E. Main
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Everett Evaon Olson

5. Date of Birth of Child (Month, day, year) Jan. 19, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lars Magnus Olson
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Weslanda (City or town) Sweden (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ettie Caroline Young
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Beeryville (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 26 years, and that Dr. E. O. Finney (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Olson Signature

R#2, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of January, 1942

(SEAL) Margaret Smoke Notary Public, residing at Emmett Idaho

My Commission expires Oct 13 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DUP OF 15-27864

X JAN 5 1942

United States 349 726 012-569 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Daisy Black Mine
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Carl Norris Curtis

5. Date of Birth of Child (Month, day, year) January 26, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mathew Augustus Curtis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Green Forest (City or town) Arkansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Daisy Black Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Maude Norris
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Green Forest (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Dr. Fox (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Maude Curtis Nimmo Signature
Orange Calif R 1 Box [illegible] 1 P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942

(SEAL) R. E. Holland Notary Public, residing at Santa Ana, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X JAN 3 1942 — 327969

United States Department of Commerce Bureau of Census — (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327969
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Cliffs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. At home.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Cliffs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address Cliffs, Idaho

3. RESIDENCE of FATHER (city, state) Cliffs, Ida.

4. FULL NAME OF CHILD Gertrude Catherine Maher

5. Date of Birth (Month, day year) 7/9/15

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ambrose Augustine Maher
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Near Cliffs (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher, stock raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Catherine Deary
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ambrose Maher (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 3 1942 (Date received) (b) Mabel H. Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature W. W. Jones M.D. (D.O., Midwife, etc.)
and address Jordan Valley, Ore. Date

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ambrose Maher, being first duly sworn, say that I am the father related (Related to (or) acquainted with) Gertrude Maher (Name of person on certificate above) as the father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ambrose Augustine Maher Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

JAN 1 1942

AUG 24 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Palmer Higgins			2. Date Of Birth (month) (day) (year): August 25, 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: WASHINGTON	b. City or Town of Birth: CAMBRIDGE, IDAHO
FATHER	6. Full Name of Father: BENJAMIN HARRISON HIGGINS			7. State or Country of Father's Birth: COUNCIL, IDAHO
MOTHER	8. Full Maiden Name of Mother: CLARA ELIZABETH PEEBLES			9. State or Country of Mother's Birth: COUNCIL, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Palmer Higgins		11. Present Address of Registrant: 4924 N. E. 18th Ave. Portland 11, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 16 1960	12. Signature of Notary: Clifford D. Lansdon		13. Notary Commission expires: JULY 21, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. (age 31)	Type of Document: Hospital Record	By whom issued and signed: St. Vincent's Hospital Portland, Oregon		Date Issued: 2-5-60	Date Orig. Entry: March 22, 1947
	Date of Birth: Aug. 25, 1915	Birth Place: Idaho	Full Name of Mother: Clara Publes	Name of Father: Benjamin Higgins	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #408682		Date Issued:	Date Orig. Entry: child born July 4, 1945
	Date of Birth: age 29	Birth Place: Cambridge, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Adams Co. Clerk Council, Idaho		Date Issued: 2-18-60	Date Orig. Entry: Sept. 10, 1921
	Date of Birth: age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: --- Higgins	
QUALIFYING INFORMATION	Marriage Record, Adams County, Council, Idaho; 2-24-60: age 26 as of April 20, 1942.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: March 8, 1960	

FORM BH 56067

See #328022

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

328022

United States
Department of Commerce
Bureau of the Census DEC 23 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328022
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfred Palmer Higgins

5. Date of Birth of Child (Month, day, year) Aug. 25, 1916

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Harrison Higgins
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Elizabeth Peebles
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Council (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clara Elizabeth Higgins (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for years, and that Mrs. Nellie Ruth (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Elizabeth Higgins Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of December, 19 41

(SEAL) Matilda Moser, Clerk Dist. ~~Notary Public~~, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 23 1941 by Mabel H. Eccles, Registrar.

MAR 8 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268 108 042-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328057
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 354 4th ave West
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 354 4th ave West
(e) How long has **MOTHER** lived in Idaho? 9½ yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD John Michael Bohrn

5. Date of Birth of Child (Month, day, year) Feb. 8th 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Bohrn
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lemburg (City or town) Austria (State or foreign country)
14. Exact Occupation Iceman
15. Industry or Business Lincoln Produce Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Marie Sievers
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rock Springs (City or town) Wyoming (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3.00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha (First name) Bohrn (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John F. Loughlin M.D. Midwife Address Twin Falls, Idaho Date 12.24.41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 26 1941 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X JAN 7 1942

United States 297-208028-219 (Be sure the information is as of date of birth of THIS child) State File No. 328066
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Evelyn Marie Briggs

5. Date of Birth of Child (Month, day, year) April 8, 1915

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles A. Briggs
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Twin Lakes, Michigan (City or town) (State or foreign country)
14. Exact Occupation Setter in Sawmills
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Barker
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Valentine, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

We, the undersigned, being first duly sworn, say that we are the mother and father (Mother, etc.) of the person whose name appears in Item 4, above, that we are now 46 & 52 years of age, respectively, that I have known this person for all her life, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) we further state that the facts on the certificate above are true to the best of our knowledge, and that we desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecelia Barker-Briggs-- ✓ Cecelia Barker Briggs Signature
Charles A. Briggs - - ✓ Charles A Briggs

Subscribed and sworn to before me this 2nd day of January, 1942
(SEAL) [signature] Notary Public, residing at Coeur d'Alene, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mavel [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942 766-714-022-386

328095

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH later (Clark)
(a) County Fremont (b) City Camas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont later (Clark)
(c) City Camas
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 mo. yrs. has lived
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ernest Frederick Powell

5. Date of Birth (Month, day year) May - 14, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Agustus Powell
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Denver (City or town) North-Carolina (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lela Jane Lyon
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rockwood (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 6 1942 (Date received) (b) Mavel I Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. F. A. Powell, being first duly sworn, say that I am related (Related to (or) acquainted with) Ernest Frederick Powell (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth Mrs F. A. Lyon (deceased) (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. F. A. Powell Signature
Dubois Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of January 1942
(SEAL) John W. Heap Notary Public, residing at Dubois, Idaho
My Comm expires Apr 18. 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

Clif 328097

United States Department of Commerce Bureau of the Census 919/12503.3-39

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Melrose
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Melrose
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Melrose Idaho

4. FULL NAME OF CHILD Clifford Francis Raines

5. Date of Birth of Child (Month, day, year) Dec 25, 1925

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas R Raines
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mc Paul Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle May Triplett
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dayton Wn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at , M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Raines (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mable Ryker M.D. Midwife Address Lewiston Idaho Date Dec 30.

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Mable Ryker (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Raines Signature
Pinehurst Wash. P. O. Address

Subscribed and sworn to before me this 30 day of Dec, 1944.

(SEAL) C P Brandin Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-914 Idaho Code Annotated. Com. of)

JAN 6 1942

Received for filing on by Mabel Hedelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962121032-767 328157

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328157
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln Co. (b) City JEROME
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 0 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD George Lewis Roberts

5. Date of Birth of Child (Month, day, year) July 21, 1915

6. Sex Male ~~7. Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lathram Roberts
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Jackson Co. (City or town), Mich. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Popkey
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Jerome, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at 8:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Roberts (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Jerome, Idaho Date

State of Idaho
County of Jerome ~~Idaho~~ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 26 years, and that Dr. (First name) Piper (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Roberts Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 1942
(SEAL) William G Comstock ~~Notary~~ Public, residing at Jerome
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Probate Judge & Ex-Officio Clerk

Received for filing on Jan 9 - 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

JAN 14 1942

APR 18 1962

JUN 3 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328177
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Crooks
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Crooks
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Crooks, Idaho

4. FULL NAME OF CHILD John Daniel Ralls

5. Date of Birth of Child (Month, day, year) Dec. 30, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Ralls
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Knox County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Fuller
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Marshalltown, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Ranching

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:00 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mabel Ralls (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Anna Sperry ~~M.D.~~ Midwife Address Eagle Date Idaho

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10 - 1942 by Maud Fleeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1942

FEB 17 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1915-230115

328182

356 224017 893

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 12 1942

State File No. 328182
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clark (b) City Small
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Small
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 45 yrs.
(f) Mother's mailing address Dubois, Idaho

3. RESIDENCE of FATHER (city, state) Dubois, Ida.

4. FULL NAME OF CHILD Beth Leonardson

5. Date of Birth (Month, day year) April 24, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur J. Leonardson
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Walkerville, Montana (City or town) (State or foreign country)
14. Exact Occupation County Assessor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Wilson
17. Color or Race white
18. Age at time of THIS birth 31 yrs
19. Birthplace South Cottonwood Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn 2

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan 12 - 1942 (Date received) (b) Mabel L Eaton (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Emma Leonardson, being first duly sworn, say that I am related (Related to (or) acquainted with) Beth Leonardson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ida M. Leonardson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Emma Leonardson Signature
Dubois, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of January, 1942

(SEAL) [signature] Notary Public, residing at Dubois, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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328189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ~~1 Dwyrs.~~

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida

4. FULL NAME OF CHILD Earl Sylvester Lawson

5. Date of Birth of Child (Month, day, year) July 4 - 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archie Earl Lawson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Harvey, Stevens Co, Wash (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Ella Irvin
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Del Norte Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Carrie Lawson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Ella Irvin Signature
1312 Kulian Ave Centralia, Wash P. O. Address

Subscribed and sworn to before me this 12th day of December 1941

(SEAL) F. W. McKeeker Notary Public, residing at Chehalis, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12-1942 by Mabel F Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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328231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. R. F. D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 7 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Lloyd Thomas Montgomery

5. Date of Birth of Child (Month, day, year) 9-6-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Montgomery
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Blue Mound (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Alice Winston
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Marysville (City or town) Ohio (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that William Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Alice Montgomery Signature
R. 1, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.
(SEAL) Probate Judge Ada County, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 13 1942 by Mabel V. Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942 328234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City MULLAN
(c) Street Address or R.F.D. No. BOX 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City MULLAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) MULLAN, IDAHO

4. FULL NAME OF CHILD EDWIN RUDOLPH JOHNSON

5. Date of Birth of Child (Month, day, year) 4-13-1915

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM JOHNSON
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace OKSAJARVI (City or town) SWEDEN (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME BEDA HEIKKA
17. Color or Race WHITE **18.** Age at time of THIS birth 27 yrs.
19. Birthplace FINLAND (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~still born~~) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Beda (First name) Johnson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife FW Rolfe MD Address Mullan Date Jan 12 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Patten			2. Date of Birth (month) August (day) 27, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Crystal Lake, Fremont	b. City or Town of Birth: Crystal Lake
FATHER	6. Full Name of Father: Francis LeRoy Patten			7. State or Country of Father's Birth: Payson, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Adeline Ballard			9. State or Country of Mother's Birth: Arizona
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wanda Meredith	11. Present Address of Registrant: 305 Hardy Drive, Tempe, Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: 15th day August 1960		12. Signature of Notary: L Alton Riggs	13. Notary Commission expires: Jan 10, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of record of birth		By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: May 7, 1941	Date Orig. Entry: recorded June 29, 1930
	Date of Birth: Aug. 27, 1915	Birth Place: Crystal Lake, Idaho	Full Name of Mother: Sarah Adaline Ballard	Name of Father: Francis LeRoy Patten	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism and confirmation		By whom issued and signed: LDS Church, Chandler, Arizona Thorton Seller, clerk	Date Issued: ----	Date Orig. Entry: baptized Sept. 1, 1923
	Date of Birth: Aug. 27, 1915	Birth Place: Crystal Lake, Idaho	Full Name of Mother: Sarah Ballard	Name of Father: F. L. Patton	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ----	Date Orig. Entry: June 4, 1934
	Date of Birth: age 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Penny Patterson	Date Filed: Aug. 30, 1960

FORM BH 56067

328270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County 1 (b) ~~City~~ Crystal Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on Homestead, 25 miles West of
(e) Mother's stay **BEFORE** delivery: Roberts Idaho,
IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) ~~City~~ on Homestead on Crystal Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Wanda Patten

5. Date of Birth of Child (Month, day, year) Aug 27, 1916

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis LeRoy Patten
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Payson (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Adeline Ballard
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Francis LeRoy Patten (First name) (Last name), who is related to this child as Father (Mother, etc.) The M.D. never got there

25. Attendant's **OWN** signature Francis LeRoy Patten M.D. Midwife Address Tempe RT. 1 - Box 567 Date 12-23-1941

State of Arizona
County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 25 yr. 4 mo. years, and that Francis LeRoy Patten (First name) (Last name), who attended this birth is now living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ballard Patten Signature

My Commission Expires Dec. 28, 1941

Tempe Ariz. Louis H. Smith Rt. 1 Box 567 P. O. Address

Subscribed and sworn to before me this 23d day of December, 1941

(SEAL) Louis H. Smith Notary Public, residing at Tempe Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ... by Mabel H. Olsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1961

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328323
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) ~~City~~ Lorenzo
(c) ~~Street Address or~~ R.F.D. No. 1 Lorenzo
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) ~~City~~ Lorenzo
(d) Street Address or R.F.D. No. 1 Lorenzo
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Lorenzo Ida.

4. FULL NAME OF CHILD Cleo LaValle Scott

5. Date of Birth of Child (Month, day, year) March 12, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ephraim Moroni Scott

11. Color or Race white

12. Age at time of THIS birth 42 yrs.

13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Sophia Ostrom

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace Christianstad (City or town) Sweden (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Scott (Last name), who is related to this child as ~~Mother~~ Aunt (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Dr. James F. Melton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Sophia Scott Signature

Lorenzo Route #1 Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) Grace M. Larson Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mabel H. Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 13 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 31 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328324
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state) 52 yrs.

4. FULL NAME OF CHILD Leo Gunnell Clegg

5. Date of Birth of Child (Month, day, year) Sept. 10-1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Benjamin Orson Clegg
11. Color or Race American
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bench (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Poppleton Gunnell
17. Color or Race American
18. Age at time of THIS birth 19 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Clegg Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....
(SEAL) [signature] Notary Public, residing at Grove Lands
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 15-33326

JAN 9 1942 353124.035695

328343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No. 1/2 m. north
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one year months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Cameron
(d) Street Address or R.F.D. No. 1/2 mile north
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Cameron Idaho

4. FULL NAME OF CHILD William A Letzig

5. Date of Birth of Child (Month, day, year) Feb 24 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Max Letzig
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Chemnitz (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amalia Winsberger
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Munich (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Max + Amalie Letzig (First name) (Last name), who is related to this child as Father + Mother (Mother, etc.)

25. Attendant's **OWN** signature Minna A Hartung M.D. Midwife Address 1918 E. Mission Spokane Wash Jan 7 1942 Cameron Idaho Date Feb 24 1915

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 27 years, and that Dr. Stoneberner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minna A Hartung Signature
1918 E Mission Avenue Spokane P.O. Address

Subscribed and sworn to before me this 7 day of January, 1942 Wash.
(SEAL) [signature] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by [signature], Registrar.

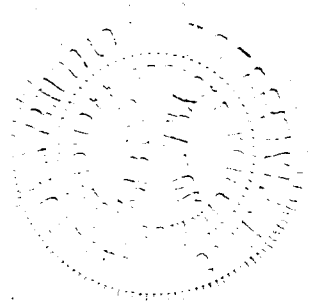
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 10 1942

United States 142-207-039-813 (Be sure the information is as of date of birth of THIS child) State File No. 328446
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Wilson, Idaho

4. FULL NAME OF CHILD Edna Mary Maria Austin

5. Date of Birth of Child (Month, day, year) March 7th 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert H. Austin
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Paradise Valley (City or town), Nevada (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Helena Hallberg
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Wilson (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 a.M. on the date and at the place stated above, and that personal particulars were furnished by Victoria (First name) Austin (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Helena Hallberg M.D. Midwife Address Nampa, Idaho Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

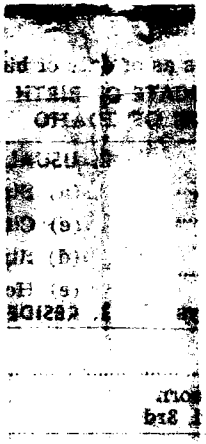
Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Maud H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be [illegible] and filed by the local registrar for record in the Bureau [illegible] Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

249 122-001-599 328476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328476
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: Born in Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Roy Arthur Smith

5. Date of Birth of Child (Month, day, year) March 22 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Elsworth Smith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Fort Collins Colorado (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Machine agent

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Erickson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Weiser Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argerol
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that Dr Moore (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose Smith Signature
R 3 Boise Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 1942
(SEAL) Fred J Platt Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 15 - 1942 by Mabel F Eden, Registrar.

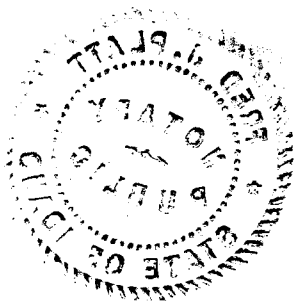
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



995113035-255 328481

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328481
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years 3 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida.

4. FULL NAME OF CHILD Warner frederick Ziemann

5. Date of Birth of Child (Month, day, year) Sept. 13, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustave Henry Ziemann

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Fall Creek (City or town) Wisconsin (State or foreign country)

14. Exact Occupation merchant

15. Industry or Business store business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wilda Hazel Keeney

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Sweet Home (City or town) Oregon (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 26 years, and that Dr. William A. Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilda Hazel Ziemann Anderson Signature

Sandpoint, Ida. P. O. Address

Subscribed and sworn to before me this 10 day of Jan., 1942

(SEAL) ..... Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Maud D. Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689/108 201 635 328485

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328484
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. South Boise
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) South Boise

4. FULL NAME OF CHILD Guy Ernest Whitney

5. Date of Birth of Child (Month, day, year) Jan. 8, 1915

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathaniel Gilbert Whitney
11. Color or Race W. 12. Age at time of THIS birth 42 yrs.
13. Birthplace Vermont (City or town) (State or foreign country)
14. Exact Occupation Plaster & Cement worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Josephine Fleak
17. Color or Race W. 18. Age at time of THIS birth 35 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 10:00 a.M. on the date and at the place stated above, and that personal particulars were furnished by Alice Rose (First name) Turner (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address 2505 Idaho st. Date Jan. 15 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 27 years, and that Inez Phelps (First name) Whitney (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice R. Turner Signature
2505 Idaho st. Boise Ida. P. O. Address

Subscribed and sworn to before me this 16th day of January 1942

(SEAL) C. B. Smith Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 [illegible]2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942

United States 595 211- (Be sure the information is as of date of birth of THIS child) State File No. 328557
Department of Commerce 003-867 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Wayan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Wayan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Wayan, Idaho

4. FULL NAME OF CHILD Iris Margurite Nielsen

5. Date of Birth of Child (Month, day, year) 12/11/1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frantz Fredrick Nielsen
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Elizabeth Hopkins
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Trenton, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Nielsen (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that Dr. Davis (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud E. Nielsen Signature

Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 7 day of Jan., 19 42

(SEAL) [illegible] Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by Maud E. Nielsen, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dlwp01915-36913

JAN 12 1942 292-202-007-276

328558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie Petra Kibbie

5. Date of Birth of Child (Month, day, year) Oct. 2, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Harold Kibbie
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bangor (City or town) Maine (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Marie Brown
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Mrs. George Stitt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Marie Kibbie Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 1942
(SEAL) Joseph W. Fuld Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942

328561

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Woodruff
(c) Street Address or R.F.D. No. R.F.D. #2 Malad Ida.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County Cache
(c) City Logan
(d) Street Address or R.F.D. No. 373 W 4 N
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Logan Utah

4. FULL NAME OF CHILD Glen Ernest Sorenson

5. Date of Birth of Child (Month, day, year) Sept 19 1915

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Hyrum Sorenson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Leora Howell
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Woodruff (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Cache }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Mary Jane Howell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura L. H. Sorenson Signature
..... P. O. Address

Subscribed and sworn to before me this 10 day of Jan., 19 42

(SEAL) ..... Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Mabel H Calder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 398-231026-915 328591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 3 1942

State File No. 328591
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. Rigby No 1.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho.

4. FULL NAME OF CHILD Nola Venetta Crystal

5. Date of Birth of Child (Month, day, year) Jan. 31. 1915

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Vernon Crystal
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Holiday (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie V. Randall
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Grant (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Dr. ------- (First name) Wilson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V Crystal Signature
Rigby Route #1. Idaho. P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941

(SEAL) George M Larson Notary Public, residing at Menan, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel F Eeefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-213-033-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Thornton, Ida

4. FULL NAME OF CHILD Eva Maud Byrne

5. Date of Birth of Child (Month, day, year) 6-13-1915

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Moses Louis Byrne
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena May Winters
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Phoenix, Arizna (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that Dr. Jos. Walker (First name) (Last name), who attended this birth not known (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena May Byrne Signature

Thornton, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941

(SEAL) M. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Maud E Eldredge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 154-106-028-571

328847

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1121 Fifth Street
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 1121 Fifth St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) CDA, Idaho

4. FULL NAME OF CHILD Arthur Edward Anderson

5. Date of Birth of Child (Month, day, year) July 6, 1915

6. Sex Male **7.** Twin or Triplet ---- If so—born 1st, 2nd, 3rd ---- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Anton Anderson
11. Color or Race W **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Filer
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Egan
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Buffalo County, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr. J. C. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Anderson Signature
1124 Fifth Street, Coeur d'Alene, Ida. P. O. Address

Subscribed and sworn to before me this 23 day of Dec., 19 41

(SEAL) Jas. A. Foster Clerk of the District Court Notary Public, residing at By Jos. C. White Deputy
(Auditor and Recorder)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by ..... Registrar.

MAY 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-203-037-418

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328880
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Anywhere (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Anywhere
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith Bailey

5. Date of Birth of Child (Month, day, year) Feb 3 1916

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Hailey
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Wayne
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes Silvol
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John T. Hailey (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature W W Jones M.D. M.D. Midwife Address Jordan Valley Ore Date 1-13-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 19-1942 by Mabel H Gilpin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 195

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-123-040-841

328886

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 10 1942

State File No. 81
Local Reg. No. 141
Reg. Dist. No. 141

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Black Cloud
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Black Cloud
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.
   (f) Mother's mailing address (For registration notice):
   Box Bx 648 (Street or R. F. D.) Wallace Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Angelo Zanetti

5. Date of Birth (Month, day, year) Dec 23 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Zanetti
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Brescia (City or Town) Italy (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Quattini
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Brescia (City or Town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9
    (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Zanetti (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan-3-42 (Date received) (b) John A Beyer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs alice McGaren M.D. (Dr., Midwife, etc.)
and address Wallace Idaho Date Dec 30

MAR 1 6 1976

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

264-118-004238 328904

328904

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 19 1942

State File No. 328904
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 22 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address General Delivery

3. RESIDENCE of FATHER (city, state) Montpelier, Ida.

4. FULL NAME OF CHILD Russell Albert Sommers

5. Date of Birth (Month, day year) Nov. 18, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adolph Sommers

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Switzerland (City or town) (State or foreign country)

14. Exact Occupation Plasterer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bertha Rosen Schreier

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Paris, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~ None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) JAN 19 1942 (Date received) (b) ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California } ss.
County of Sacramento }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Bertha Sommers, being first duly sworn, say that I am Related (Related to (or) acquainted with) to Russell Albert Sommers (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that George F. Ashley (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Bertha Sommers Signature
R 1-20-60 Sacramento Calif. P. O. Address

Subscribed and sworn to before me on this 14 day of January 1942

(SEAL) W. E. Raymond Notary Public, residing at Twin Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

615-125-010-458 328927 328927

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Blowout
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Blowout
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Rigby, Idaho

3. RESIDENCE of FATHER (city, state) Rigby, Ida

4. FULL NAME OF CHILD Gustave Herbert Hanson

5. Date of Birth (Month, day year) April 25, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nels Gustave Hanson

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Brigham City, Utah (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Clotilde DeHorme

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Chicago, Illinois (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 16 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Isabelle Hanson, being first duly sworn, say that I am the mother (Related to (or) acquainted with) Gustave Herbert Hanson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Joe Walton (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Isabelle Hanson Signature

Rigby, Idaho, P. O. Address

Subscribed and sworn to before me on this 15 day of December, 1941

(SEAL) Lillian M. Bandel Notary Public, residing at Rigby, Idaho

JAN [illegible]

OCT 10 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 12 1942 235-110-030-851

328964

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.
(a) County LEMHI (b) City LEADORE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RANCH Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City LEADORE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address LEADORE IDAHO

3. RESIDENCE of FATHER (city, state) LEADORE IDA.

4. FULL NAME OF CHILD FRANK LOY STEWART

5. Date of Birth (Month, day, year) 1/10/1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ROBERT THOMAS STEWART
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace CHESTER (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business INDUSTRY

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIAN ELIZEBETH YEARIAN
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace DUCOIN (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of Thurston }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Thomas Stewart, being first duly sworn, say that I am related To (Related to (or) acquainted with) Frank Loy Stewart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dishno (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Robert Thomas Stewart (Signature)

Yelm, Washington (P. O. Address)

Subscribed and sworn to before me on this 10th day of January, 1942

(SEAL) [signature] Notary Public, residing at Yelm

SEP 2 2 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by~~ the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-22-019-599

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328970
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis, Idaho

4. **FULL NAME OF CHILD** Grace Violet Santee

5. Date of Birth of Child (Month, day, year) May 22, 1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Noah Santee
11. Color or Race W
12. Age at time of THIS birth 45 yrs.
13. Birthplace Farmington (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business Stockraising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Ericson
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace not known (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for lifetime years, and that Dr. Kelley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selma Santee Signature

Challis, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of January, 19 42.

(SEAL) John Boyd, Custer Co. Recorder Notary Public, residing at Challis, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Linda Bennett Deputy

Received for filing on JAN 13 1942 by Mary E. Eddie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-107-04X-713

329028

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 23 1942

State File No. 329028

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Midvale, Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Paul Woodrow Johnson

5. Date of Birth (Month, day year) May 7, 1915

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mr. Charles Johnson

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Pilot Rock, Oregon (City or town) (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miss Maggie Galloway

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Glasgow, Kentucky (City or town) (State or foreign country)

20. Exact Occupation Housekeeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn ~~Seven~~ None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 4:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Charles Johnson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name added on by (Registrar's signature)

State of Idaho } ss.
County of Adams }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Maggie Johnson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Paul Woodrow Johnson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. ~~Seeley~~ MARSHALL, who attended (Name of attendant at birth) MIDVALE - IDAHO said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maggie Johnson Signature

P. O. Address

Subscribed and sworn to before me on this 30 day of December, 1941

(SEAL) Notary Public, residing at

JAN 23 1942

OCT 4 1974.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP 02-1915-30749

168-207-04K-713 329029 329029

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329029
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Midvale, Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Pauline Winnifred Johnson

5. Date of Birth (Month, day year) May 7, 1915

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mr. Charles Johnson
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Pilot Rock (City or town), Oregon (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Miss Maggie Galloway
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Glasgow (City or town), Kentucky (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Chaule (First name) Johnson (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Adams }

I, Mrs Maggie Johnson, being first duly sworn, say that I am the Mother related (Related to (or) acquainted with) of Pauline Winnifred Johnson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. ~~Steele~~ MARSHALL (Name of attendant at birth) MIDVALE-IDA who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Maggie Johnson Signature
P. O. Address

Subscribed and sworn to before me on this 30th day of December, 1941

(SEAL) Earl Johnson Notary Public, residing at .....

JAN 23 1942

DELAYED DUP OF 1915-30749 A

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1915-30750

652-106-033-544

329073

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rex burg
   (d) Street Address or R.F.D. No. R. 2
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ernest Cecil Westover

5. Date of Birth of Child (Month, day, year) July 6, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Ernest Westover
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Mendon, Cache Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eulalia Elzada Humble
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Huntington, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum agNo. 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at (Born alive, stillborn) 1 A M. on the date and at the place stated above; and that personal particulars were furnished by Wm E. Westover (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. Midwife Address Rexburg, Ida Date 7-6-1915

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Dr Joseph Walker (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eulalia E. H. Westover Signature

Rexburg, Idaho R D 2 P. O. Address

Subscribed and sworn to before me this 27th day of December, 19 41.

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mary Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-118-039-356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 19 months 10 days 14

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Wilburn Joshua Adams

5. Date of Birth of Child (Month, day, year) June 18, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Adams
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Shepman (City or town) Creek, Montana (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Lewis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Solution Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Josephine (First name) Adams (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address American Falls Ida Date 1/9/42

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-214-616-435

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File # 329262
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Sublett
   (c) Street Address or R.F.D. No. Postoffice
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Sublett
   (d) Street Address or R.F.D. No. Postoffice
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Not living

4. **FULL NAME OF CHILD** Dorthea Lee Evans

5. Date of Birth of Child (Month, day, year) May 14, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Clinton Evans
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ash Grove (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle McNabb
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ash Grove (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Mrs. L. Evans (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle McNabb Evans Signature
1322 Fillmore St Boise P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942.
(SEAL) Myrna L. Brewer Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by ____, Registrar.
JAN 21 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-112-014-963

330350

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R-3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Grant Ulysses Milligan

5. Date of Birth of Child (Month, day, year) Oct. 12, 1916

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thos Milligan
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Edinburgh Scotland (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Julia Roth
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Archibald Ohio (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 26 years, and that Thos Milligan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leah Julia Milligan Signature
P. O. Address

Subscribed and sworn to before me this 26 day of Jan., 1942
(SEAL) [signature] Notary Public, residing at Nampa, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-12-022-134 330394

330394

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 23 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No. at home
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.
   (f) Mother's mailing address Deceased

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** ELWIN McClue Harris

5. Date of Birth (Month, day year) May 21 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oral McClue Harris
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Teriston Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Alldredge
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Parent Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Belle Harris (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) JAN 23 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Belle Harris M.D. (D.O., Midwife, etc.) and address Ashton, Ida. Date 10-25-1941

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1942

AUG 2 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 6 1942

715-119-019-463

330435

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Obsidian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Richard Lanning

5. Date of Birth of Child (Month, day, year) July 19, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Lanning
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Coffee Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Mock
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dayton, (City or town) Wyoming (State or foreign country)
20. Exact Occupation Housewide
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by the mother (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life years, and that his grandmother (First name) (Last name), who attended this birth, is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertrude Lanning Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of Jan., 19 42

(SEAL) [signature] Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-016-004-495

330475

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City NOUNAN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City NOUNAN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) NOUNAN. IDAHO

4. FULL NAME OF CHILD BERNICE PAULINE JENSEN

5. Date of Birth of Child (Month, day, year) 8/16/1915

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 8 **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Paul Carl Jensen
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Nebraska (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Minning
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Nounan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 26 years, and that Dr. J.H. Lynn (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Minning Signature
J.W. Lynn P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942
(SEAL) C.H. Moody Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Maud E. Holden, Registrar.

JAN 2 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-207-036-554

330476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Weston
(c) Street Address or R.F.D. No. gen. Del.
(d) Name of Hospital or Maternity Home: at home of Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Stanthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Anna Elizibeth Fredrickson

5. Date of Birth of Child (Month, day, year) Feb. 7th 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Marcus Fredrickson
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Neuenswander
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Salt Lake (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Mary Fredrickson (First name) (Last name), who attended this birth Cannot be Contacted (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence Marcus Fredrickson Signature
3302 S 09th West Salt Lake City P. O. Address

Subscribed and sworn to before me this 12th day of January, 1941

(SEAL) Arthur B. Bringhurst Notary Public, residing at Salt Lake County Justice of the Peace

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 897-209-01X-493

330555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. South Main
(d) Name of Hospital or Maternity Home: Own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. South Main
(e) How long has **MOTHER** lived in Idaho? 8½ yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD June Louise May Higinbothom

5. Date of Birth of Child (Month, day, year) June 9, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ralph Higinbothom
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace St. George's (City or town) Bermuda (State or foreign country)
14. Exact Occupation Bottler
15. Industry or Business Soft Beverages

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Araminta Louise Millett
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace St. David's (City or town) Bermuda (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 26 years, and that Jennie (First name) Harrington (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Araminta L Higinbothom Signature
Ontario, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942

(SEAL) [signature] Notary Public, residing at Ontario, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp 7-15-44

Received for filing on JAN 22 1942 by Mary F Elder, Registrar.

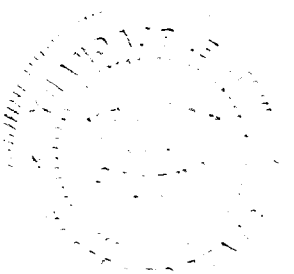
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



285-112-029-863

330598

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330598
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. #5
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 9 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. ~~No.~~ #3
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Harold Leo Byers

5. Date of Birth of Child (Month, day, year) 4-12-1915

6. Sex Male

7. Twin or Triplet neither — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph E. Byers
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Troy (City or town) Idaho (State or foreign country)
14. Exact Occupation logging
15. Industry or Business lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Ann Holden
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1 P M. on the date and at the place stated above, and that personal particulars were furnished by Joseph E. Byers (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Joseph E Byers M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Suzetta Holden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph E Byers Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me this 20th day of Jan., 19 42

(SEAL) Fred D Woodin Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by Maud E Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-128·007-255

330619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Manard
(c) Street Address or R.F.D. No. "
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) " 18 "

4. FULL NAME OF CHILD Albert Mathew Dalton Oct

5. Date of Birth of Child (Month, day, year) 28th 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick William Dalton
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Willard Box Elder Utah (City or town) (State or foreign country)
14. Exact Occupation Farming & stock raising.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Dorothea Benson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Nylassher Bornholm Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 26 years, and that Dr (First name) Higgs (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederick William Dalton Signature
3718 Overland Road Boise Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) C. E. Beymer Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

964-122-007-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City near Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County then Blaine
(c) City near Arco, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) near Arco, Idaho

4. FULL NAME OF CHILD Thomas Robert Rodgers

5. Date of Birth of Child (Month, day, year) Jan. 22, 1915

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Earl Rodgers
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace near Arco, then Blaine County, Idaho (City or town) (State or foreign country)
14. Exact Occupation stockman
15. Industry or Business raising livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Koskey
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. Paul, MInnesota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Helen Koskey Rodgers (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 27 years, and that Ida Rodgers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Koskey Rodgers Signature
112 N. Stout Ave; Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Earl W. Lory Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 24 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-120-014-469 JAN 30 1942 330681 330681

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Isaac Lorenzo Williamson

5. Date of Birth of Child (Month, day, year) 6-20-1915

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Troy Gordon Williamson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Boonville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Morgan
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Tiffin (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum no doctor

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Williamson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Payette, Idaho Date 1-28-'42

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Maria Elizabeth Weygandt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Williamson Signature
Star Route Payette, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of January, 1942.
(SEAL) Martin J. Hunter Probate Judge Payette County Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 389-111-003-962

330842

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 22 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items as of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Joseph Bonnett Christensen

5. Date of Birth of Child (Month, day, year) May 11, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Cornelius Christensen

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Richmond, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Emeline Robinson

17. Color or Race White

18. Age at time of THIS birth 49 yrs.

19. Birthplace Richmond, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate Solution

23. Number of children of this mother: (a) At time of birth and including this child 15 (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 26 years, and that Dr. J. W. Hubbard (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frank Christensen Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1942

(SEAL) Notary Public, residing at Grace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

MAR 15 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-718-021-433

330882

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 8 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? all her life yrs.

3. RESIDENCE OF FATHER (city, state) all his life

4. FULL NAME OF CHILD Henry Clyde Jensen

5. Date of Birth of Child (Month, day, year) Sept. 18 - 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Jensen
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter & Cement finisher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora McCulloch
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 26 years, and that Dr (First name) Wise (Last name), who attended this birth Can not be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora McCulloch Jensen Signature
Weston Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942.
(SEAL) Thomas Preston Notary Public, residing at Weston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

JAN 30 1942

OCT 1 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-113-003-297

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330884
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 945 NTH NINTH
(d) Name of Hospital or Maternity Home: BORN AT OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months UNKNOWN days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 945 NTH NINTH
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME OF CHILD PERCIVAL WILLIAM WALTERS

5. Date of Birth of Child (Month, day, year) 1-13-15

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME GEORGE WASHINGTON WALTERS
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace ST JOSEPH (City or town) MISSOURI (State or foreign country)
14. Exact Occupation LABOR FOR U.P.R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLEN CHARLOTTE BIGELOW
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace WALLSBURG (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Dr Francis H Poole (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Charlotte Bigelow Walters Signature
1335 East Freemont, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL) Lester A Hartvigsen Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Maud M Nelson, Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

1915-
DUP OF 29154

819-102-028-285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331015
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address ~~or R.F.D.~~ No. Cor. 11th & Elm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street ~~Address or R.F.D.~~ No. Cor. 11th & Elm
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

4. FULL NAME OF CHILD Donald Wayne Hartman

5. Date of Birth of Child (Month, day, year) July 2-1915

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Blanche Frederick Hartman
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Bridgeton - Mich (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Automobile

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Irene Sheldon
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Vernon - Mich (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (Born alive, ~~stillborn~~) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature John Allred M.D. Midwife Address Coeur d'Alene Ida. Date Jan 29. 42

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1915-340919

BOTH DELAYED

819-126-016-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331027
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Miller Ave.
(d) Name of Hospital or Maternity Home: Home of Hyrum Ray
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 6 days 26

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Miller Ave.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD James William Harris

5. Date of Birth of Child (Month, day, year) 5-26-15

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Harris
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lottie Bell Phillips
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kaysville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr. J. M. Minter (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to ~~have~~ this birth recorded under Chapter 139, 1937 Session Laws.

James Franklin Harris Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-226-036-967

331029

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Blackpine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Blackpine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Blackpine, Ida.

4. FULL NAME OF CHILD Thelma Leona Lund

5. Date of Birth of Child (Month, day, year) July, 26, 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas George Lund
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Drummon, Norway (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Rogerson
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Westweber - Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that Mrs. Walters (First name) (Last name), who attended this birth ~~(Is now deceased)~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Rogerson Lund Signature
814 Emerson Ave P. O. Address

Subscribed and sworn to before me this 10 day of January, 1942
1/30/45 (SEAL) [signature] Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X235-12-016-419 331056 331056

FEB 2 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Sublett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Sublett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harold Stevenson

5. Date of Birth of Child (Month, day, year) Mar 21, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Able W. Stevenson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Preston Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Dailey
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Summit Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clara Stevenson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Dailey Stevenson Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942

(SEAL)

Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-113-014-414 FEB 2 1942 331061

331061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county — years 7 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida

4. FULL NAME OF CHILD Victor Thiel

5. Date of Birth of Child (Month, day, year) April 13, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Thiel
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Colp (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Dautfest
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Colp (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy (First name) Thiel (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Katherine Thiel ~~M.D.~~ Midwife Address Nampa, Route 1 Date 1/31/42

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for — years, and that — (First name) — (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Thiel — Signature
RFD 1 Kuna, Idaho. P. O. Address

Subscribed and sworn to before me this 31st day of January, 1942
(SEAL) J Martin Notary Public, residing at Kuna, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-211-034-445

331231

United States
Department of Commerce
Bureau of the Census

FEB 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Hazelton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Hazelton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Pauline Robinson

5. Date of Birth of Child (Month, day, year) Dec 11 – 1915

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Luther B. Robinson
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Harrison (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma E. Dunn
17. Color or Race white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Magnolia (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 a.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Dr. Scroggins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma E. Dunn Robinson Signature
1903 – 7th St. So. Nampa Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.
(SEAL) Maud Henry Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 4

SEP 4 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844 7/14 026 359

331295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Roberts
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ---years 8 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... (b) County.....
(c) City .....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Aloysius Joseph Humpert

5. Date of Birth of Child (Month, day, year) Dec. 14, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George J. Humpert
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Apollonia A. Terhaar
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace New Munich (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon } ss.
County of Marion }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that (unknown) Dr. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Apollonia A. Humpert Signature
Mt. Angel, Oregon Rt. 1. P. O. Address

Subscribed and sworn to before me this 31 day of January, 1942

(SEAL) [signature] Notary Public, residing at Mt. Angel, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by [signature], Registrar.

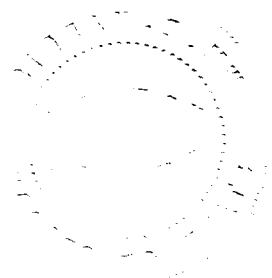
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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331298

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

FEB 2 1942 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Clifton

3. RESIDENCE of FATHER (city, state) Clifton, Idaho

4. FULL NAME OF CHILD Ephriam Wesley Bayliss

5. Date of Birth (Month, day year) Sept. 12, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Albert Edgar Bayliss
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Annie ~~Bayliss~~ Perry
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At the time of birth and including this child 6 (b) Born alive and now living 7 (c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 2 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ethel Casey, being first duly sworn, say that I am sister of (Related to (or) acquainted with) Ephriam Wesley Bayliss (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Perry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ethel Casey Signature
6232 Palaswe Bell Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of January, 1942.

(SEAL) John C. Henderson Notary Public, residing at

My Commission Expires December 20, 1944

NOTARY PUBLIC
In and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 111-037 386 3314/3

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331413
Local Reg. No.
Reg. Dist. No.

FEB 6 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Grasmere
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years 11 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grasmere
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roy Raymond Dodge

5. Date of Birth of Child (Month, day, year) Aug 11th 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Cornelius Dodge
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Delaware Co. Iowa (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mida Wilda Thomas
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Portland, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of..... }ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 26 years, and that ..... (First name) (Last name), who attended this birth X (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mida Wilda Dodge Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1942
(SEAL) Edith H. Church Notary Public, residing at Raine Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by [signature], Registrar.

FEB 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

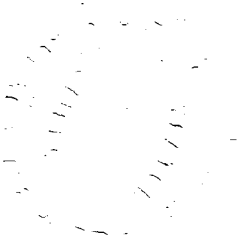
FEB 6 1942

FEB 25 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331478
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: X X
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Moreland, Idaho

4. FULL NAME OF CHILD Bertie Harrell

5. Date of Birth of Child (Month, day, year) Nov. 6 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Nov. 6-1915

FATHER OF CHILD

10. FULL NAME John D. Harrell
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farm Work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Catherine Fromme
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this [redacted] for 26 [redacted] years, and that Mrs. (First name) Hatch (Last name), who attended this birth is deceased (Is now deceased [redacted] not be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John D Harrell Signature
1681 Washington, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.
(SEAL) Thos. J. Turner, Notary Public, residing at Pocatello, Idaho
My Com. Expires Oct. 15th 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel Keller, Registrar.

FEB 5 1942

APR 4 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace, Idaho.

4. **FULL NAME OF CHILD** Ivot John Allsop

5. Date of Birth of Child (Month, day, year) 5/7/1915

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Tanner Allsop
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Grace, Idaho (City or town) (State or foreign country)
14. Exact Occupation Trucker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Christensen
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mt Pleasant, Utah. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Christensen Allsop Signature

Grace, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942

(SEAL) Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Fremont 319 203 022 155

1. PLACE OF BIRTH

County of ~~Clark~~

City of Dubois

No. ..... St.

(If born in hospital or institution give name.)

JAN 24 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 331550

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Donna Marie Chamberlain

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 9/3, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Alvin Sylvanus Chamberlain	18. Full maiden name Carrie A. Jensen
10. Residence (usual place of abode) (If non-resident, give place and State) Dubois	19. Residence (usual place of abode) (If non-resident, give place and State) Dubois
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race white | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Wisconsin Marquette	22. Birthplace (city or place) (State or Country) Park City Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Sept 1, 1915 | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother six (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed JAN 24 1942, 193.. Mabel F. Elder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 6 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of CALIFORNIA
County of LOS ANGELES } ss.

Carrie A. Thomas, being first duly sworn says that she is the mother of Donna Marie Chamberlain

born September 3rd 1915 at Imall, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states ~~that the facts contained in the certificate~~ of birth of the said

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dora Marie Johnson ~~M. D.~~ was the Midwife medical attendant at the birth of said Donna Marie Chamberlain and that the said medical attendant is

(~~Not living~~ or cannot be located)

Name of Affiant Carrie A. Thomas

P. O. Address 1739 So. Oxford Ave

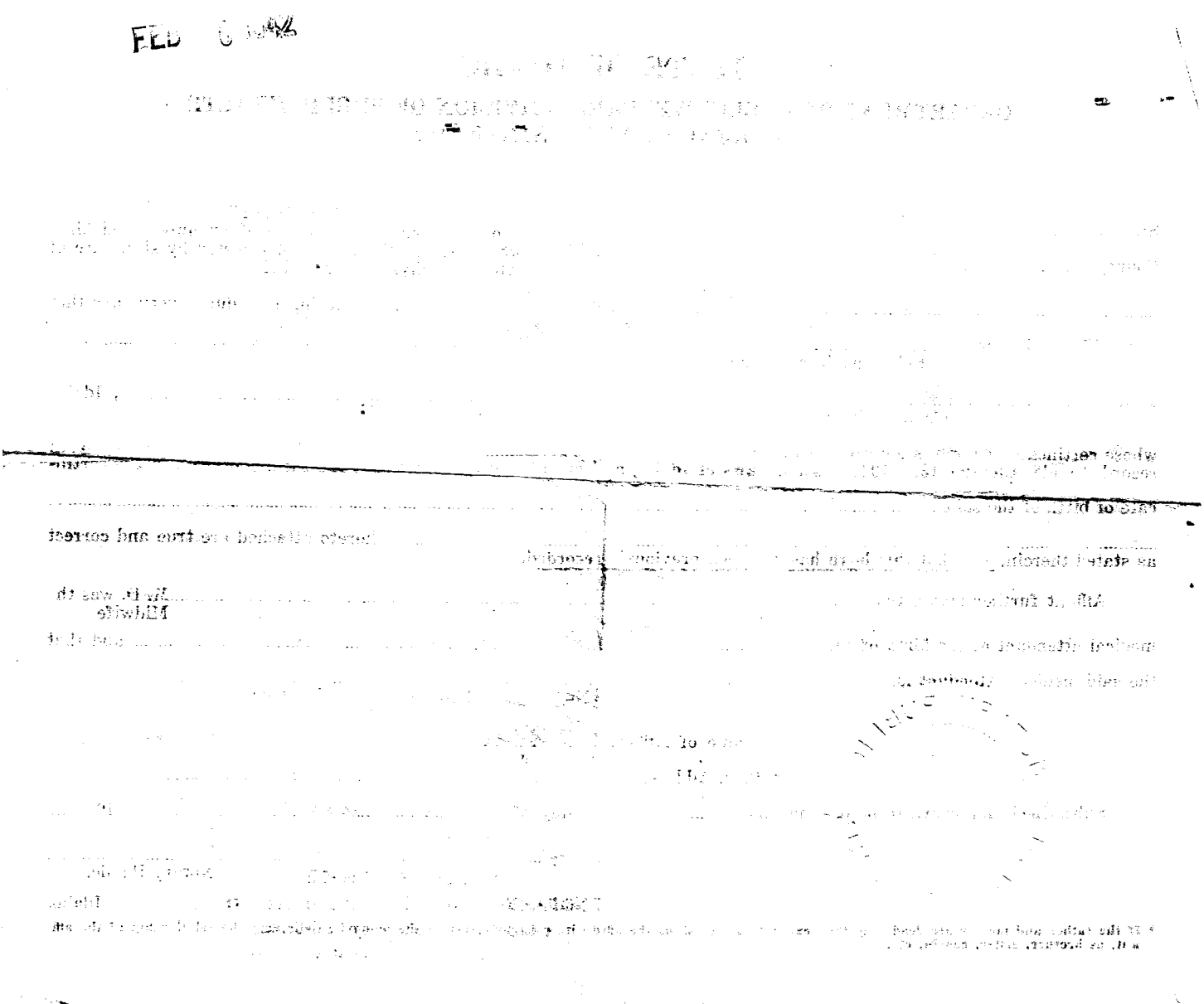
Subscribed and sworn to before me this 16 day of January, 1942

Willis Clarke
WILLIS CLARKE Notary Public.

~~NOTARY~~ PUBLIC in and for the County ~~of Los Angeles in the State of California~~, Idaho.

My Commission Expires May 2, 1948

* If the father and mother are dead, and the next nearest kin signs the affidavit, state the relationship of the affiant, as brother, sister, cousin, etc.



X 813 205032944

331724

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City near Shoshone
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 3 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Mae Hackler

5. Date of Birth of Child (Month, day, year) June 5, 1915

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Hackler
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sparta, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Bertha Rudolph
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Noland, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Bertha Rudolph (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alma Bertha Rudolph Hackler Signature
Blythe Calif. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942

(SEAL) Carroll B. Reynolds Notary Public, residing at Blythe Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-110-039-915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331745
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. None.
(d) Name of Hospital or Maternity Home: At family dwelling house.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Francis Anthony Dahlen.

5. Date of Birth of Child (Month, day, year) May 10, 1915

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Conrad Frank Dahlen
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Rosenthal, W. Prussia, Germany. (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Tailor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeannette Rankin.
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Tedford, Ontario, Canada. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known to affiant.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho.
County of Power. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 26 years, and that Richard F. Noth, M.D., (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Conrad Frank Dahlen Signature
American Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942.

(SEAL) [signature] Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1942

MAY 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

JAN 10 1942

United States 463 228 003 319 (Be sure the information is as of date of birth of THIS child) State File No. 331856

Department of Commerce — **CERTIFICATE OF BIRTH** — Local Reg. No.

Bureau of the Census — STATE OF IDAHO — Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. --- Clark Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county - years 8 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. ---- Clark Street
(e) How long has **MOTHER** lived in Idaho? 10 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Ida.

4. FULL NAME OF CHILD JEANNE DOTSON

5. Date of Birth of Child (Month, day, year) May 28, 1915

6. Sex Female

7. Twin or Triplet Single — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Dotson
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Chicago (City or town) Illinois (State or foreign country)
14. Exact Occupation Structural Iron Worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Cardell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Murray (City or town) New York (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature A. M. Newton M.D. ~~Midwife~~ Address Pocatello - Ida Date 1-31-42

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 26 years, and that Dr. ---- (First name) Newton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Cardell Dotson Signature
2685 "C" Street, San Diego, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of January, 19 42.
(SEAL) Helen C. Polk Notary Public, residing at San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795 104
020-853 FEB 13 1942 331955 331955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331955
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City near Mt. Home
   (c) Street Address or R.F.D. No. 0
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City near Mt. Home
   (d) Street Address or R.F.D. No. 0
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Raymond B. Pierce

5. Date of Birth of Child (Month, day, year) Oct. 4, 1915

6. Sex male

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Floyd Lewis Pierce
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Lodi (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business 0

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bertha Heller
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bismarck (City or town) No. Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business 0

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by personally observed (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mt. Home, Idaho Date Feby 11, 1942

State of Idaho } ss.
County of Elmore }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 26 years, and that Dr. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. M. Ast Home Pierce Signature

Mt. Home, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by , Registrar.

FEB 1 [illegible]42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 713-217 007 619 331 958

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

State File No. 331958
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Kilpatrick Bros. Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Gannett, Idaho

4. FULL NAME OF CHILD Mary Agusta Patterson

5. Date of Birth of Child (Month, day, year) May 17 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ross Patterson
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Anthony (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Agusta Ward
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Ca rey (City or town) Idaho (State or foreign country)
20. Exact Occupation ~~Farmer~~ housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that John J Raft (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Augusta Ward Patterson, Signature
Gannett, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 19 42

(SEAL) ..... Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 15-30560

692-125002-141

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332009
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Riggins
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Riggins
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Riggins, Ida.

4. FULL NAME OF CHILD Warren Wayland Fisk

5. Date of Birth of Child (Month, day, year) May 25, 1915

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd - 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Frank Fisk
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Harteville (City or town), Missouri (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Rabecca Adair
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace McCoggie (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Nevada } ss.
County of Humboldt }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that Mrs. Wolner Hinkeley (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Frank Fisk Signature
Box 669, Winnemucca, Nevada P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1942

(SEAL) W. W. Dayer County Clerk Notary Public, residing at Winnemucca, Nev.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-3914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1942

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-117-029-381

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332023
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. city
(d) Name of Hospital or Maternity Home: at mothers own home in city
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D. No. city
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Floyd Alverson Gaskill

5. Date of Birth of Child (Month, day, year) Feb 17 1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jessie Everett Gaskill
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Marysville, (City or town) Missouri (State or foreign country)
14. Exact Occupation laborman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida May Chapman
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Sherman, (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 12:50 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Gaskill (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 50 years of age, that I have known this person for 27 years, and that IDA MAY CHAPMAN (mother) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Gaskill ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 29 day of January, 19 42

(SEAL) Maude Gladwell Notary Public, residing at Centralia.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mark Keller, Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 108 009-519

332072

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virgil Everett Hilton

5. Date of Birth of Child (Month, day, year) 6/8/1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Austin Hilton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) TOWN (State or foreign country)
14. Exact Occupation Timber Work
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Amelia Vail
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Missoula (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Montana } ss.
County of Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 25 years, and that Mary (First name) Owens (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Hilton Signature

P. O. Address

Subscribed and sworn to before me this 22 day of January, 1942

(SEAL) J. Beckman Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel Wheeler, Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-229 016-791

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332089
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 18 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. RFD #4
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Burley, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ida Viola Woodall

5. Date of Birth (Month, day year) Aug. 29, 1915

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Woodall

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Selby, (City or town) England (State or foreign country)

14. Exact Occupation Farming.

15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Elmira Gransbury

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Sterling, (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) etc.

26. (a) FEB 2 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jennie Elmira Woodall, being first duly sworn, say that I am related (Related to (or) acquainted with) Ida Viola Woodall (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Waldon (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jennie Elmina Woodall Signature
Declo, Idaho. P. O. Address

Subscribed and sworn to before me on this 30th day of January, 19 42

(SEAL) [signature] Notary Public, residing at Rupert, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-109-041-442

332177

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 9 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs Idaho

4. FULL NAME OF CHILD Buford Leon Perry

5. Date of Birth of Child (Month, day, year) July 9, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Leon Perry
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mapleton Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Dustin Perry
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Garden City Utah (City or town) (State or foreign country)
20. Exact Occupation Dress Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Dr. Jane (First name) Ellis (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Dustin Perry Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942.

(SEAL) Mary Smith Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-105024-793

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332306
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida.

4. FULL NAME OF CHILD William Martin Woody

5. Date of Birth of Child (Month, day, year) August 5, 1915

6. Sex Male

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben Martin Woody

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Elko (City or town) Nevada (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Mabel Gilmore

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Chadron (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver of Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr. Badcon (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia Woody Signature

Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of February, 1942.

(SEAL) ..... Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-123-40-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332311
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IONA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME - AT IONA
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IONA
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) IONA

4. FULL NAME OF CHILD REED W. CLARK

5. Date of Birth of Child (Month, day, year) 7-23-1915

6. Sex MALE **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME DAVID ROY CLARK
11. Color or Race WHITE **12.** Age at time of THIS birth 34 yrs.
13. Birthplace LEHI (City or town) UTAH (State or foreign country)
14. Exact Occupation GRAIN BUYER
15. Industry or Business SPERRY ELEVATORS

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN WARD
17. Color or Race WHITE **18.** Age at time of THIS birth 34 yrs.
19. Birthplace HYRUM (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, at M. on the date stated above, and that personal particulars were furnished by Mary Ann Ward (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John O. Mellor M.D. Midwife Address Idaho Falls, Ida. Date July 23, 1915

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of BONNEVILLE } ss.
County of IDAHO }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that J. O. MELLOR M.D. (First name) (Last name), who attended this birth, lives in Idaho Falls (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Clark Signature
Iona Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1942

(SEAL) Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1961

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-131-032-316

332329

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942 Lincoln

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Jerome~~ (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jerome~~ Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida

4. FULL NAME OF CHILD Harry Brown McJunkin

5. Date of Birth of Child (Month, day, year) Aug 31-1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thadius McJunkin
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Pikeville, Tenn (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Anna Lawson
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Pikeville, Tenn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Rockwell (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 26 years, and that Dr. Ed. Piper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret (McJunkin) Rockwell Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.
(SEAL) Estella N. Pierce Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393-128-028-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332337

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Linden Ave
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Linden Ave
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene Idaho

4. FULL NAME OF CHILD Charles Fredrick Tiller

5. Date of Birth of Child (Month, day, year) January 28, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Fredrick Tiller
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Washington Kansas (City or town) (State or foreign country)
14. Exact Occupation Plain Foreman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Lee Burgee
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Meridian Junction Wisc (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Dr John Busby (First name) (Last name), who attended this birth, Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Myrtle Tiller Signature

Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Feb, 1942

(SEAL) ..... Notary Public, residing at Coeur D'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-211-016-335

332340

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. South Hanson
(d) Name of Hospital or Maternity Home: born in our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. South Hanson
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Edith Daly

5. Date of Birth of Child (Month, day, year) Dec 11 - 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Gaylord Daly

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Baker City (City or town) Oregon (State or foreign country)

14. Exact Occupation Electrician

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Dell Clements

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

19. Birthplace Central, Graham County Arizona (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two. (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Dell Daly Signature

My commission expires March 13, 1942

1020 N E Alberta Ave, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42

(SEAL) Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mabel Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

753-113203-267

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332343
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Lund
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sterling A. Peterson

5. Date of Birth of Child (Month, day, year) Jan. 13, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles Henry Peterson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace West Weber (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Catherine Kopla
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Nevada }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Annie C. Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Henry Peterson Signature
329½ Gethsemane St., Nevada City, P. O. Address

Subscribed and sworn to before me this 26th day of January, 1942.

(SEAL) my commission expires [illegible] Notary Public, residing at Nevada City, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by [illegible], Registrar.

JAN 8 1963

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-104-039-358

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? four yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Christian Schritter, Jr.

5. Date of Birth of Child (Month, day, year) August 4, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Schritter,

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Southern Russia (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ley

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace South Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, ~~that~~ I have known this person for 26 years, and that Mrs. J. J. Frey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts ~~[illegible]~~ certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter [illegible] Session Laws.

Sarah Ley Schritter Signature

Aberdeen, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1941, 19.....

(SEAL) P. A. Hingate Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1970

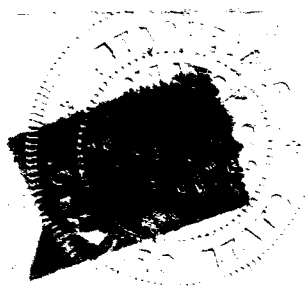
MAR 27 1942

DELAY[illegible]ATION LAW

(1937 Session [illegible], Chapter 139, Section 4)

Where the birth of a [illegible] born prior to the effective date of Chapter 191, 1911 Session [illegible] not been recorded, or in case of failure to report any birth [illegible] occurred subsequent to such date, such report may be [illegible] filed by the local registrar for record in the Bureau of [illegible]s for the purposes and uses prescribed in Chapter 2, [illegible] Code Annotated, when such report is accompanied by [illegible] of the attending physician or midwife, or by affidavits [illegible] or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardia[illegible] person having direct knowledge in the premises.

DECEASED



217-228-036-842

332346

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: in family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Stone Idaho

4. FULL NAME OF CHILD Beulah Magdeline Baggett

5. Date of Birth of Child (Month, day, year) Feb 26-1915

6. Sex female **7.** Twin or Triplet No **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME James M Baggett
11. Color or Race White Amer **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Huntsville (City or town) Ky (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Minerva Magdeline Huston
17. Color or Race White Amer **18.** Age at time of THIS birth 40 yrs.
19. Birthplace Pikeville (City or town) Tenn (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 26 years, and that Maria (First name) Neal (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James M Baggett Signature
R # Buhl Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 19 42
(SEAL) William J Hanchon Notary Public, residing at Buhl Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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264-229-016-813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Id

4. FULL NAME OF CHILD Gladys Faye Bodkin

5. Date of Birth of Child (Month, day, year) 6/29/15

6. Sex Female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd / **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Otto Bodkin
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Fleming (City or town) County Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Belle Hall
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Floyd County Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Mrs. Horn (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Belle Hall Bodkin Signature

P. O. 345, Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 1942

(SEAL) Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-230-022-296

332447

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address (For registration notice):
Gooding Idaho Route 3
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Gooding Idaho.

4. FULL NAME OF CHILD Emma Louise Chittock

5. DATE OF BIRTH (Month, day, year) 8-30-1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Harrison Chittock

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Glenville Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ettie Brown

17. Color or Race White

18. Age at time of THIS birth ~~20~~ 19 yrs.

19. Birthplace North Platte Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation Domestic

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Ashton M. on the date and at the place stated above, and that personal particulars were furnished by Mary E. Chittock (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 11 1942 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address 2-8- Date 4-

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

NOV 2 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

294-206-016-695 FEB 17 1942 332460

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alma Hazel Kimes

5. Date of Birth of Child (Month, day, year) March 6th, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pearl J. Kimes
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lynn Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irena Mary Fine
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Maxson (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Lillie (First name) Powell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. P. J. Kimes Signature
R 5 Boise Idaho P. O. Address

Subscribed and sworn to before me this 17th day of Feb, 1942

(SEAL) A. F. Van Voorhis Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DEC 1 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

444 218 022 773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
FEB 9 1942
Reg. Dist. No. 332560

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City La Mont
   (c) Street Address or R.F.D. No.
   (d) Name of ~~Hospital~~ of ~~Maternity Home~~: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS county** 5 years 2 months 8 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City La Mont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice): La Mont
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) LaMont-Ida

4. **FULL NAME OF CHILD** Margaret Rudgeon

5. **DATE OF BIRTH** (Month, day, year) Dec. 18-1915

6. Sex Female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd Richard Rudgeon

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Earlton (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Faye Pickrell

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Ottawa (City or Town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) ~~Born alive and now dead~~ (d) ~~Stillborn~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at Eleven P. M. on the date and at the place stated above, and that personal particulars were furnished by Floyd Richard Rudgeon (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** E. L. Hayes M.D. (D.O., Midwife, etc.)
and address Ashton, Ida. Date

26. (a) FEB 9 1942 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 17 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

266-125-009 817

332594

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 31 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner, (b) City Priest River,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
None
(e) Mother's stay BEFORE delivery: 10 Yrs, in this County
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alvin Thomas Bowers,

5. Date of Birth of Child (Month, day, year) May 25-1915

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Chester Bowers,
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Canada, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Hageman, ~~Now Deal~~
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kelso (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dora Charbonneau, (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Mrs Dora Charbonneau M.D. Midwife Address Priest River Idaho Date

State of Idaho. County of Bonner. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Alvin T. Bowers (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 - years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvin Thomas Bowers Signature

Sagle, Idaho. P. O. Address

Subscribed and sworn to before me this 29th day of December, 1941.

(SEAL) Rieta McLean, Notary Public, residing at Priest River,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 31 1941 by Mabel Heath, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

112-105-028-693

332597

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTNEAU (b) City GIBBS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTNEAU
(c) City GIBBS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) GIBBS IDAHO

4. FULL NAME OF CHILD WILLIAM THOMAS JASPER

5. Date of Birth of Child (Month, day, year) FEB. 5, 1915

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRANK H JASPER
11. Color or Race WHITE **12.** Age at time of THIS birth 37 yrs.
13. Birthplace WISCONSIN (City or town) (State or foreign country)
14. Exact Occupation MILLWORK
15. Industry or Business SAW MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME LOUISE WILLI
17. Color or Race WHITE **18.** Age at time of THIS birth 32 yrs.
19. Birthplace WISCONSIN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of WASHINGTON } ss.
County of GRAYSHARBOR }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that WAGNER MRS. (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Louise Willi Jasper Signature

ELMA WASH P. O. Address

Subscribed and sworn to before me this 4 TH day of FEB., 19 42

(SEAL) Notary Public, residing at HOQUIAM WN.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 7 1942 by Mabel Weller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 385-120 016-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 332604
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Nicols Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2yr. 6mos.

3. **RESIDENCE OF FATHER** (city, state) Burley, Ida.

4. **FULL NAME OF CHILD** Phillip Clark Cheney

5. Date of Birth of Child (Month, day, year) May 20, 1915

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Franklin James Cheney
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Cublington, England (City or town) (State or foreign country)
14. Exact Occupation Master Painter U.S. Reclamation Bureau
15. Industry or Business Foreman Painter

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Barnes
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum I Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Franklin J. Cheney (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Davis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 3/4 years, and that Dr. (First name) Minter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice B. Cheney Signature
Kaysville, Utah P.O. Address

Subscribed and sworn to before me this 13th day of February, 1942

(SEAL) Mendell Barnes Notary Public, residing at Kaysville, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Heiner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

MAR 19 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

592-18-025-314

332910

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD Dale Morrell Nissen

5. Date of Birth of Child (Month, day, year) March 18, 1915 (1915)

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Martin Nissen
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ramsey (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Willetta Lamb
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Near Potlatch (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Okanogan }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Anna Maxwell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Nellie Willetta Nissen Signature
Nespelem Wash. P. O. Address

Subscribed and sworn to before me this 5th day of February, 19 42

(SEAL) Monica G. Gray Notary Public, residing at Nespelem, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-105 006-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332943

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hileman Guy Stone			2. Date of Birth (month) (day) (year): Nov 5, 1915
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Shelley, Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Hileman Guy Stone Sr.			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Maley			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hileman Guy Stone		11. Present Address of Registrant: 124 So 3rd East Rexburg Idaho 83440
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 25 1972	12. Signature of Notary: Irene Muir		13. Notary Commission expires: Sept. 29 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for Federal Employment	By whom issued and signed: Farmer Fieldman, Idaho State Production & Marketing Adm.	Date Issued: ---	Date Orig. Entry: Mar. 28, 1949	
	Date of Birth: Nov. 5, 1915	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #322425	Date Issued: ---	Date Orig. Entry: child born Sep. 16, 1941	
	Date of Birth: Age: 25	Birth Place: Shelley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Baptism and Confirmation Certificate	By whom issued and signed: LDS Church, Rexburg 5th Ward	Date Issued:	Date Orig. Entry:	
	Date of Birth: Nov. 5, 1915	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Mary Elizabeth Malley	Name of Father: Hileman G. Stone, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Aug. 16, 1972

FORM BH 56067

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

OCT 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 332943
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. at Home
IN THIS county 2 years 4 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Hileman Guy Stone Jr

5. Date of Birth (Month, day year) 11-5-1916

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hileman Guy Stone Sr

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Le Claire (City or town) Iowa Scott Co (State ~~or foreign~~ country)

14. Exact Occupation Carpenter

15. Industry or Business Skill Labor

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Maley

17. Color or Race White

18. Age at time of THIS birth 30 yrs

19. Birthplace Phila (City or town) Penna (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Hileman Guy Stone Sr (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) OCT 11 1941 (Date received) (b) Mary F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F E Roberts M.D. (D.O., Midwife, etc.) and address Shelley Ida Date Feb. 1-42

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hileman Guy Stone Sr, being first duly sworn, say that I am Father (Related to (or) acquainted with) Hileman Guy Stone Jr (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr Roberts (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hileman Guy Stone Sr Signature

P. O. Address

Subscribed and sworn to before me on this 16 day of August, 1941

(SEAL) H. I. Adams Notary Public, residing at

Notary Public, Residing at St. Anthony, Idaho

AUG 17 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

819-219 005 819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 10 1942

State File No. 332945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City
(c) ~~Street~~ Address ~~or R.F.D. No.~~ Tekoa, Wash.
(d) ~~Name of Hospital or Maternity Home:~~ Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 11 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Plummer (nearest town)
(d) ~~Street~~ Address ~~or R.F.D. No.~~ Tekoa, Wash.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clara Bergetta Harnisch

5. Date of Birth of Child (Month, day, year) 2-19-1915

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Philip Gerrold Harnisch
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Yankton, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Margaret Harnisch
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Agra (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Harnisch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Mary Harnisch ~~M.D.~~ Midwife Address Tekoa Wash Date Feb 9, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997 107 005-354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 332950

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Rural District
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City rural
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Harold Jefferson Reggs

5. Date of Birth of Child (Month, day, year) April 7, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Franklin Reggs
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Clarksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina May Ledbetter
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Decatur (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Whitman }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Dora Liler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina May Reggs Signature

Tekoa Wn P. O. Address

Subscribed and sworn to before me this 9 day of Feb, 1942.

(SEAL) H. A. Dorsey Notary Public, residing at Tekoa Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel Hyden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653129 018-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 11

State File No. 333115
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Cavendish
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Cavendish
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Cavendish Ida.

4. FULL NAME OF CHILD Arlos George Wells

5. Date of Birth of Child (Month, day, year) Oct 29 1915

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Wells
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Riverston, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Gertrude Graham
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wescot, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Dr. (First name) Rothwell (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace G. Wells Signature
Cavendish, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942.

(SEAL) [signature] Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB by [signature], Registrar.

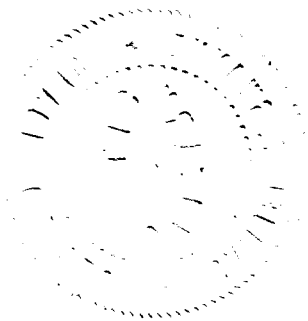
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-127029-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No. 333229
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Boville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery; IN **THIS** county two years 7 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Boville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Boville, Ida.

4. **FULL NAME OF CHILD** Neil Richard Pierce

5. Date of Birth of Child (Month, day, year) Nov. 27, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Griffon Logan Pierce
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Princeton, Missouri (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Francis Isabelle Lake
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Princeton, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 26 years, and that Lucette (First name) Lake (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Griffon Logan Pierce ____ Signature

St Maries Idaho ____ P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942

(SEAL) Jessie M. Schmidt ____ Notary Public, residing at St Maries Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envy. bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each cert. copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959 105 7044 253 FEB 26 1942 333273 2-26-42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No. 1004 E. LIBERTY
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 39 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No. 1004 E. LIBERTY
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) WEISER, IDAHO

4. FULL NAME OF CHILD MARION CLAY REININGER

5. Date of Birth of Child (Month, day, year) JUNE 5, 1915

6. Sex M

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHRISTOPHER CALVIN REININGER
11. Color or Race W
12. Age at time of THIS birth 55 yrs.
13. Birthplace HEPPNER (City or town) OREGON (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business NONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHOBE JANE KELLY
17. Color or Race W
18. Age at time of THIS birth 39 yrs.
19. Birthplace WEISER (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for lifetime years, and that R. H. Hamilton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe Jane Reininger Signature
1004 East Liberty St. Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL) Jens Hansen Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary E. Eder, Registrar.

FEB 26 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154722016-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 334255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Willow Creek vicinity
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Willow Creek vicinity
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Eugene Russell Anderson

5. Date of Birth of Child (Month, day, year) 8/22/1915

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Anthone Anderson.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Santaquin (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Louise Warren.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Kaysville, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Keeping house.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that Doctor (First name) Minters (Last name), who attended this birth Is not deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Louise Warren Signature

RR#3 Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942.

(SEAL) Dyer Dampson Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

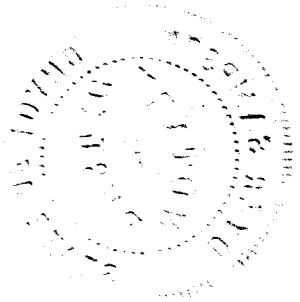
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



+ 59-216-022-296

334405

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bertha Anna Ferrin

5. Date of Birth of Child (Month, day, year) Jan. 16, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Jesse Ferrin

11. Color or Race white **12.** Age at time of THIS birth 46 yrs.

13. Birthplace Ogden (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Brown

17. Color or Race white **18.** Age at time of THIS birth 35 yrs.

19. Birthplace Donegal (City or town) Pennsylvania (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Bertha Anna Ferrin (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ferrin (Mother) Signature

Hayden Lake Rural P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) [illegible] Notary Public, residing at Hayden Lake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

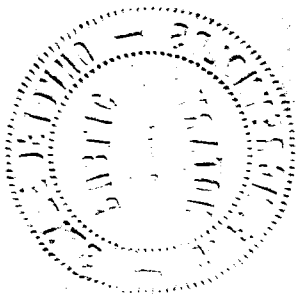
FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No. 334562
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Adams

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Council

4. FULL NAME OF CHILD Marvin Richard Pierce

5. Date of Birth of Child (Month, day, year) Oct 23-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cornelius M. Pierce
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Stayton (City or town) Oregon (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Elvina Eaton
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Colfax (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 26 years, and that Mrs. (First name) Robertson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hazel E. Pierce Signature
Sweet Home Ore. P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 1942.

(SEAL) W. M. Tinsdale Notary Public, residing at Sweet Home Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com Expires 9-16-45

Received for filing on FEB 16 1942 by Mabel Hedges, Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

(47 126 029 133)

334702

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 14 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 615 7th Ave
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county – years 8 months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 615 - 7th Av
(e) How long has **MOTHER** lived in Idaho? 8 Mos yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD ERNEST KARAH FARLEY

5. Date of Birth of Child (Month, day, year) Jan 26, 1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd –

8. No. months of Pregnacy 9 mos

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Karah P. Farley
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Steam Fitter & Plumber
15. Industry or Business Journeyman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alwilda Allen
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of present pregnancy Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of San Mateo } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Christine Farley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alwilda Farley
Signature

811 So Eldorado St San Mateo California
P.O. Address

Subscribed and sworn to before me this 14th day of February, 1942

(SEAL)

Notary Public, residing at San Mateo California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913 Idaho Code Annotated)

Received for filing on Feb 14 1942 by ..... Registrar

(47 126 029 133) Mail COMPLETED certificate in or clipped to BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in or clipped to NOT-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for entry in the [illegible] for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394 222022-692

334723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 6 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idah

4. FULL NAME OF CHILD Winifred Margery Trude

5. Date of Birth of Child (Month, day, year) April 22, 1915

6. Sex Fem

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Alfred Trude
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Vale (City or town) South Dakota (State or foreign country)
14. Exact Occupation County Clerk
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Fisher
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St. Anthony, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Winifred (First name) Trude (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. E. Boucher M.D. Address Murray, Ut Date 2/24/42

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279 117 003-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334730
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 220 So Main St
(d) Name of Hospital or Maternity Home: Anna Bird's Maternity Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 220 So Main ST
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Samuel George Spillman Jr.

5. Date of Birth of Child (Month, day, year) May 17, 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Samuel George Spillman

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Grocery Clerk.

15. Industry or Business Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Kate Simmons

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr. W. A. Wright (First name) (Last name), who attended this birth now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Kate Spillman Signature

1265 No Harrison Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942.

(SEAL) G. A. McQuillan Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel H. Nelson, Registrar.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366119007412

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 2 1942

State File No. **334736**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Foy Arthur Lowe

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Stanley Lowe
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Mason
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Springville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Mrs. William Shaffer (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x James Stanley Lowe Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) William T. Comstock Notary Public, residing at Probate Judge & Ex-Officio Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann.)

Received for filing on MAR 2 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-128-042-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334738
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 812 Main St. N.
(d) Name of Hospital or Maternity Home: At Residence Address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 812 Main St. N.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Id

4. FULL NAME OF CHILD Donald Leigh Patrick

5. Date of Birth of Child (Month, day, year) Dec 28, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Allen Patrick
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ulysses, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Wholesale Produce
15. Industry or Business Wholesale Produce

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Margaret Thrapp
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ulysses, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Duncan Alexander, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Margaret Patrick Signature
3955 East Third Street, Long Beach, Calif. R.O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Odette B. Landis Notary Public, residing at Long Beach, Calif.

My Commission Expires April 21, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 386-207006-236

334743

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No. Home
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Firth, Idaho

4. **FULL NAME OF CHILD** Kathryn Mildred Thorstenberg

5. Date of Birth of Child (Month, day, year) May 7, 1915

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Laurence Nathaniel Thorstenberg
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Assaria (City or town), Kansas (State or foreign country)
14. Exact Occupation Manager
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alys Josephine Blomquist
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bee Spring (City or town), Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Arg Nit

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:20 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. L. N. Thorstenberg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. P. Roberts M.D. ✓ Midwife Address Kelley Ida Date Jan 22nd 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

MAR 3 1942

APR 29 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup Cr 1915-3164

493201033962

334762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Plano
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Plano
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg Idaho

4. FULL NAME OF CHILD Leah Robinson Millward

5. Date of Birth of Child (Month, day, year) Sept. 1, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Harrison Millward
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Grantsville (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Robinson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grantsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Dr. Joseph Walker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum Harrison Millward Signature
175 So 1st W. Rexburg Idaho P. O. Address

My Commission Expires March 27, 1944

Subscribed and sworn to before me this 19 day of Feby, 1942
(SEAL) Lena Hesse Notary Public, residing at Ocean Park, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

736-113-028-517

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No. 334770
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootnie (b) City Plummer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Kootnie.
   (c) City Plummer.
   (d) Street Address or R.F.D. No. *****
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) 23 Yrs.

4. **FULL NAME OF CHILD** John Newton Bernard Glover

5. Date of Birth of Child (Month, day, year) Nov. 13 1915

6. Sex Male

7. Twin or Triplet ******** If so—born 1st, 2nd, 3rd ------

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wesley Benton Glover.
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Dallas County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Elisabeth Eagon.
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Halfway (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 6:15 A.M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington. } ss.
County of Whitman }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother, (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 26 years, and that Mrs Jacob Jacobson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Elisabeth Eagon Glover Signature

Plummer, Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of Feb, 19 42

(SEAL) Notary Public, residing at Pullman, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-II-1006-263

FEB 24 1942

334773

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery: at home
   In Hospital or Maternity Home ..... Days
   In **THIS** county 14 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address (For registration notice): Shelley Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harold Thomas Child

5. **DATE OF BIRTH** (Month, day, year) 10-17-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herber Thomas Child

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Ogden, Utah.
    (City or Town) (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry Business Various

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Bolander

17. Color or Race White.

18. Age at time of THIS birth 34 yrs.

19. Birthplace Denmark.
    (City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6
    (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Herber T. Child (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Feb. 24, 1942 (Date received) (Registrar's signature)

25. Attendant's **OWN** signature J E Roberts M.D. (D.O., Midwife, etc.)
    and address Shelley Ida. Date Feb. 20-42

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

285-16-001-286

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No 334778
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1200 blk. River St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1200 blk. River St.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD GLENN HAROLD SHELTON

5. Date of Birth of Child (Month, day, year) 9.16.15

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Usual **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MINNIS RICHARD SHELTON
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Eldara, (City or town) Illinois (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common labor

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA ALICE SHOEMAKER
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Carbondale, (City or town) Colo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, County of Ada, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that Dr. Shurtz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Alice Shelton Signature
413 3rd St., Boise P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 42.

(SEAL) W. A. Johnston Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel K. Shelton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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335004

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lloyd George Hunt

5. Date of Birth of Child (Month, day, year) Dec. 10, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Homer George Hunt
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Keene, New Hampshire (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business On own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Meek
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Albany Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sarah H. Counterman (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Sarah M Counterman M.D. Midwife Address Bandon, Oregon Date 2/20.42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon
County of Coos } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Sarah H. Counterman (First name) (Last name), who attended this birth is still living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ona Ethel Storm Signature

P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL) John Nelson Notary Public, residing at Bandon, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-115 003-299

335024

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 5-20

Use only BLACK INK or BLACK Record typewriter ribbon for completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address (For registration notice):
   Soda Springs
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (If same, say same) Soda Springs

4. **FULL NAME OF CHILD** Lambert William Hildreth

5. **DATE OF BIRTH** (Month, day, year) June 15, 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Scudder Hildreth

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Leadville, Colorado
(City or Town) (State or foreign country)

14. Exact Occupation printer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine M. Mirchfield

17. Color or Race W

18. Age at time of THIS birth 20 yrs.

19. Birthplace Maryville, Tennessee
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4P M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Hildreth (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) 2-9-42 (Date received) (b) Dr Russell Tigue (Registrar's signature)

Attendant's **OWN** signature Ellis Ackley M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 2/9/42

27. Given name added on ..... by .....
(Registrar's signature)

[redacted] OF BIRTHS

NOV 3 1959

JUN 11 1974

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the at[redacted] physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars r[redacted] by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date o[redacted]* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child [redacted] householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or [redacted] institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of su[redacted] having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and s[redacted] to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interv[redacted] 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be [redacted]

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for t[redacted] pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other [redacted] charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse [redacted] proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu[redacted] misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

155-726 025-745

335030

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 13 1942 Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Hammond Jensen
5. Date of Birth (Month, day, year) Jan 26-1942
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Hans P. Jensen
11. Color or Race white
12. Age at time of THIS birth [illegible] yrs.
13. Birthplace Sandby Fallan Danmarke (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dorothy Veronica Tunneresen
17. Color or Race White
18. Age at time of THIS birth 47 yrs.
19. Birthplace Sandby Fallan Danmarke (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 17 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 13 1942 (Date Received) [illegible] (Registrar's signature)

25. Attendant's OWN signature [illegible] M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of Washington } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Hans P Jensen, being first duly sworn, say that I am mother (Related to (or) acquainted with) as (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Hans Peder Jensen Signature
Dorothy Jensen P.O. Address

Subscribed and sworn to before me on this 10th day of Feb, 1942

(SEAL) [illegible] Notary Public, residing at Goldendale Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335071
Local Reg. No.
Reg. Dist. No.

FEB 18 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho (Stites)

4. FULL NAME OF CHILD EUGENE BUD WELCH

5. Date of Birth of Child (Month, day, year) May 9, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Elmer Welch
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Odd Jobs

MOTHER OF CHILD

16. FULL MAIDEN NAME Vinnie Alice Hawkins
17. Color or Race W
18. Age at time of THIS birth 17 yrs.
19. Birthplace Clearwater (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 26 years, and that Mrs. (First name) Cash Lyle (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vinnie Alice Welch Signature
816 Pierce St., Oregon City, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of February 1942

(SEAL) GUY H. PACE, COUNTY CLERK Notary Public, residing at By Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 1943

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 2 8 1945

262-224-024-395

335118

335118

United States Department of Commerce Bureau of the Census

MAR 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No. 335118
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding Ida.
(c) Street Address or R.F.D. No. ½ block E on 2nd Ave
(d) Name of Hospital or Maternity Home: at Family Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding, Idaho
(d) Street Address or R.F.D. No. ½ block E on 2nd Ave.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida.

4. FULL NAME OF CHILD Elsie Eloise Bostrom

5. Date of Birth of Child (Month, day, year) Feb. 24-1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME Philip Bostrom
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Chicago, (City or town) Illinois (State or ~~foreign country~~)
14. Exact Occupation Harness-maker
15. Industry or Business Harness mfg & Repairing

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Maud Lindsay
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Leadville, (City or town) Colorado (State ~~or foreign country~~)
20. Exact Occupation Bookkeeper & Housewife
21. Industry or Business Harness

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Lillian Bostrom (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature J. H. Cornwell M.D. ~~Midwife~~ Address Gooding Ida. Date 3-6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary F. Fisher, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-22-4022-763

FEB 26 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335180
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ashton, Ida

4. **FULL NAME OF CHILD** Ruby Virginia Ellis

5. **DATE OF BIRTH** (Month, day, year) May 24 - 1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** Harry E Ellis

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Townsend, Del
(City or Town) (State or foreign country)

14. Exact Occupation Steam Engineer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Estella Goldsby

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace White Water Colo.
(City or Town) (State or foreign country)

20. Exact Occupation Home wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living —
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, ~~stillborn~~) at 9:30 p M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Ellis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel Ellis (Registrar's signature)

25. Attendant's **OWN signature** E. L. Hayes M.D. (D.O., Midwife, etc.)

27. Given name added on ..... by ..... (Registrar's signature)

and address Ashton Ida Date .....

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

893 116 026-533

Delayed Report

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335190
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years 8 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 27½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LLOYD EARL HILL

5. Date of Birth of Child (Month, day, year) 1-16-15

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME HENRY HILL

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Elnora Ann Ellis

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace LaBelle, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business -- Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AgNO3 1%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10P M. on the date and at the place stated above, and that personal particulars were furnished by Elnora A. Ellis Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature H. A. Anderson M.D. ~~Midwife~~ Address Rigby, Idaho Date Feb 24, 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Dr. H. A. Anderson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elnora Ann Hill Signature

C/o Bear Creek Ranch, Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42

(SEAL) John A. Eben Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mabel Weeks, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

FEB 3 1966

AUG 2 1974

SEP 29 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234 723 028-262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335198
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) ~~County~~ Kootenai (b) City Coeur D. Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D. Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D Alene Idaho

4. FULL NAME OF CHILD Herman William Sturm

5. Date of Birth of Child (Month, day, year) April 23, 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herman Henry Sturm
11. Color or Race W
12. Age at time of THIS birth 31 yrs.
13. Birthplace Auburndale (City or town) Wis. (State or foreign country)
14. Exact Occupation Cook on boats
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Phoebe Bossell
17. Color or Race W
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mattoon (City or town) Wis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Dickinson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 34 years of age, that I have known this person for 26 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Notary Public, Dickinson Co., Mich.
My Commission Expires Feb. 23, 1945

Lilja Sturm Quirk Signature
508 Lawrence St. Iron Mountain Mich. P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.

(SEAL) Laura Anderson Notary Public, residing at 108 Maple St. Iron Mountain

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

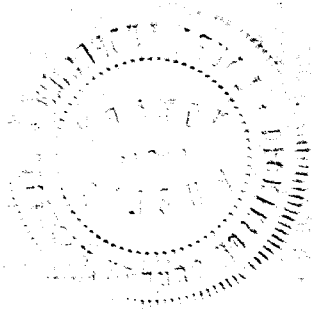
Received for filing on FEB 26 1942 by Mabel Keeler, Registrar.

MAR 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-112 025-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335231
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Woodland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ralph K. Moon

5. Date of Birth of Child (Month, day, year) Apr 12, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Abrom Moon
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Springfield (City or town) Mo. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Amanda Kenworthy
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Dale City (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 26 years, and that Hannah George (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Amanda Moon Signature
237 Jackson St. Milton, Ore. P. O. Address

Subscribed and sworn to before me this 23 day of February, 19 42

(SEAL) M. E. Blackler Notary Public, residing at Freewater, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 6/8-42

Received for filing on FEB 25 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

214-223 010-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335288
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 168-3rd St.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: in spring
IN **THIS** county 12 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No. 168-3rd
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida

4. FULL NAME OF CHILD Lucille Eleanor Samsel

5. Date of Birth of Child (Month, day, year) Jan. 23, 1915

6. Sex Female

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ~~Alvin~~ Allen Brown Samsel
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Springfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Assistant Mgr. Golden Rule Store
15. Industry or Business Store keeper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Cantwell
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Millville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for all life years, and that Dr. Coulthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alice Cantwell Samsel Signature
168-3rd Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942

(SEAL) Olga Ehlhoff Clerk of Probate Court Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded,~~ or in ~~case~~ of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 44.6-222-005-817

335380

335380

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH MAR 10 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Phyllis Nell Duffy

5. Date of Birth (Month, day year) November 2, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Philip Joseph Duffy
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bear Commons (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Haggard
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Arrow Rock (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living ✓
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 10 1942 (Date received) (b) Mattie V. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella Mattern, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with)
Phyllis Nell Duffy (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCormick (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Mattern Signature

St. Maries Idaho P. O. Address

Subscribed and sworn to before me on this 23 day of February 1942

(SEAL)

Ray A Berreus Notary Public, residing at St Maries Ida

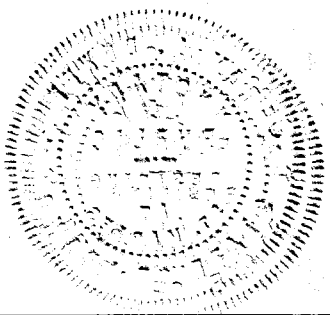
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 238-229-029-812

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335433
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee Idaho
(c) Street Address or R.F.D. No. no 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: American Falls
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? Always yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elsie Mary Scharbach

5. Date of Birth of Child (Month, day, year) Nov 29 - 1915

6. Sex Femal **7.** Twin or Triplet **If so—born 1st, 2nd, 3rd** 3d **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Zach Scharbach
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Mt Angel (City or town) Oregon (State or foreign country)
14. Exact Occupation Wheat Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Hasfurther
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Carroll (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Hasfurther (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Walter A. Bury M.D. ~~Midwife~~ Address Uniontown Wa Date 2/2/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-112070.693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335436
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. Mc Kinley Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. Mc Kinley Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Sigurd Glenn Peterson

5. Date of Birth of Child (Month, day, year) Nov. 12, 1941

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Sigurd Peterson
11. Color or Race Norwegian
12. Age at time of THIS birth 26 yrs.
13. Birthplace Bitterud (City or town) Norway (State or foreign country)
14. Exact Occupation Store
15. Industry or Business Manager

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Wilcott
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Mansfield, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida. Date 3/5-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1342

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Duplic. 1915-37384

436-127-033-318

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Archer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Archer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Archer, Idaho

4. FULL NAME OF CHILD Jay Gibson McFate

5. Date of Birth of Child (Month, day, year) Jan. 27, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Franklin R. McFate

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Fairfield (City or town) Utah (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Emma Taylor

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Sunnydell (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Franklin R. McFate (First name) (Last name), who is related to this child as father (Mother, etc.).

25. Attendant's **OWN** signature Joseph Walter M.D. ~~Midwife~~ Address Rexburg, Idaho, Date 1-27-1915

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark H. Peterson, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-12n 226-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335452
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Annis, Idaho

4. FULL NAME OF CHILD Milon Matson Browning

5. Date of Birth of Child (Month, day, year) May 22-1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Andrew Browning
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christina Matson
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Upsala, Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 26 years, and that Dr. Ray H. Fisher (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Christina Matson Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) E J Rumsey by R Coffin Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-101-005-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of [redacted] IS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335636
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Fernwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Fernwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Fernwood, Idaho.

4. FULL NAME OF CHILD Gordon Delbert Hood

5. Date of Birth of Child (Month, day, year) 10-1-15

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James K. Hood
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Hickory, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude M. Tallman
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bloomer, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:36 P M. on the date and at the place stated above, and that personal particulars were furnished by Maude (First name) Hood (Last name), who is related to this child as Mother. (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address St Maries Date March 2 1942

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ... by ... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1942

MAY 21 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-11-4-01b-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 935651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Avery Newsome

5. Date of Birth of Child (Month, day, year) 11-14-1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Noah Newsome

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Robertson Pike Co Ky.
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Tacket,

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace McDowel Ky.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Newsom Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.

(SEAL) John I Gallagher Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 813-129-241-442 335820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 11 1942

State File No. 335820
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Henry Rosel Hall

5. Date of Birth of Child (Month, day, year) 29 Nov. 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy full time

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Earl Shakespeare Hall
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Nevada City (City or town), Missouri (State or foreign country)
14. Exact Occupation farming at time of Birth
15. Industry or Business none now.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Rebecca Dustin
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Safford (City or town), Arizona (State or foreign country)
20. Exact Occupation House Keeper or Wife
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 26 years, and that Emily (First name) Beesley (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl Shakespeare Hall Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) Mary Strong Notary Public, residing at Driggs, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-22-4-001-815

335844

United States Department of Commerce
Bureau of the Census

MAR 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335844
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Saint Alphonsus Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Quartzburg,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Quartzburg, Ida.

4. **FULL NAME OF CHILD** Frances Idaho Ternan

5. Date of Birth of Child (Month, day, year) Jan. 24, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Lawrence Ternan
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Arthur Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Mine Supertendent
15. Industry or Business ~~Gold and Silver Mining~~

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Idaho Hanley
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Placerville (City or town) Idaho (State or foreign country)
20. Exact Occupation Public School Teacher
21. Industry or Business Education

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 44 years, and that L. P. (First name) Mc Calla, M. D (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Idaho Ternan Signature

1703 N. 16 St. Boise Ida. P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942

(SEAL) Grace Mudgett Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Merl F Elder, Registrar.

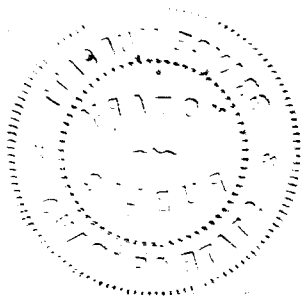
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1942
MAR 22 1944
FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-103 021-533

335953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idahoan (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Floyd Ramond Morgan

5. Date of Birth of Child (Month, day, year) May 3, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Merrill Perry Morgan
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Franklin, (City or town) Idaho (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane Elizabeth Ellwell
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Warricshire (City or town) England (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 24 years, and that Ellen Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Elizabeth Ellwell Morgan Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942.

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 108-010-719

335997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida

4. FULL NAME OF CHILD Donovan Howard Haroldsen

5. Date of Birth of Child (Month, day, year) Sept. 8 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben Haroldsen
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Nyssum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Viola Gardner
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Malheur }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Mrs. Rosanna Denning (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Gardner Haroldsen Signature
Rt. 2 Nyssa, Ore. P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942

(SEAL) Madeline Jennings Notary Public, residing at Nyssa Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 10/16/44

Received for filing on MAR 9 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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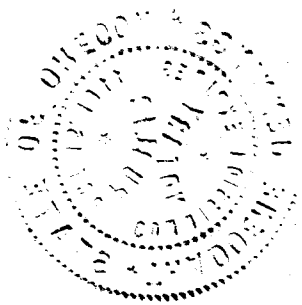

238120017-699

MAR 6 1942

335999

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335999

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Dubois, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Eldon Henry Schmidt

5. Date of Birth (Month, day year) May 20, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Buller Schmidt

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Russia (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Justina Friesen

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) ....(Date received) (b) ....(Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.) and address ....Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of California } ss.
County of Los Angeles }

I, Herbert W. Schmidt being first duly sworn, say that I am his brother (Related to (or) acquainted with) Eldon Henry Schmidt (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Herbert W. Schmidt Signature

3061 E. 61st St. Huntington Park P. O. Address

Subscribed and sworn to before me on this 14th day of February 19 42

(SEAL) Rose Carolyn Williams Notary Public, residing at Huntington Park Calif

for said County and State

My Commission Expires July 11, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-213-004-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at parent's home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD June Myrtle Williams ~~Soares~~

5. Date of Birth of Child (Month, day, year) March 13, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Brownlow Williams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Clayburn Co. (City or town) Tennessee (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Black
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace New Castle (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Mrs. Newel (First name) Green (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jane Williams Signature
Smithfield, Utah Box 556 P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) N J Cornhaston ~~Notary Public, residing at~~ Cache Co. Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 19

OCT 30 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

345-205030-459

336051

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No. Gilmore, Idaho.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Gilmore, Idaho

4. FULL NAME OF CHILD Gladys Cunningham,

5. Date of Birth of Child (Month, day, year) Jan. 5, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Cunningham,
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Grace Merrill
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Smithfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at [illegible] A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 27 years, and that Dr. Story (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. Cunningham Signature

25614 Oak St., Lomita, California. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 42.

(SEAL) D.B. London, Notary Public, residing at Redondo Beach, California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-127 036-271 336117

MAR 17 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City -----Stone--
(c) Street Address or R.F.D. No. Stone, Idaho.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Near Stone
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD LaVone Goss

5. Date of Birth of Child (Month, day, year) Aug. 27, 1915

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Howard Goss
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Red Cloud, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith P. Sparks
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Snowville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ***--------****

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr. J. R. A. (First name) Whitlock (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith P. Goss Signature
Parma, Idaho. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Ernest Anderson Notary Public, residing at Parma, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X319 115 042655

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 336196
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has ~~MOTHER~~ lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Murtaugh, Id.

4. FULL NAME OF CHILD Alma Cecil Larsen

5. Date of Birth of Child (Month, day, year) Feb 15-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Kenneth Larsen
11. Color or Race Wh.
12. Age at time of THIS birth 24 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian Fenstermaker
17. Color or Race Wh
18. Age at time of THIS birth 18 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to ~~prevent Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife — Midwife-Mrs. Oson Strong-deceased — Address — Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 27 years, and that Mrs. (First name) Orson Strong (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Morgan Fenstermaker Larsen Papa Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 19 42

(SEAL) Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

JUN 6 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 719 029 846

336252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years one months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Penawawa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Penawawa Wash.

4. FULL NAME OF CHILD Wilbur Elmore Hart

5. Date of Birth of Child (Month, day, year) Jan. 19, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Elmore Hart
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Burnett (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Violet Huffman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Olene (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that Laura (First name) Shollenberg (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Violet Hart Signature
Midway Wash P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942
(SEAL) H. G. Ellis Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

XX 316-119-002-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336296
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Council~~ Adams (b) City ~~Council~~ Mesa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Mesa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Mesa

4. FULL NAME OF CHILD Robert Warren Lawrence

5. Date of Birth of Child (Month, day, year) Sept. 19, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** James Birtran Lawrence
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Fayette (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elazabeth Kincaid
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Waha Lake (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 27 years, and that Mrs. M.C. Kincaid (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B Lawrence Signature
Stanfield, Oregon P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) Jane L. Cheney Notary Public, residing at Pendleton, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 1, 1944

Received for filing on MAR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 219 123026-299

336557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336557
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD James Elmer Baird

5. Date of Birth of Child (Month, day, year) Jan. 23, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Asa Baird

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Centerville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnifred Kirkman

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Burrville, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth years, and that Dr. Palmer (First name) (Last name), who attended this birth, is now reported deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnifred Kirkman Baird Signature

Box 92 Firth, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942

(SEAL) Lorenzo R. Thomas Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mary F. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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DUP OF 28090

547-218-010-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336761
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon, Idaho
(c) Street Address or R.F.D. No. RFD No. 3
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. RFD No. 3
(e) How long has **MOTHER** lived in Idaho? 40 yrs now

3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD Eva Empey

5. Date of Birth of Child (Month, day, year) Jan. 18, 1915

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Burton A. Empey
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Lehi, Utah (City or town) (State or foreign country)
14. Exact Occupation Deputy Sheriff
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iola E. Simmons
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Maysville, Georgia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNo3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Dr. T. C. Wilson, Idaho Falls, Idaho (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Iola Empey Signature
337 So. Hayes, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Roy L Black Notary Public, residing at Pocatello Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-124-005-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336851
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Emida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Emida
(c) City Emida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Emida, Idaho

4. FULL NAME OF CHILD John Oscar Bong

5. Date of Birth of Child (Month, day, year) June 24, 1915

6. Sex male
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Olof Bong
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nos Koppasbergtan Sweden (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edla Johnson
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Kimo. Finland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Edla Johnson Bong (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edla Johnson Bong Signature
La Center Wash P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942
(SEAL) M. Hum Notary Public, residing at La Center, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1967

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-114-002-819

337013

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337013
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida.

4. FULL NAME OF CHILD Norman Lee Doughty

5. Date of Birth of Child (Month, day, year) June 14, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Thomas Doughty
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wellston (City or town), Ohio (State or foreign country)
14. Exact Occupation Hardware Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Statie Amelia Hart
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Meadville (City or town), Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Frank E. Brown M.D. Midwife Address Salem Oregon Date 3-5-42

State of ... } ss.
County of ...

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature
... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-230-007-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Ida

4. FULL NAME OF CHILD Barbara Marie Howard

5. Date of Birth of Child (Month, day, year) Jan. 30th 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jasper Howard
11. Color or Race White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Indiana (City or town), State (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Harrison
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Arkansas (City or town), State (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since birth years, and that Ada Harrison (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jasper Howard Signature
P. O. Address

Subscribed and sworn to before me this 07 day of March 1942
(SEAL) Tom Nokeuer Notary Public, residing at Fairfield Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-103-032-236

338098

338098

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Rockfield
(c) Street Address or R.F.D. No. 8 miles north
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Rockfield
(d) Street Address or R.F.D. No. 8 miles north
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ray Spellman

5. Date of Birth of Child (Month, day, year) Feb 3, 1915

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nathan D. Spellman
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Indiana (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Dyanna I. Block
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Twelve Mile, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma } ss.
County of Garfield }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that Dr. ? Harris (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dyanna I Spellman Signature
Enid, Oklahoma R.R. 2 P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Mildred Corey Notary Public, residing at Enid, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-225-003-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bench
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 5 months No days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bench
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bench Idaho

4. **FULL NAME OF CHILD** Lois Alva Gray
5. Date of Birth of Child (Month, day, year) 9/25/1915
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Gray
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Trenton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alva Lovisa Call
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 37 (31) years, and that Dr. Hyrum Hubbard (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Gray Signature
Federal Apt #10 Bingham Canyon, Utah P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942
(SEAL) Com. Exp. Sept 8, 1945 Elliott W. Evans Notary Public, residing at Bingham Canyon, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1970

MAR 24 1942

APR 2 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-127-005-294

338188

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Plummer
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Plummer
(d) Street Address or R.F.D. No. None
(e) How long in MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer Ida

4. FULL NAME OF CHILD Joseph Simpson Tarr

5. Date of Birth of Child (Month, day, year) April 27-1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Marion Tarr

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Ola Ark Arkansas (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Bethel Simpson

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Tonoke Arkansas (City or town) (State or foreign country)

20. Exact Occupation Public School Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Dr (First name) McConnico (Last name), who attended this birth, can not Locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph M Tarr Signature

P. O. Address

Subscribed and sworn to before me this 9th day of Mch, 1942

(SEAL) J. E. Sullivan Notary Public, residing at Los angeles, Calif

My Commission Expires October 30, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

JUL 23 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

334-2091028-713

MAR 14 1942

338189

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state) Plummer, Ida.

4. FULL NAME OF CHILD Esther Mary Cluphf

5. Date of Birth (Month, day year) July, 9, 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 5th **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George F.Cluphf
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Various
15. Industry or Business mostly farming

MOTHER OF CHILD

16. FULL MAIDEN NAME (now Mrs. Elva Cluphf) Mary Elva Jackson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mark T. Eder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Elva Cluphf, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with)
Esther Mary Cluphf (Name of person on certificate above) as (now Esther Mary Conner (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCormick (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Elva Cluphf Signature
Plummer, Idaho. P. O. Address

Subscribed and sworn to before me on this 27th day of November, 1941.
(SEAL) ..... Notary Public, residing at Plummer, Idaho.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-110-035-866

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338239
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. nil
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Nez Perce (b) County Leland
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Clayton Smith

5. Date of Birth of Child (Month, day, year) Jan. 10th 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Clayton Smith
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ontario, (City or town) Canada. (State or foreign country)
14. Exact Occupation Hardware- Farming.
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Hoffman
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Nez Perce, (City or town) Leland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Marheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 27 years, and that Dr Stoneburner, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Robert Smith Signature

R-2 Nyssa Ore. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942

(SEAL) James B. Graham Notary Public, residing at Nyssa, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-112-032-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield Ida.

4. FULL NAME OF CHILD William Turner Joseph Shaughnessy

5. Date of Birth of Child (Month, day, year) Jan. 12, 1915

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Shaughnessy
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Co. Roscommon, Ireland (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Turner
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Co. Roscommon, Ireland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

~~State of~~ Washington
County of District of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 27 years, and that Harris M.D. (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Shaughnessy Signature

M.C.E. 1-1-42

1015 Otis St., N.E. Washington D.C. P. O. Address

Subscribed and sworn to before me this 16 day of march, 1942

(SEAL) Edw. R. Daughety Jr. Notary Public, residing at wash DC

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 27 1942
JUN 2 9 1995

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817-220-028-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338437
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeurd Alene
(c) Street Address or R.F.D. No. 1214 - 4 St
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeurd Alene
(d) Street Address or R.F.D. No. 1214 - 4 St
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Vivian Hagadone

5. Date of Birth of Child (Month, day, year) April 20-15

6. Sex Girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Raymond R. Hagadone
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Brainerd (City or town) Minn (State or foreign country)
14. Exact Occupation Saw Filer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Mabel Cady
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Ravana (City or town) Mich (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 - 11 mo. years, and that Dr Holden (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs R. Hagadone Signature
Coeurd Alene Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL) R. J. Hagadone Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1972

MAR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-12-028-569

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338512
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTNIE (b) City COEUR D'ALENE
   (c) Street Address or R.F.D. No. NOT KNOWN
   (d) Name of Hospital or Maternity Home: NOT KNOWN
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTNIE
   (c) City COEUR D'ALENE
   (d) Street Address or R.F.D. No. NOT KNOWN
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE IDAHO

4. **FULL NAME OF CHILD** CLARENCE WILLIAM ZEIHEN

5. Date of Birth of Child (Month, day, year) Nov. 24, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** PETER ZEIHEN
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace KENOSHA, WIS. (City or town) (State or foreign country)
14. Exact Occupation MILKRIGHT
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NETTIE NORTON
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace BUTTE, MONT. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Montana } ss.
County of Ravalli }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 21 years, and that ____ (First name) NOT KNOWN (Last name) who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Christina Parker Signature
Stevensville Montana P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942

(SEAL) J. W. Taylor Notary Public, residing at Hamilton, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1942 by ____, Registrar.

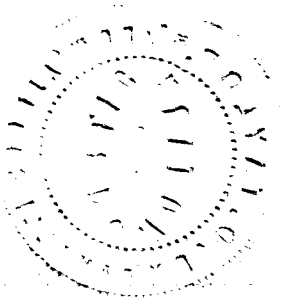
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-226-039-155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338686
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. General
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. General
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edith Elizabeth Taylor

5. Date of Birth of Child (Month, day, year) Feb. 26, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Raymond Ford Taylor
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant.

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Elizabeth Jensen
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Marion Darling (First name) (Last name), who is related to this child as Nurse (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. Address Cameron Falls Date 3-14-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1969

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-121-025-414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338725
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Keuterville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 7 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Keuterville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Charles Henry Schmidt

5. Date of Birth of Child (Month, day, year) June 21 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bernard Henry Schmidt
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Cottonwood (City or town) Idaho (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Craig Mountain Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Mader
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for life years, and that Mrs. (First name) Blake (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anna Schmidt Signature

Keuterville Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) Mabel Nelson Notary Public, residing at Cottonwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Nelson, Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-23-022-236

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 21 1942

State File No. 338784
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County FREMONT (b) City Farnum
(c) Street Address or R.F.D.No. Box 105
(d) Name of Hospital or Maternity Home: Born at own home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county II years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City FARNUM
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? II yrs.
(f) Mother's mailing address FARNUM IDAHO.

3. RESIDENCE of FATHER (city, state) FARNUM IDAHO

4. FULL NAME OF CHILD ELVA STAKER

5. Date of Birth (Month, day year) FEB 23, 1915

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOSEPH ETHER STAKER
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace MOUNT PLEASENT UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME MATILDA YOUNG STOKWORTHY
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs
19. Birthplace ORDERVILLE UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 12:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by MATILDA STAKER (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

26. (a) ..... (Date received) by ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Hattie Watson M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Matilda Stake Signature
St Anthony, Idaho Box 105 P. O. Address

Subscribed and sworn to before me on this 30 day of March 19 42

(SEAL) ..... Notary Public, residing at St Anthony

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

553-114-044-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338786
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 7 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elwood Travis Nelson

5. Date of Birth of Child (Month, day, year) March 14/15

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nels Nelson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Owned shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtie Josephine Castle
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Delta Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address No physician or midwife — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that had no physician (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtie Josephine Nelson Signature
Gaston, Oregon RFD 2 P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Loyal M. Graham Notary Public, residing at Forest Grove Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Com. expires Nov. 18, 1944

Received for filing on MAR 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 0 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1915-
DOP OF 29096

DELAYED

243-112-042-662

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338793
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 420 Main South
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 420 Main South
   (e) How long has **MOTHER** lived in Idaho? 5½ yrs.

3. **RESIDENCE OF FATHER** (city, state) 7 years

4. **FULL NAME OF CHILD** Walter Francis Buchanan

5. Date of Birth of Child (Month, day, year) 8-12-15

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Buchanan
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Leavenworth Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation Railroad bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Wosser
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Leavenworth Co., Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by Owen (First name) Buchanan (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr. D. L. Alexander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Owen Buchanan Signature

Twin Falls Ida P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942.

(SEAL) P W Black Notary Public, residing at Twin Falls

My Commission Expires Jan 15 1944

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-123-001-814 338844

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 31 1942

State File No. 338844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 5 1/2 Broadway
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Rt 5
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Herbert George Hetherington

5. Date of Birth of Child (Month, day, year) Aug 23 1915

6. Sex male **7.** Twin or Triplet ___ If so—born 1st, 2nd, 3rd ___ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Almond LeRoy Hetherington
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Hastings (City or town) Minn. (State or foreign country)
14. Exact Occupation Electrition
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Irene Hammack
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Prairie City (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ___ (b) Born alive and now living ___

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife ___ Address ___ Date ___

State of ___ } ss.
County of ___ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that Dr Lucien P McCalla (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Luttrell Signature

P. O. Address

Subscribed and sworn to before me this 31st day of March, 19 42

(SEAL) Leo Nelson Notary Public, residing at ___

Notary Public for Idaho
Residence, Boise, Idaho
My commission expires Aug. 1, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mark Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C195-128-017-846

339057

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Montrose Everett Dingley

5. Date of Birth of Child (Month, day, year) Nov. 28, 1915

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Royal Simeon Dingley

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Lewiston, (City or town) Maine (State or foreign country)

14. Exact Occupation Ranching

15. Industry or Business xx

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Catherine Huff

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Nodaway (City or town) County, Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business xx

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Beaverhead }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 26 years, and that Dr. (First name) Jones (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Dingley Signature
Box 212, Dillon, Montana P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42.

(SEAL) Norman Giles CLERK OF DISTRICT COURT residing at Dillon, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary E. Nelson, Registrar.

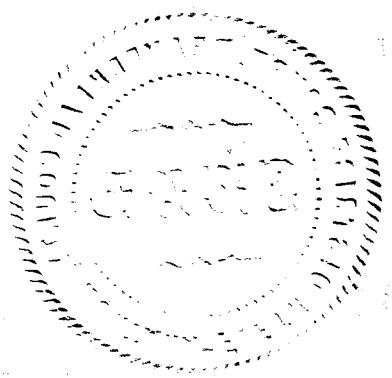
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-12-034942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339069
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on a ranch.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho.

4. FULL NAME OF CHILD John George Kerbs

5. Date of Birth of Child (Month, day, year) Mar. 12, 1915

6. Sex Male **7.** Twin or Triplet - If so—born 1st, 2nd, 3rd - **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gottfried Kerbs
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Galka (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathrine Elizabeth Rusch
17. Color or Race white **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Frankrich, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all life years, and that a lady (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gottfried Kerbs Signature

..... P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942.

(SEAL) ..... Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-206-022-195

339137

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester Idaho

4. **FULL NAME OF CHILD** Edith Olena Fordyce

5. Date of Birth of Child (Month, day, year) 7/6/1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charley Preston Fordyce
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bedford (City or town) Iowa (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie May Arnold
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Dillon (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Edith Olena Fordyce (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie May Fordyce Signature
St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 26 day of March, 1942

(SEAL) [illegible] Notary Public, residing at St Anthony Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1942

MAY 4 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-229-003-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339189
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 547 W. Whitman
(d) Name of Hospital or Maternity Home: At Home--547 W. Whitman
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 547 W. Whitman
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Evelyn Carrigan Bacheler

5. Date of Birth of Child (Month, day, year) March 29, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Darwin Bacheler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Dairy, (City or town) Idaho (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Marie'a Carrigan
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Texarkana, (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 15%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Hazel C. Bacheler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Pocatello Date 3/29/1915

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P.O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-124104-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339190**
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Claude Gilbert Loveland

5. Date of Birth of Child (Month, day, year) Oct. 24-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Franklin Loveland
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Virgil (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Esscott Beuchat
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Hamilton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ada E. Loveland (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Dr. Frank Schmitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mrs. Ada E. Loveland Signature

Fayette, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42.

(SEAL) Carl Barry ~~Notary Public~~, residing at Twin Falls County Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 27 1942 by ____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-201-208-279

339191

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Claudia Willey

5. Date of Birth of Child (Month, day, year) Aug. 1, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claude Willey
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Athol (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hortence Spickelmier
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Mason (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Valley }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for years, and that Blance A Davis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Willey Signature
Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1942.
(SEAL) Notary Public, residing at Donnelly Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mabel Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

454-11-2037-357

339208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Twin. (b) City Hailey.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: at Home. —
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Twin
   (c) City Hailey —
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice):
   Mr. Pete Mendiolia Hailey, Idaho —
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ditto,

4. **FULL NAME OF CHILD** Raymond Mendiolia

5. **DATE OF BIRTH** (Month, day, year) February 18, 1915,

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Prudencio Mendiola

11. Color or Race White, Basque

12. Age at time of THIS birth 41 yrs.

13. Birthplace Ye. (City or Town) Spain (State or foreign country)

14. Exact Occupation Boarding House + Ranch.

15. Industry Business Boarding House + Ranch.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Balbina Segurnecke —

17. Color or Race Basque White.

18. Age at time of THIS birth 33 ~~35~~ yrs.

19. Birthplace Guernica. (City or Town) Spain (State or foreign country)

20. Exact Occupation at Defunct Mrs. Houdeldin

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% —

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

(c) Born alive and now dead *2 (d) Stillborn Two. —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive, (born alive, stillborn) at 5. 9, M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Pete Mendiola (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) Mabel Hebsler (Registrar's signature)

25. Attendant's **OWN signature** G. Dill M.D. (D.O., Midwife, etc.)
and address Hailey Date Idaho

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None.

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? No.

Describe: None.

(2) Birth Injury? None

Describe: No.

(3) Was mother given a Wasserman before delivery?

Yes..... No. X ..... Pos..... Neg.....

(e) Signature of Physician:

[signature] Dill, M.D.

Sterling, Idaho.

059-209-020-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339226
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City farm
(c) Street Address or R.F.D. No. Hammett, Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 1 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City farm
(d) Street Address or R.F.D. No. Hammett, Idaho
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hammett, Idaho

4. **FULL NAME OF CHILD** Gertrude Lucy Bernt

5. Date of Birth of Child (Month, day, year) 9-9-15

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nicholas Bernt
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace St. Clair County, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Louise Maes
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace St. Louis, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Catherine L. Bernt (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. A. Altha M.D. M.D. Midwife Address Hammett Ida. Date Mar. 27 42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that ..... (First name) ..... (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

933 SE Reynolds St. Portland, Oregon P. O. Address

Subscribed and sworn to before me this .....day of March, 1942

(SEAL) .....Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DEC 21 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942-116-040-959 339294 339294

United States APR 3 1942 (Be sure the information is as of date of birth of THIS child) State File No. 339294
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 months yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Ida

4. FULL NAME OF CHILD Leo Francis Zuber

5. Date of Birth of Child (Month, day, year) Aug. 16, 1915

6. Sex Male 7. Twin or Triplet one only If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Earl Zuber
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Antwerp (City or town) Ohio (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Louise Reikras
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Tacoma (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dr. Mason at now dead (Born alive, stillborn) Alive M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Anna Louise Zuber M.D. Midwife D. Mason Address Date April 2, 1942

State of Washington, County of Snohomish, } ss. Dames

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 26 years, and that Anna Louise Zuber, Dames (First name) (Last name), who attended this birth of this child (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Louise Zuber Dames Signature
4207 Rucker Ave. Everett, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942
(SEAL) F. G. Raymond Notary Public, residing at Everett, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Maud F. Elder, Registrar.

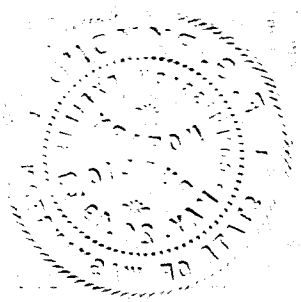
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 235-230-021-759 339362

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339362
Local Reg. No. 27
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FRANKLIN (b) City PRESTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FRANKLIN
(c) City PRESTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Donna P. Stephens

5. Date of Birth of Child (Month, day, year) Oct. 30, 1915

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JESSIE JOHN STEPHENS
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace Preston, (City or town) Franklin Co. Idaho. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME EDNA IRENE PERKINS
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kaysville, (City or town) Utah (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann S. Johnson (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Dr G. T. Parkinson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Stephens Johnson Signature

Preston, Idaho. P. O. Address

Subscribed and sworn to before me this 31 day of March, 19 42

(SEAL) Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

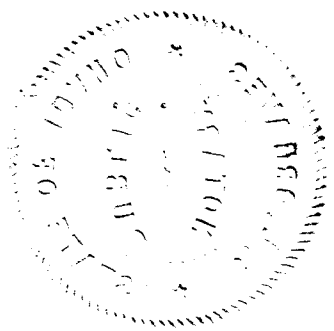
Received for filing on 4-4-1942 APR 7 1942 by [illegible], Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-108-025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Greencreek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Frank Lois Schwartz

5. Date of Birth of Child (Month, day, year) 12-8-15

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Schwartz
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Vorderherberg (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Hartert
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Luxembourg (City or town) Luxembourg (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho, County of Idaho, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 25 years, and that Mrs. Jos. Arnzen, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herman Schwartz Signature
Ferdinand, Idaho, P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.
(SEAL) Frank M. Bicker Notary Public, residing at Ferdinand, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

29-108-DIX-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339462
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa Ida
(c) Street Address or R.F.D. No. 6th St
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years / months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 6th St.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Warren Mayfield Boone

5. Date of Birth of Child (Month, day, year) Mar 8 1915

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Eugene Dodson Boone

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Fayetteville (City or town) Ark (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Boone (Taylor)

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was x (Born alive, stillborn) at 3 a m M. on the date and at the place stated above, and that personal particulars were furnished by Anna B. Boone (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mary L Taylor M.D. Midwife Address 14th Ave Date March 26 15

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-104-029-445

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD Theodore M. Moody

5. Date of Birth (Month, day year) Nov. 4, 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Moody
11. Color or Race white
12. Age at time of THIS birth 47 yrs.
13. Birthplace Yterhogdal Sweeden (City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Munson
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Vemdalen Sweeden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4 (c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho, County of Latah. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christina Moody, being first duly sworn, say that I am related to (Related to (or) acquainted with) Theodore M. Moody (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Joseph Carlson (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Christina Moody Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of March, 1942.
(SEAL) Adrian Nelson Notary Public, residing at Moscow, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1945

JUN 30 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-113-041-442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339554
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home on Geo. E. Wood Ranch
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years 8 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clifford Wayne Wood

5. Date of Birth of Child (Month, day, year) July 13, 1915

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edwin Wood
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Elba (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Dustin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Garden City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Jane (First name) Ellis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Wood Signature
Driggs, Idaho R.F.D. P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942.

(SEAL) [signature] Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-124-005-651

339639

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 yrs. years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? five yrs.
(f) Mother's mailing address Plummer, Idaho

3. RESIDENCE of FATHER (city, state) Plummer, Idaho

4. FULL NAME OF CHILD Ashby Wallace Price

5. Date of Birth (Month, day year) Feb. 24, 1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harrison Martin Price
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Colfax, (City or town) Washington (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Weadon
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Reardon, (City or town) Washington (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known of.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 28 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude Weadon Price, being first duly sworn, say that I am related (Related to (or) acquainted with) Ashby Wallace Price (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank P. McCormick (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maude Weadon Price Signature
718 W Mallon P. O. Address

Subscribed and sworn to before me on this 25 day of February 1942
(SEAL) [signature] Notary Public, residing at Spokane Wa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-220-009.534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 308 Pine St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 308 Pine St.
(e) How long has **MOTHER** lived in Idaho? 4-8mo yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD URSULA PAULINE KUEHNI

5. Date of Birth of Child (Month, day, year) JUNE 20, 1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Kuehni
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Affoltern, (City or town) Switzerland (State or foreign country)
14. Exact Occupation Merchant Tailor
15. Industry or Business Merchant Tailor

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsbeth Elmer
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Elma, (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Kansas } ss.
County of Allen }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for her life years, and that Dr. (First name) McKinney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Kuehni Signature
1021 N. Jefferson, Iola, Kansas P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42

(SEAL) Julia Williamson Notary Public, residing at Iola, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

SEP 25 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup # 1915 - 31368

DELAYED

295-216-003-243

339652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Grand St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Grand St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Caroline Anna Sietcinski

5. Date of Birth of Child (Month, day, year) Feb, 16, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Sietcinski
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Warsaw (City or town) Poland (State or foreign country)
14. Exact Occupation Laborer (General)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Kucia
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Klencany (City or town) Poland (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of New Jersey
County of Monmouth } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 27 years, and that Midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John Sietcinski Signature
RFD-1 Freehold, N.J. P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) Wilma Hall Notary Public, residing at Keyport N.J.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 Mary [illegible], Registrar.

COMMISSION EXPIRES MAR 24TH 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

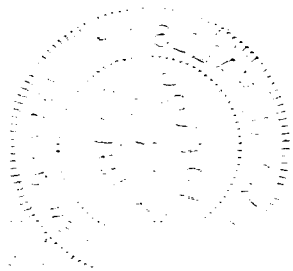
JUL 28 1966

APR 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-130-014-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No. 112 N. 9th ST.
(d) Name of Hospital or Maternity Home: AT HOME.
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City PAYETTE.
(d) Street Address or ~~R.F.D.~~ No. 112 N. 9th St.
(e) How long has MOTHER lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JAMES BROOKS LANDON.

5. Date of Birth of Child (Month, day, year) 11-30-1915

6. Sex MALE
7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GLENN C. LANDON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace VOLGA, IOWA. (City or town) (State or foreign country)
14. Exact Occupation MORTICIAN.
15. Industry or Business FUNERAL HOME.

MOTHER OF CHILD

16. FULL MAIDEN NAME EDITH LANDON.
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace IDA GROVE, IOWA. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO.
County of PAYETTE. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 2½ years, and that O. H. AVEY, M.D. (First name) (Last name), who attended this birth IS NOW DISEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Landon. Signature
PAYETTE, IDAHO. P. O. Address

Subscribed and sworn to before me this 1st day of APRIL, 1942
(SEAL) W. R. McClure Notary Public, residing at PAYETTE, IDAHO.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mabel L. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-105-044-133

339867

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Wash (b) City
(c) Street Address or R.F.D. No. RFD No 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Ida (b) County Wash
(c) City near Weiser
(d) Street Address or R.F.D. No. RFD No 2
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Weiser Ida

3. RESIDENCE of FATHER (city, state) RFD No 2

4. FULL NAME OF CHILD Charley Henry Stamper

5. Date of Birth (Month, day year) 5th nov 1915

6. Sex Male

7. Twin or Triplet no none If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas H Stamper
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pendleton (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Bell Atteberry
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Frontier Co Neb. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mary F Elder (Mother, etc.)

26. (a) APR 9 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Chas H Stamper, being first duly sworn, say that I am related to (Related to (or) acquainted with) Charley Henry Stamper (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Atteberry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Chas H. Stamper Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1942
(SEAL) W. Brown Notary Public, residing at Weiser Idaho

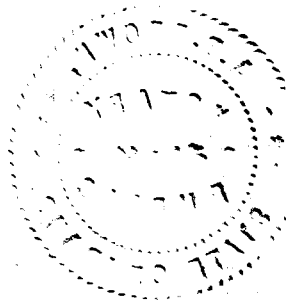
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-106-014-753

339870

339870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Ray Seward Smith

5. Date of Birth of Child (Month, day, year) May 6, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Nathan Seward Smith
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Davenport (City or town) Nebraska (State or foreign country)
14. Exact Occupation Traveling Salesman
15. Industry or Business Rawleigh Retailer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Ann Peck
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Crichton (City or town), Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 27 years, and that unknown person (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

N. S. Smith ..... Signature
Rt 2 Nampa Idaho ..... P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942
(SEAL) Edson Hale Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

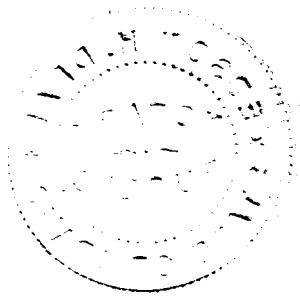
APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



367-128-019-459

339894

United States Department of Commerce Bureau of the Census

APR 11 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City May
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Duncan Cameron Joggart

5. Date of Birth of Child (Month, day, year) Nov 28 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Getty Joggart
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Co Antrim (City or town) Ireland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Kerr Joggart
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Co Antrim (City or town) Ireland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 27 years, and that Dr Kirtley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Kerr Joggart Signature

Boise Ida P. O. Address

Subscribed and sworn to before me this 11 day of April, 1942

(SEAL) W B Jones Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

157-104-010-157

339984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.#6
(d) Name of Hospital or Maternity Home: Neither-at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D.#6
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho.

4. FULL NAME OF CHILD JIMMY HAROLD JEPHSON

5. Date of Birth of Child (Month, day, year) April 4, 1915

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie Leonard Jephson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Christ Church, New Zealand (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selma Elizabeth Jephson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Alma, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Leslie L. Jephson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 25 years, and that Dr. G.H. Coulthard (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie L Jephson Signature
Rt.#2, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) Robert W. McClair Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Mabel F. Elefson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

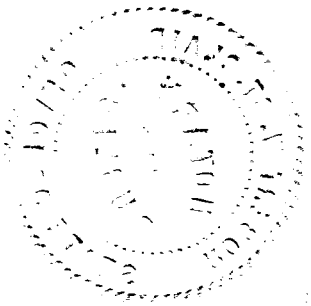
APR 9 1942

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-104-009-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonners (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonners Ferry Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD David Percy Johnson

5. Date of Birth of Child (Month, day, year) February 4, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Johnson
11. Color or Race White
12. Age at time of THIS birth ~~25~~ 23 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie Elsie Morris
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for since birth years, and that Miss King (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lizzie Elsie Pluid Signature
Eureka, Montana P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942

(SEAL) [signature] Notary Public residing at Eureka, Montaana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF MONTANA
RESIDING AT EUREKA, MONTANA
MY COMMISSION EXPIRES FEBRUARY 6TH, 1944.

Received for filing on APR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437 203044 238

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340017
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D.No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
Delivered at parent's home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D.No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Cambridge, Idaho

3. RESIDENCE of FATHER (if same) Cambridge, Idaho

4. FULL NAME OF CHILD Bernice Beulah McGinnis

5. Date of Birth (Month, day year) January 3, 1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? no

FATHER OF CHILD

10. FULL NAME Elzer Lee McGinnis

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Truxton, Missouri (City or town) (State or foreign country)

14. Exact Occupation Clerk in Grocery Store

15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Mary Schroff

17. Color or Race white

18. Age at time of THIS birth 31 yrs

19. Birthplace Big Spring, Missouri (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie M. McGinnis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 4 1942 (Date received) Mabel H. Lee (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie M. McGinnis, being first duly sworn, say that I am related (Related to (or) acquainted with) Bernice Beulah McGinnis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Charles Schmitz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bernice Beulah McGinnis Signature
Minnie M. McGinnis P. O. Address Weiser, Ida

Subscribed and sworn to before me on this 3rd day of April, 1943

(SEAL) Notary Public, residing at Weiser, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

849-121-026-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340027
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Loyd James Quinton

5. Date of Birth of Child (Month, day, year) April 21, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Quinton
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Nelson
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Cokeville (State or foreign country) Wyo
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Klickitat } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 27 years, and that Mrs. John Andrews (First name) (Last name), who attended this birth can not be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Nelson Quinton Signature

P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) [signature] Notary Public, residing at Bingen

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-105 003-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340049
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Otto Sherman Anderson

5. Date of Birth of Child (Month, day, year) Sept. 5, 1915

6. Sex Male

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Otto W. Anderson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Franklin, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabell Lowe
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 11:40 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr. J. H. Hubbard (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Lowe Anderson Signature
Grace, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL) Marain H. Lowe Notary Public, residing at Grace, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

OCT 19 1962

MAY 14 1971

MAY 6 1976

AUG 3 1988

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V

855-205025-553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340063
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City White Bird
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mother's Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City White Bird
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) White Bird Ida.

4. **FULL NAME OF CHILD** Jennie Christine Henley

5. Date of Birth of Child (Month, day, year) Feb. 5, 1915

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Strickler Henley
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Orangeville, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Mae Nelson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace West Lake, Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Christine (First name) Nelson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rosa Mae Nelson Zumwalt Signature

..... P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942.

(SEAL) Fred D. Woods Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-108-022-862

United States
Department of Commerce
Bureau of the Census

JAN 28 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340085
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa Lake View Terrace
(d) Street Address or R.F.D. No. 12th Street
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Fred Eugene Brody

5. Date of Birth of Child (Month, day, year) April 8, 1915

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Brody
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Polo Missouri (City or town) (State or foreign country)
14. Exact Occupation car inspector on rail road
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fanny Elizabeth Hobson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Fanny Brody (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date 2-26-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Doctor Hargis (First name) / (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fanny Elizabeth Brody Signature
3734 W 118th St Hawthorne Calif P.O. Address

Subscribed and sworn to before me this 26 day of January, 1942.

(SEAL) Edna Henke Notary Public, residing at Hawthorne, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 APR 8 1942 by ..., Registrar.

My Commission Expires March 24, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter ~~101, 1911 Session~~ Laws, ~~has not~~ been recorded, ~~or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-120 003-466

340092

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. No. 10th Ave.
   (d) Name of Hospital or Maternity Home: Delivered in home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. No. 10th Ave.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** La Von Yale Minahew

5. Date of Birth of Child (Month, day, year) May 20-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Oscar Minahew
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Eureka, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Railroad man & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Mooring
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Eureka, North Carolina (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 26 years, and that D. O. B. (First name) Steeley (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Minahew Houde Signature
420 No. Poinsettia Pl. Hollywood, Calif. Address

Subscribed and sworn to before me this 1st day of April, 1942.

(SEAL) James Richards Notary Public, residing at Long Beach, Calif.
My commission expires Oct. 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-113037-816

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340176
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Silver City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Silver City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Silver City, Idaho

4. **FULL NAME OF CHILD** William Durgin Leonard

5. Date of Birth of Child (Month, day, year) Oct. 13, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Henry Leonard
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Silver City, (City or town) Idaho (State or foreign country)
14. Exact Occupation Probate Judge
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Hawes
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Silver City, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for Lifetime years, and that Dr. W. H. Schuyler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

T. W. Leonard Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Milo Axelsen Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel Axelsen, Registrar.

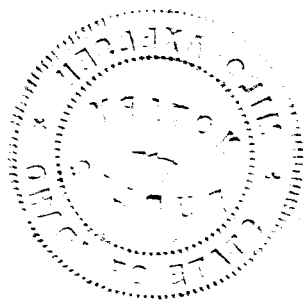
APR 24 1942

MAR 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359-122-003-389

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 232 So. Hayes
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) 15-

4. FULL NAME OF CHILD John Roberts Terrell

5. Date of Birth of Child (Month, day, year) 10-22-1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Corbett Terrell
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Blandville Kentucky (City or town) (State or foreign country)
14. Exact Occupation Shoe merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Christian
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Russellville Kentucky (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-4 years of age, that I have known this person for 26 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. F. C. Terrell. Signature
Box 468 - Pocatello, Ida. P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942

(SEAL) Notary Public, residing at
My Commission Expires Jan. 14 [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 613 109 044 795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340188
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** HENRY MacDONALD WALLACE

5. Date of Birth of Child (Month, day, year) 11-9-1915

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Millard F. Wallace
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Greer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 27 years, and that Dr. Henry Young (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. M. G. Hansen Signature

C/o Valley Rd. Reno, Nev. P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942.

(SEAL) Sarah Harrison Notary Public, residing at Reno, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

MY COMMISSION EXPIRES DEC. 10, 1944

Received for filing on APR 10 1942 by Mabel Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1965
SEP 2 1966

MAR 2 1 1995

APR 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

897-103002-89

340210

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 8 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Council, Ida

4. FULL NAME OF CHILD John Henry Higgins

5. Date of Birth of Child (Month, day, year) Sept. 3, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Huston Higgins
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace South Bend, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Ellen Haines
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Van Wick, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 54 years, and that Alice M. Higgins (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sadie Ellen Higgins Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of April, 1942

(SEAL) ____ Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by ____, Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863 206 025-236

340214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Pollock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Pollock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Pollock, Idaho

4. FULL NAME OF CHILD Elda Mae Hollenbeak

5. Date of Birth of Child (Month, day, year) May 6 - 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Cleveland Hollenbeak
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Near Pittville - California (City or town) (State or foreign country)
14. Exact Occupation Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Bell Stone
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hepner Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by James Cleveland Hollenbeak (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Mrs J Gobynger Brattland M.D. Midwife Address Riggins Date Mar 20 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 APR 10 1942 by Mabel I. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 5 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-110-024 296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. California St.
(d) Name of Hospital or Maternity Home: At her own private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. California St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Cecil Dale Stewart

5. Date of Birth of Child (Month, day, year) 4/10/15

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Anthur Stewart
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Olney (City or town) Illinois (State or foreign country)
14. Exact Occupation Forman of Big Wood Canal Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Violet Brown
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Pullman (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife only
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for life years, and that Dr. Frank T Cary (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Violet Brown Stewart Signature

Gooding, Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42

(SEAL) Gilbert Grant Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 4 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-208 034+279

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340273
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Paul
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Paul
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Paul, Idaho

4. FULL NAME OF CHILD Cleo Bernice Kelly

5. Date of Birth of Child (Month, day, year) Feb. 8, 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William R. Kelly
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Vale, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Siroky
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Galena, Nebraska (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Calif. County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 27 years, and that Dr. V. R. Killen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Kelly Signature
153 N. Cornuta Ave., Bellflower, Calif. P. O. Address

Subscribed and sworn to before me this 9 day of Apr, 1942

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Feb. 3, 1943

Received for filing on APR 10 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-126-
042-364 APR 14 1942 340284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD George Lamay (Kelly) McKean

5. Date of Birth of Child (Month, day, year) Jan. 26, 1915

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. McKean
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Calliopolis (City or town) Ohio (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Suzanna Louckes
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Thivener (City or town) Ohio (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by George W. McKean (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 27 years, and that Clara O. Schwinn (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George W. McKean Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of April, 1942
(SEAL) Henry W. Pucker Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-114-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340453
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rose Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arlo Eldon Swenson

5. Date of Birth of Child (Month, day, year) April 14, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd P. Swenson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Spokane, Washington (City or town) (State or foreign country)
14. Exact Occupation Iceman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora A. Smith
17. Color or Race Wh
18. Age at time of THIS birth 34 yrs.
19. Birthplace Canton, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:00 p. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 27 years, and that attending physician (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Cora S. Peabody Signature
3317 E. Carlisle Spokane Wash P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) Arthur W. Davis Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

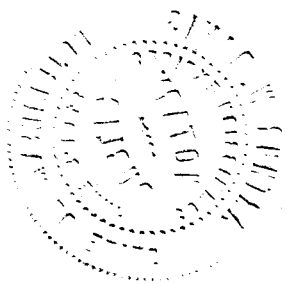
MAR 8 1961

MAY 20 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464 126-020-753

340470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Idaho

4. FULL NAME OF CHILD Amos Lacy Mouser

5. Date of Birth of Child (Month, day, year) July 26, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charley L. Mouser
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cowley County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosy Bell Peterson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Stillwater, North Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Birth 9 [illegible] (Born alive, stillborn) at Morning M. on the date and at the place stated above, and that personal particulars were furnished by Charley Madser (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Charley L Mouser M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 25 years, and that — (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C L Mouser Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942
(SEAL) James A. O'Neill Notary Public, residing at Elmore District Court Mtn Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mary L Gleyer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

695-108 005-613

340524

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. Benewah
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. Benewah
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Ida.

4. FULL NAME OF CHILD Howard Emery Fields

5. Date of Birth of Child (Month, day, year) May 8, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Lee Fields

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Pomeroy Washington (City or town) (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business Logger.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavina Haldren

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Salem Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive Howard Emery Fields. (Born alive, stillborn) at Home M, on the date 1942 and at the place stated above, and that personal particulars were furnished by Florence Tyler (First name) (Last name), who is related to this child as Lavina Fields (Mother, etc.)

25. Attendant's **OWN** signature Florence Tyler M.D. Midwife Address Tekoa Wash Date April 11

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 1942

OCT 20 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-119 026155

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Camas
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Camas
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Camas, Idaho

4. **FULL NAME OF CHILD** William Monroe McChesney

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Glen Dickinson McChesney
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Waverly, Washington (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Annis
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Alderton, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Mrs. Nate Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine A. McChesney Signature
Route 2, Box 575, Puyallup, Washington P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42

(SEAL) ..... Notary Public, residing at Puyallup, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by ..... Registrar.

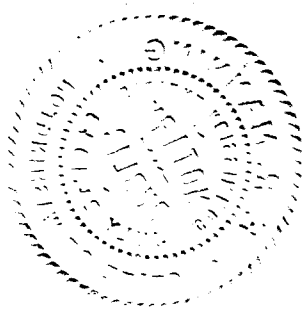
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any ~~birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



715 111-028-699

340598

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340598
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Post Falls
   (c) Street Address or R.F.D. No. R.F.D. # 2
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county No years 2 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Near Post Falls
   (d) Street Address or R.F.D. No. R.R. # 2
   (e) How long has **MOTHER** lived in Idaho 22 Mo. 17 Days.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Burton Panther

5. Date of Birth of Child (Month, day, year) Dec. 11, 1915

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjiman Harrison Panther
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Grandview (City or town) North Carolina (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Mae Fricks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Murphy (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that Burton (First name) Millsaps (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjiman Harrison Panther Signature

Opportunity P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942

(SEAL)

Notary Public, residing at Opportunity

Commission expires Dec. 12-1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mark Keller, Registrar.

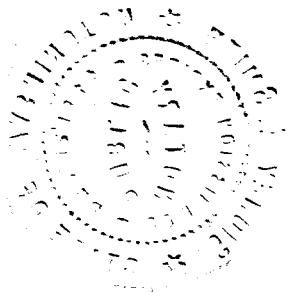
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-123-028-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City COEURD'ALENE
(c) Street Address or R.F.D. No. 716 C ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. 716 C ST.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene IDAHO

4. FULL NAME OF CHILD EARL LAWRENCE CARYL

5. Date of Birth of Child (Month, day, year) JAN 23, 1915

6. Sex MALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? YES

FATHER OF CHILD

10. FULL NAME FLOYD EVERETT CARYL
11. Color or Race WHITE **12.** Age at time of THIS birth 25 yrs.
13. Birthplace KNAPP DUNN (City or town) WISCONSIN (State or foreign country)
14. Exact Occupation PHOTOGRAPHER
15. Industry or Business 716 C ST

MOTHER OF CHILD

16. FULL MAIDEN NAME MYRTLE RUTH OLSON
17. Color or Race WHITE **18.** Age at time of THIS birth 17 yrs.
19. Birthplace RACINE (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO, County of KOOTENAI } ss.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that DR. (First name) DWYER (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floyd Everett Caryl Signature
1016 WALLACE - COEUR D'ALENE Address

Subscribed and sworn to before me this 4 day of April, 1942

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or~~ in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-103 016-514

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340610
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Alma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 26 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Alma
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 53 yrs.
(f) Mother's mailing address Alma
3. **RESIDENCE of FATHER** (city, state): deceased

4. **FULL NAME OF CHILD** Keith Eames Jones
5. Date of Birth (Month, day, year) Nov. 3, 1915
6. Sex Male
7. Twin or Triplet no
If so born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse David Jones
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Eames
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Alma (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Florence Jones (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's
OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence Jones, being first duly sworn, say that I am related to (Related to (or) acquainted with) Keith Eames Jones (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie Green (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs Florence Jones Signature
Alma Idaho. P. O. Address

Subscribed and sworn to before me on this 10 day of April, 19 42

(SEAL) [signature] Notary Public, residing at Malta, Idaho

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-224 022-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340744
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ASHTON
(c) Street Address or R.F.D. No. IDAHO STREET
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ASHTON
(d) Street Address or R.F.D. No. IDAHO STREET
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) ASHTON IDAHO

4. FULL NAME OF CHILD PHYLLIS JUNE BAKER

5. Date of Birth of Child (Month, day, year) 6-24-1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES DAVID BAKER
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace SALINA (City or town) KANSAS (State or foreign country)
14. Exact Occupation MERCHANT
15. Industry or Business GENERAL MERCHANDISE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAYME JOY HARSHBARGER
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace ADA (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child THREE (b) Born alive and now living THREE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mayme Baker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Ashton Idaho Date 2-6-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

681-718-027-269

340825

340825

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Ralph Borden O'Harrow

5. Date of Birth of Child (Month, day, year) Jan 18-1915

6. Sex M

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wheeler O'Harrow

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Oshkosh (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Irene Borden

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Primgar (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Fannie (First name) O'Harrow (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 27 years, and that Dr E. D. Piper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie O'Harrow Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942.

(SEAL) [illegible] Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

OCT 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

612-114-011-546

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340831
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Copeland,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 9 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Copeland, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Warren Lester Washburn,

5. Date of Birth of Child (Month, day, year) Aug 14, 1915

6. Sex Male **7.** Twin or Triplet no **If so—born** 1st, 2nd, 3rd V **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Volney Warren Washburn
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace State of Minnesota (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Edwards,
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace State of Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that G. B. Chapen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Violet Washburn Signature
Copeland, Idaho. P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) [illegible] Probate Judge xxxxx Notary Public, residing at Bonners Ferry, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel Fiedler, Registrar.

APR 2 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

449-122-016-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Almo, Ida.

4. FULL NAME OF CHILD Ivan Leo Durfee, Jr.

5. Date of Birth of Child (Month, day, year) Mar. 22, 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ivan Leo Durfee (Sr)
11. Color or Race Wh.
12. Age at time of THIS birth 23 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer and stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Cahoon
17. Color or Race Wh.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Mrs. Anna Green-midwife- now decease Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Mrs. Anna Green (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Cahoon, Durfee Signature
Almo, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942

(SEAL) Jimmy W. Parker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-20-7039 962

340969

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Arbon, Idaho

4. FULL NAME OF CHILD Phyllis Anna Stott

5. Date of Birth of Child (Month, day, year) May 7, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Aldrich Stott
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Dayton, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Augusta Rose
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Dixie, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Mrs. Anna Shandrew (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie A Stott Signature

Box 205 Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42

(SEAL) M. A. Kiger Notary Public, residing at Harrison, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary A Kiger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

NOV 16 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

381-105 003-695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellis W. Chatterton

5. Date of Birth of Child (Month, day, year) Nov 5 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Grover Cleveland Chatterton
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Winward
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Whitney (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Grover C Chatterton (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 24 years, and that Dr. J. W. Hubbard (First name) (Last name) who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grover C. Chatterton Signature
260 West Oneida Preston Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942

(SEAL) P. P. Evans Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

819-229002465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340991
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council Idaho

4. **FULL NAME OF CHILD** Lucile Lillian Harrington

5. Date of Birth of Child (Month, day, year) Oct 29, 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Goddard Harrington
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Wyandotte Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Montgomery
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mathews Co. Ore (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14. (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Adams }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that my mother, Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42.

(SEAL) Matilda Moran Clerk District Court, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-118006663

341002

341002

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City near Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Emil Mittleider

5. Date of Birth of Child (Month, day, year) Aug. 18 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christian Henry Mittleider
11. Color or Race White **12.** Age at time of THIS birth 19 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wolff
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace South Russia (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Mrs. Hammond (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christian Henry Mittleider Signature

R#3, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of April, 19 42

(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ____ Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

GSS 711 CD-847

(Be sure the information is complete and accurate)

State File No. 341005

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Memorial Drive

3. CHILD'S NAME (Type or print)
a. (First): Harold
b. (Middle): Elbert
c. (Last): Wennstrom

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): June 11, 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Gustaf
b. (Middle): Stephen
c. (Last): Wennstrom

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Alsta, Sweden

11a. USUAL OCCUPATION: Groc. Clerk

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bernice
b. (Middle): Robina
c. (Last): Hughes

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): North Platte, Nebr.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: None
b. How many OTHER children were born alive but are now dead?: NONE
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: NONE

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Gustaf Stephen Wennstrom

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE:

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Box 6. Idaho Falls, Idaho

18d. DATE SIGNED: 7-30-62

19. DATE REC'D BY LOCAL REG.: 8-2-62

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

CK Record typewriter ribbon in completing this certificate. This certificate MUST be filed in the district where the birth occurred WITHIN 10 days after the date of birth of the to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Statement regarding Employment att Boise Junioer College gives date of birth as June 11, 1915. Dated in 1944. Viewed by V.S.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) Bonneville
(a) County ~~Jefferson~~ (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls Gen
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jefferson~~
(c) City Idaho Falls Bonneville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, I

4. FULL NAME OF CHILD Harold Elbert Wennstrom

5. Date of Birth of Child (Month, day, year) 7-11-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustaf Stephen Wennstrom
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Alfta (City or town) Sweden (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Robina Hughes
17. Color or Race
18. Age at time of THIS birth 21 yrs.
19. Birthplace North Platte, (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustaf Stephen Wennstrom Signature
P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942

(SEAL) [signature] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Round typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

AUG 9 1962

JUL 13 1953 AUG 23 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born in Farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D. Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d Alene

4. FULL NAME OF CHILD Theodore Frank Fischbach

5. Date of Birth of Child (Month, day, year) June 25th 1915

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodor Fischbach
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Daaden (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Knautz
17. Color or Race white
18. Age at time of THIS birth 45 yrs.
19. Birthplace Daden (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 27 years, and that Lady Kay (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodor Fischbach Signature
2512 N Morton St Spokane P.O. Address

Subscribed and sworn to before me this 15 day of April, 1942

(SEAL) [signature] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341108
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. RESIDENCE OF FATHER (city, state) Soldier Idaho

4. FULL NAME OF CHILD Rufus Virgil Niemela

5. Date of Birth of Child (Month, day, year) 5-15-1915

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rufus John Niemela
11. Color or Race American 12. Age at time of THIS birth 23 yrs.
13. Birthplace Centerville (City or town) Washington (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Worked As

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Didama Marrs
17. Color or Race American 18. Age at time of THIS birth yrs.
19. Birthplace Miltonvale (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Estella (First name) Marrs (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Estella Marrs ~~M.D.~~ Midwife Address 5103 W-118 St Inglewood Calif Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 27 years, and that Dewitt P. Higgs (First name) (Last name), who attended this birth Can not locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy Niemela Signature
3720 W 112 St Inglewood Calif P. O. Address

Subscribed and sworn to before me this 13 day of April, 1942
(SEAL) Odell Francis Notary Public, residing at Inglewood Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires July 24, 1944

Received for filing on APR 16 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

APR 25 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Confined at my home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Elma Cheney

5. Date of Birth of Child (Month, day, year) 14 August 1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9mo. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Elam George Cheney
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Farnham, Grand Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Whittaker
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Beaver City, Beaver Co. Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife & homemaker.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Mrs. Emily E. Cheney (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Whittaker Cheney Signature
Box 147, Blackfoot, Ida. P. O. Address

Subscribed and sworn to before me this 14th day of April, 1942

(SEAL) Lorenzo R. Thomas Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by [illegible], Registrar.

APR 21 1982

OCT 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Emil Funk

5. Date of Birth of Child (Month, day, year) Aug. 9, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gottfried Funk

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Fere Shanpienaze, Bessarabia, Russia (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Schultz

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Perazieno, Bessarabia, Russia (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at six P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Funk (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Mary Kramer Midwife Address American Falls, Ida Date 4/15/42.

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Mrs. Mary Kramer (First name) (Last name), who attended this birth signed the above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Funk Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942

(SEAL) [illegible] Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341207
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EVA ELIZABETH ZIER

5. Date of Birth of Child (Month, day, year) June 17, 1915

6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Jacob Zier
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Weinmeister
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Mich
County of Wayne } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Sophia Catherine Zier (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Zier Signature
12959 E Jefferson Detroit Mich. P. O. Address

Subscribed and sworn to before me this day of APR 14 1942, 19

(SEAL) Edgar M Robbins Notary Public, residing at Notary Public, Wayne County
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Dec. 31, 1943

Received for filing on APR 20 1942 by Mabel F Elf, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942 2030 14-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341278
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City New Plymouth
   (c) Street Address or R.F.D. No. R. 7. D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City New Plymouth
   (d) Street Address or R.F.D. No. R 7 D
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth Ida

4. **FULL NAME OF CHILD** Lucile Mae Russell

5. Date of Birth of Child (Month, day, year) May 3rd 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence C. Russell
11. Color or Race White
12. Age at time of THIS birth 22 yr. 8 mo. yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business Dry Cleaning & Pressing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae (Mary Katherine Taylor
17. Color or Race White
18. Age at time of THIS birth 19 yr. 11 mo. yrs.
19. Birthplace Wood Rivers Nebraska (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mae (Mary K. Taylor) Russell (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for ____ years, and that Dr. O. H. Avery M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae Russell Signature
Ontario, Oregon Box #166 P. O. Address

Subscribed and sworn to before me this 4 day of April 194 2.

(SEAL) ____ Notary Public, residing at New Plymouth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ____ Registrar.

APR 1942

MAR 15 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

341288

1. PLACE OF BIRTH
County of Bonner
City of Colburn
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Archie Bernard Charland

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 11, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name George J. Charland	18. Full maiden name Anna Rieken
10. Residence (usual place of abode) (If non-resident, give place and State) Colburn, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Colburn, Idaho
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Somerset, Wisconsin	22. Birthplace (city or place) (State or Country) Minneapolis, Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work October, 1914	25. Date (month and year) last engaged in this work Oct. 11, 1915
17. Total time (years) spent in this work 7 years	26. Total time (years) spent in this work 7 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Anna Charland Mother

or ....., Midwife

Address Sandpoint, Idaho

Give name added from a supplemental report .....
(Date of)

Filed APR 20 1942, 193 Mabel [illegible]
Registrar

DELAYED

381-HI-009-995

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO, } ss.
County of Bonner }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Anna Charland being first duly sworn says that she is the mother (Relationship of child)* of Archie Bernard Charland born October 11, 1915 (Date of birth) at Colburn, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Archie Bernard Charland hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Baker, ~~XXX~~ Midwife, was the medical attendant at the birth of said Archie Bernard Charland and that the said medical attendant is deceased. (Now deceased (or) cannot be located)

Name of Affiant Anna Charland.

P. O. Address Sandpoint, Idaho

Subscribed and sworn to before me this 18th day of April, 1942

Notary Public.

Residing at Sandpoint, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

499-126-040-249

342453

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoeshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoeshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD JOHN MIRICH

5. Date of Birth of Child (Month, day, year) OCT. 26, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LOUIS MIRICH

11. Color or Race White

12. Age at time of THIS birth 53 yrs.

13. Birthplace Yugo Slavia (Montengro) (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mines

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY SURFATOVICH

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Montenegro (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Mirich (First name) (Last name), who is related to this child as MOTHER (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of MONTANA
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness Andy Aleksich — Mary Mirich — Signature

Witness Mrs. V. Mirich — 2400 Delaware Avenue, Butte, — P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942.

(SEAL) Edna Lee Brogan Notary Public, residing at Butte, Montana.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Exp. 1-24-43

Received for filing on APR 21 1942 by Mabel [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 [redacted]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-21-29-242 APR 27 1942

342540 342540

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342540
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Viola
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Viola
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Viola, Idaho

4. FULL NAME OF CHILD Doris Ruth Christensen

5. Date of Birth of Child (Month, day, year) Jan. 11, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chris Christensen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Copenhagen (City or town), Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Lora Alma Buswell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Conde (City or town), South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argerol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Florence B. Jordan (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Orpha Garvin ~~M.D.~~ Midwife Address Moscow, Idaho Date 4-23-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

NOV 16 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

1915-

DUP OF 27762

992-123-2 46693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342593
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Thomas Edward Ristvet

5. Date of Birth of Child (Month, day, year) Jan. 23, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mr. John O. Ristvet
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Grand Forks, North Dakota (City or town) (State or foreign country)
14. Exact Occupation Gardner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Miss Ethel M. Wilson (Mrs. Ristvet)
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Graham, Oklahoma (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Ethel M Ristvet Signature
1623 East 33rd St. Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) [signature] Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 5 '64

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-122-207-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342604
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state), Carey Idaho

4. FULL NAME OF CHILD Marrin Allen Peterson

5. Date of Birth of Child (Month, day, year) Sept 22 1915

6. Sex male

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

9. No. months of Pregnacy

10. Legitimate?

FATHER OF CHILD

10. FULL NAME John A Peterson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Racetrack (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Elizabeth Davis
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Amy Elizabeth Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Louise B. Howard M.D. Midwife Address Long Beach Calif Date March 30

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of } ss.
County of }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1966

APR 25 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP 601915 34053

219-130-030-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342697
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Ulysses
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 5 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Ulysses
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Ulysses, Idaho

4. FULL NAME OF CHILD PETER JOSEPH BARTON

5. Date of Birth of Child (Month, day, year) JULY 30, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME PETER JOSEPH BARTON
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace FENTON (City or town) MISSOURI (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALTA CALLAHAN
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Shoup (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 26 years, and that Mrs. Alice Wolcott (Midwife) (First name) (Last name) who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Barton Harris Signature

1901 Florence Ave., Butte, Montana P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1942

(SEAL) John O'Donahan Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires June 8, 1942.

Received for filing on APR 23 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

JUL 8 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-101-022-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Erwin Campbell

5. Date of Birth of Child (Month, day, year) Dec. 1, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Murray Thomas Campbell
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Penn (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Robinson
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Scotland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Campbell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date 4-23-42

State of Florida
County of Duval } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for years, and that H. H. Hargis, (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hannah Robinson Campbell Signature
201 E. Monroe Street, Jacksonville, Fla. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) G. F. Thompson ~~Notary Public~~ residing at Jacksonville, Fla.

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Deputy Clerk Circuit Court
Duval County, Florida.

Received for filing on APR 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which~~ has occurred ~~subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-107-229-695

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342764

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 23 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD OTTO ALFRED NELSON

5. Date of Birth (Month, day year) March 7, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels John Nelson
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Charlotte Freed
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) APR 21 1942 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Idaho, County of Latah, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ida Nelson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Otto Alfred Nelson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Shostrom (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ida Nelson Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of April 1942.

(SEAL) Adrian Nelson Notary Public, residing at Moscow, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 3 1942

SEP 11 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 5 1952

365-224-043-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cascade, Ida.

4. **FULL NAME OF CHILD** Viola Blanche Connyers

5. Date of Birth of Child (Month, day, year) Sept. 24, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cleveland Connyers
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bayette (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Jessie Howick
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Wichita (City or town) Kansass (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Ida Chadwell (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Cleveland Connyers Signature
My Commission Expires 3/3/45 2908 Estelle St, Seattle, Wash P. O. Address

Subscribed and sworn to before me this 18th day of April, 1942
(SEAL) Charles L. Hemmingen Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by , Registrar.

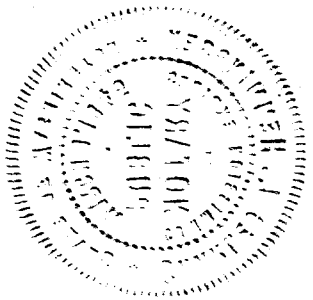
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-105 ID 01-766 343005 **343005**

United States Department of Commerce Bureau of the Census

APR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. SO. BOISE
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. SO BOISE
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDA.

4. FULL NAME OF CHILD WILLIAM-FREDRICK-BELLOMY

5. Date of Birth of Child (Month, day, year) MAY 5-1915

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 4 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WM - EDWARD-BELLOMY
11. Color or Race W 12. Age at time of THIS birth 51 yrs.
13. Birthplace IOWA (City or town) (State or foreign country)
14. Exact Occupation BARBER.
15. Industry or Business BARBER SHOP.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOSEPHINE P. GOODMAN.
17. Color or Race W 18. Age at time of THIS birth 33 yrs.
19. Birthplace PHILADELPHIA - PENN. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Argyol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by JOSEPHINE-BELLOMY (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Fred A Pittenger M.D. ~~Midwife~~ Address Boise Idaho Date 4/29/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

258-108-018-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343097
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Weippe Ida

4. FULL NAME OF CHILD Guy Forrest Snyder

5. Date of Birth of Child (Month, day, year) 6/8/1915

6. Sex male

7. [redacted]

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Job Snyder
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Harman (City or town) W. Va. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sally Linnie Lanty
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Harman (City or town) W. Va. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Clearwater } ss.

I, the ~~undersigned~~, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 26 years, and that Amanda (First name) Jordan (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Snyder Ball Vandevender Signature
Weippe Idaho P. O. Address

Subscribed and sworn to before me this 24 day of April, 19 42

(SEAL) Glenn W. Jordan Notary Public, residing at Weippe Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

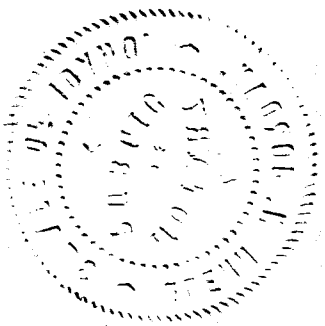
Received for filing on APR 27 1942 by [illegible], Registrar.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-226044-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343103
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Com. Cambridge

4. FULL NAME OF CHILD Genevia Delvonne Lavender

5. Date of Birth of Child (Month, day, year) 24 March 1942

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Meritt Woodson Lavender

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Virginia (City or town) (State or foreign country)

14. Exact Occupation Grade at Boise Pen. now

15. ~~Industry or Business~~ at time of child birth was farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Anna Price

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Baker Oregon. (City or town) (State or foreign country)

20. Exact Occupation Practial nurse now.

21. ~~Industry or Business~~ House wife at time of Child Birth

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Mar 26 (Born alive, stillborn) at 9:15 A M. on the date and at the place stated above, and that personal particulars were furnished by Cora Lavender (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Minnie Wilson ~~M.D.~~ Midwife Address Weiser Hotel Date 4/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-21502-359

343135

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Artesian
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** May Smit

5. Date of Birth of Child (Month, day, year) May 15 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Byron Smit
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Farmington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Larsen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Leigerton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 3 (b) ~~Born alive and now living~~ 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 52 years of age, that I have known this person for 16 years, and that [illegible] Grant Jonny (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Larsen Smit Signature
Farmington Idaho O: Address

Subscribed and sworn to before me this 27 day of April, 19 42

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [illegible]

MAR 9 1972

MAY 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859 110 033 381

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343219
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay BEFORE delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. /
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Maurice Allen Hertzig

5. Date of Birth of Child (Month, day, year) Feb. 10, 1915

6. Sex male

7. Twin or ~~Triplet~~ If so—born Twin 1st, ~~2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Alma H Hertzig

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Logan, Utah (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nettie Chandler

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Egin, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated ~~above~~, and that personal particulars were furnished by Alma H Hertzig (First name) (Last name), who is related to this child as ~~Father~~ (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. ~~Midwife~~ Address Rexburg, Idaho Date 2-10, 1915

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person ~~whose~~ name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that Dr Joseph Walker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Nettie C. Hertzig Signature

Rexburg, Idaho R. D. No. 1 P. O. Address

Subscribed and sworn to before me this 10th day of April, 19 42

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291/102-028-255

343229

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Gibbs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Gibbs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Gibbs, Idaho

4. FULL NAME OF CHILD Richard Charles Braden

5. Date of Birth of Child (Month, day, year) July 2, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALFRED MATHIAS BRADEN

11. Color or Race WHITE

12. Age at time of THIS birth 32 yrs.

13. Birthplace WYOMING (City or town) MINN. (State or foreign country)

14. Exact Occupation MACHINIST

15. Industry or Business STACK GIBBS LBR CO

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Irene Beedham

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Carsonville (City or town) Michigan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. John Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen I. Braden Signature

Rt. 3 Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942

(SEAL) ____ Notary Public, residing at Coeur d'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Hedden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

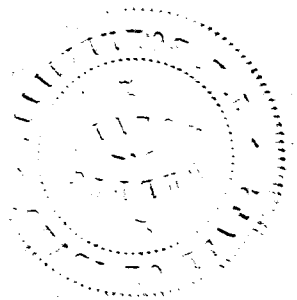
APR 30 19

JUN 2 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the ~~birth of a~~ child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or ~~in~~ case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819.26 020-753

343274

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: child born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City near Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Naoma Elaine Hazzard

5. Date of Birth of Child (Month, day, year) April 16, 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Leroy Hazzard
11. Color or Race white **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Woodenville (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer (wheat)
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Peterson
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Pine Island, Minn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this~~ mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 7:00A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that no one attended me at (First name) (Last name), ~~attended~~ this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Hazzard Signature
Rt 1, Kalama, Wash P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42.

(SEAL) Chas H. Vandervelde Notary Public, residing at Kalama, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel Nicholson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

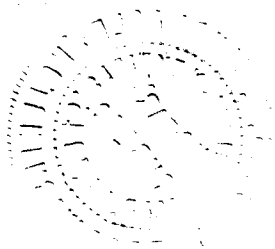
MAY 1 1942

JAN 9 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



596-22-040-596

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City WARDNER
(c) Street Address or R.F.D. No. 349 STREET
(d) Name of Hospital or Maternity Home: Our Home
(e) Mother's stay BEFORE delivery: IN THIS county 22 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. 349 Street.
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner Ida

4. FULL NAME OF CHILD Daisy Alberta Erwin

5. Date of Birth of Child (Month, day, year) 6 mo 12 da 1915

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Silas A Erwin
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Pato (City or town) Kansas (State or foreign country)
14. Exact Occupation Mine. tool Nipper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mora Estella Erwin
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Mulberry (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Solution

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Mr Geo H Kennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Silas A Erwin Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) Margaret P Gaby Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mark H Felton, Registrar.

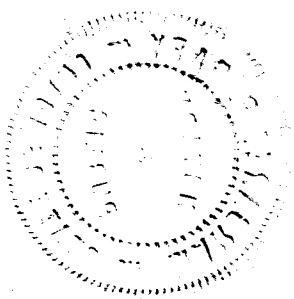
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-226 001-366

343331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343331
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Mildred Lois Fincher

5. Date of Birth of Child (Month, day, year) April 26 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Zacharia Fincher
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Hartsville (City or town) Missouri (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Elizabeth Lowry
17. Color or Race white **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Star (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that no doctor (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Zacharia Fincher Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 19 42

(SEAL) W. R. McClure Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ____, Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-122-5
016-946 MAY 5 1942

343379

343379

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343379
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-mo 22 d yrs.

3. RESIDENCE OF FATHER (city, state) Almo, Ida

4. FULL NAME OF CHILD Albert Herman Clement

5. Date of Birth of Child (Month, day, year) Nov 22 1915

6. Sex Male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Newton Clement
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Athens (City or town) Alabama (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agricultural

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Ruff
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Athens (City or town) Alabama (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Agricultural

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Rosa Ruff (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Elsie Schuck M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Mrs [illegible] Green (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Clement nee Ruff signature
Kuna, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) [illegible] Notary Public, residing at Kuna, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1967
APR 29 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-227-008 MAY 5 343381

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census
431

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

1942

State File No. 343381
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend Ida

4. FULL NAME OF CHILD Mary Margaret Painter

5. Date of Birth of Child (Month, day, year) March 27 1942

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Willets Painter
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Muncy (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sara Margaret McAfee
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Tyrone (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 21 years, and that Dr (First name) Skippen (Last name), who attended this birth, Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah M Painter Signature
Rt 4 Boise Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Erma E Fuller Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

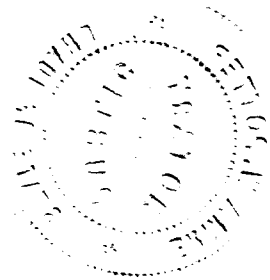
Received for filing on MAY 5 1942 by Erma E Fuller, Registrar.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



132-222-022-693

343390

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 6 1942

State File No. 343390
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Dubois, Ida

4. FULL NAME OF CHILD Hazel Rose Albertsen

5. Date of Birth of Child (Month, day, year) Oct 22, 1915

6. Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Marion Albertsen

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

14. Exact Occupation Fireman - Railroad

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Belinda Wilson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Blanco (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Arthur M Albertsen (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature C E Jones M.D. ~~Midwife~~ Address Dubois Idaho Date Oct 22. 1915

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mary F Elder, Registrar.

JAN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-215026-236

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby Rigby
(c) Street Address or R.F.D. No. RFD 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Emma Stone

5. Date of Birth of Child (Month, day, year) June 15, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Henry Stone
11. Color or Race White **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Wayland Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Belle Scott
17. Color or Race White **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Mirpeth England (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 27 years, and that Dr. Palmer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. H. Stone Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL) [signature] Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 19[illegible]

MAY 1

JAN 8 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-109 038-528

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland, Ida

4. FULL NAME OF CHILD Dale Leroy Schubert

5. Date of Birth of Child (Month, day, year) Oct. 9, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Troy Delbert Schubert
11. Color or Race White
12. Age at time of THIS birth 27+ yrs.
13. Birthplace Carey (City or town), Ohio (State or foreign country)
14. Exact Occupation Farmer, Farm Tractor
15. Industry or Business Operator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna D. Eby
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Summerfield (City or town), Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26+ years, and that Dr. O. H. Avey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edna Schubert Signature
Fruitland Ida P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Helen F. Dunn Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by [signature], Registrar.

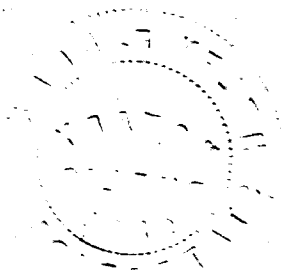
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



655-209-008-245

343708

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

MAY 7 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Horseshoe Bend, Idaho

4. FULL NAME OF CHILD Helen Susan O'Neill

5. Date of Birth of Child (Month, day, year) Jan. 9, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Joseph O'Neill
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Springfield (City or town) Illinois (State or foreign country)
14. Exact Occupation Store Keeper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Kuengler
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace St. Gallen (City or town) Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 27 years, and that Mrs. (First name) Kellog (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth O'Neill Signature

622 State Street, Boise P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942.

(SEAL) Marion E. Eller Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary E. Eller, Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-220001962

343732 343732

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343732
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City
(d) Street Address or R.F.D. No. P.O. Prairie
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emily Adeline Thompson

5. Date of Birth of Child (Month, day, year) Sept. 20 1915

6. Sex female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edgar Thompson
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Des Moines (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lora Robison
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Leavenworth (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lora (First name) Thompson (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Belle Robison M.D. Midwife Address Boise R.R.5. Date 1915

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Maud F Elden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-208025-955

343742

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343742
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Cottonwood
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month 1 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.
   (f) Mother's mailing address Cottonwood

3. **RESIDENCE of FATHER** (city, state) Cottonwood Ida

4. **FULL NAME OF CHILD** Beatrice Marjory Hansen

5. Date of Birth (Month, day, year) Nov. 8th 1915

6. Sex female

7. Twin or Triplet

If so born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Leo August Hansen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Westphalia (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genevieve Gertrude Iverson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Glenwood Spgs. (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Leo August Hansen (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) MAY 12 1942 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** J D Shinnick M.D. (D.O., Midwife, etc.)
and address Grouse Creek Ida Date 1-29-42

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) MAY 12 1942 Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1968

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-210 003-213

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343791
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Ida

4. FULL NAME OF CHILD Etta Rose Bellamy

5. Date of Birth of Child (Month, day, year) April 10 - 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willard William Bellamy
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Herdon (City or town) Kansas (State or foreign country)
14. Exact Occupation Express Mesinger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Aurilla Bates
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Lagrande (City or town) Oregon (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 26 years, and that my name is Smith Woodley MD, who attended this birth now dislaced (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Aurilla Bellamy Signature
Soda Springs Ida P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942.
(SEAL) L. L. Chambers Notary Public, residing at Soda Springs Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mrs. E. Lewis, Registrar.

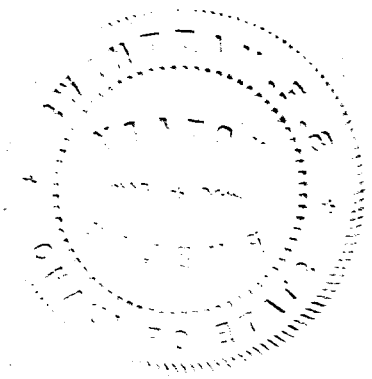
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



533-224010-254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343812
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. J Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 146 Cedar St.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased (now)

4. **FULL NAME OF CHILD** Anna Priscilla Ellison

5. Date of Birth of Child (Month, day, year) Apr. 24, 1915

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Westley Ellison
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Cottonwood, (City or town) Utah (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Kemp
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Leahi, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Mrs. Rosanna Denning (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Elizabeth Ellison Signature

P. O. Box 1315, Reno, Nev. P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) Harry Quinsett Notary Public, residing at Reno, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission 5/15/42

Received for filing on MAY 6 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 6 1974

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-201029-455

343880

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City PRINCETON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county | years 11 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City PRINCETON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD PAULINE PEARL THRASHER

5. Date of Birth of Child (Month, day, year) APRIL 1 1915

6. Sex FEMALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME DONALD ELLSWORTH THRASHER
11. Color or Race WHITE **12.** Age at time of THIS birth 18 yrs.
13. Birthplace ATLANTA (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation PLANER SETTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MAUDE MAE DENUNE
17. Color or Race WHITE **18.** Age at time of THIS birth 17½ yrs.
19. Birthplace SELDOM (City or town) KANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 27 years, and that DR. N. M. COOK (First name) (Last name), who attended this birth BIS EASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Mae DeNune Thrasher Signature

Princeton, Idaho. P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL) Leslie Liggett Notary Public, residing at Potlatch, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) PUBLIC residing at Potlatch, Ida. Commission expires December 10, 1

Received for filing on MAY 6 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-112006-432

343990

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley Idaho

4. FULL NAME OF CHILD Sheldon M. Catron

5. Date of Birth of Child (Month, day, year) Sept 12, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Hopis Catron
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Meridan (City or town) Utah (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Christine McBride
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sal Ag No 3
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:10 A M. on the date and at the place stated above, and that personal particulars were furnished by Alice Catron (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature F. E. Roberts M.D. Midwife Address Shelley Ida Date May 2 '42

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Dr Frank E Roberts (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice C. McBride Catron Signature
Nelson Hotel Idaho Fall Idaho P. O. Address

Subscribed and sworn to before ~~me this~~ 21 day of April, 1942

(SEAL) [signature] Notary Public, residing at Idaho Fall Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-209022-593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343993
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lamont
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lamont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lamont Idaho

4. **FULL NAME OF CHILD** Zetha Simonds

5. Date of Birth of Child (Month, day, year) July 9, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen R. Simonds
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Provo Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Nicholes
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Antimoney Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Attending Physician is dead. M.D. Midwife Address Date

State of Colorado } ss.
County of Eagle }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that M. E. Simonds (First name), Midwife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

x Owen R Simonds Signature

P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42

(SEAL)

Notary Public, residing at Minturn, Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

My Commission expires Feb

Received for filing on / / by Registrar.

DEC 3 1975

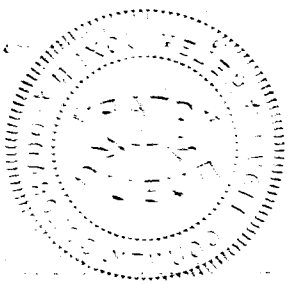
MAY 3 1942

MAY 28 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-13-026-339 Delayed Report

343997

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson Co (b) City
(c) Street Address or R.F.D. No. Lyons R.D. 2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county from birth years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lorenzo R.D. 2
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Always yrs.

3. RESIDENCE OF FATHER (city, state) Rigby R.D. 2

4. FULL NAME OF CHILD Joe Leonard Brown

5. Date of Birth of Child (Month, day, year) Aug 31st 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James LeRoy Brown
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Salem, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Clifford
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Lewisville Idaho (City or town) (State or foreign country)
20. Exact Occupation Home - Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above and that personal particulars were furnished by Ella Clifford Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. Midwife Address Rigby Idaho Date May 4th 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mark Heiden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344032
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gwynhee (b) City Homedale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gwynhee
   (c) City Homedale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Homedale Ida

4. **FULL NAME OF CHILD** Lewis Ivan Pegram

5. Date of Birth of Child (Month, day, year) Jan 30 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alexander Pegram
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace New Burnsides (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elizabeth McDonald
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Falls City (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born dead~~ (Born alive, ~~stillborn~~) at 2 ~~A~~ P.M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Mary A Fletcher (First name) (Last name), who is ~~Not~~ related to this child as ~~Attendant~~ (Mother, etc.)

25. Attendant's **OWN** signature Mrs Mary A Fletcher M.D. ~~Midwife~~ Address Date

State of Idaho } ss.
County of Gwynhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 27 years, and that Mary A Fletcher (First name) (Last name) who attended this birth ~~is now deceased~~ (Is now ~~deceased~~) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Pearl Elizabeth Pegram Signature
Homedale Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942

(SEAL) Les D Van Kirk Notary Public, residing at Homedale Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [illegible] Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-218042 255

344217

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Vivian Claire Navin

5. Date of Birth of Child (Month, day, year) Jan. 18, 1915

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Edward Navin
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Pearl Snelson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grand (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for since birth years, and that Mrs. Lewis Schuler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Pearl Navin Signature

4205 Whitman Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 7 day of May, 19 42

(SEAL) Rowena Gorman Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by, Registrar.

MAY 1 2 1942

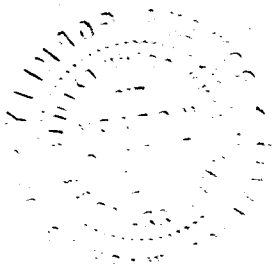
NOV 8 1948

JAN 8 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113101-003-279

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344226
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City or Town Pocatello
   (c) Street Address or R.F.D. No. 930 N. Center
   (d) Name of Hospital or Maternity Home: Born at home of parents.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 930 N. Center
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Clair Merrill Jackson

5. Date of Birth of Child (Month, day, year) Mar. 1, 1915.

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Jackson Jr.
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)
14. Exact Occupation Realtor
15. Industry or Business Realtor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Lola Mae Spillman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Logan, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate solution

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Utah } ss.
County of Weber }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 27 years, and that A. N. Smith Nolley (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Henry Jackson Jr. Signature

943-26th St. Ogden Utah P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942.

(SEAL) ..... Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary Keeler, Registrar.

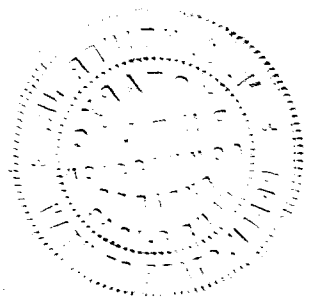
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275/13 228-915

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344294
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Donald Henry Spergen

5. Date of Birth of Child (Month, day, year) Jan. 13, 1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Robert Spergen
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Denver (City or town) Colo. (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Rand
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Hood River (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 10 p.m. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Spergen (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. (First name) Busby (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Esther Spergen Signature
Smelterville Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 19 42

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires July 30, 1945

Received for filing on MAY 8 1942 by Mary Knudsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-121-035-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344359
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Went.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Pierce Idaho

4. FULL NAME OF CHILD Earl George Kime

5. Date of Birth of Child (Month, day, year) January 21, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kime
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace West Union (City or town) Neb. (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christine Johnson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Washburn (City or town) N. D. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Kime Signature
Pierce Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942
(SEAL) H. L. Walrath Notary Public, residing at Orofino Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-130 022-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344596
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemant (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemant
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida.

4. FULL NAME OF CHILD Marvin Oral Looslie

5. Date of Birth of Child (Month, day, year) 10-30-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Frank Looslie
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Trenton (City or town) Utah Cache (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lucinda Cunningham
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lewiston (City or town) Utah, Cache (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Looslie (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Christian Cunningham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Looslie Signature
315, "A" St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 8 day of May, 1942.

(SEAL) Paul A French Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel F. Felder, Registrar.

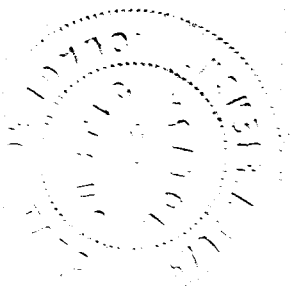
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-210-016669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344608

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

MAY 13 1942

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Cassia (b) City Murtaugh
(c) Street Address or R.F.D. No. RFD. 1
(d) Name of Hospital or Maternity Home: Home delivery
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 20 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Murtaugh
(d) Street Address or R.F.D. No. RFD. 1
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Route 1

3. RESIDENCE of FATHER (city, state): Murtaugh Ida Route 1

4. FULL NAME OF CHILD BEYNICE GENEVIEVE GARDNER

5. Date of Birth (Month, day, year) Mar. 10 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Gardner
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Arkansas City Kansas (City or town) (State or foreign country)
14. Exact Occupation Sheep Shearer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Mabel Workman
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Cherry Creek Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 8 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Edith Gardner (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Lydia Strong M.D. (D.O., Midwife, etc.) and address Bancroft Twin Falls Idaho Date 5/6/42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Strong, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Beynice Genevieve Gardner (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I Lydia Strong (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lydia Strong Signature

P. O. Address

Subscribed and sworn to before me on this 6th day of May, 1942

(SEAL) O. C. Hall Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-207010-659

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344629
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Shelton
(c) Street Address or R.F.D. No. Rigby, R.F.D.2
(d) Name of Hospital or Maternity Home: Born at Mother's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Shelton
(d) Street Address or R.F.D. No. Rigby, R.F.D.2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Elda Mae Moore

5. Date of Birth of Child (Month, day, year) Dec. 7, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira Moore
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Freedom, (City or town) Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Ferguson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Logan, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Sarah Howard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Moore Signature
Rigby, Idaho. R 2 P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

795 202 044 356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344633
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Idaho
(c) Street Address or R.F.D. No. Village of Eaton
(d) Name of Hospital or Maternity Home: At dwelling
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 Mo yrs.

3. RESIDENCE OF FATHER (city, state) Wash. Co, Id

4. FULL NAME OF CHILD Estella Alfreda Preston

5. Date of Birth of Child (Month, day, year) Oct. 2, 1915

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd ~~1th~~ **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Samuel Preston
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Rockdale, Penn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Lewis
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Elma, Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by us (Name) who is related to this child as We are parents of said child, and are unable to locate (Mother, etc.) the physician if he is still alive (Living)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Thurston }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father and mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 and 51 years of age, that I have known this person for 26 years, and that the doctor (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Samuel Preston Signature
Ada Preston R 2 Box 2 Olympia Ave Tenino Wash P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) P. C. Stibbe Notary Public, residing at Tenino, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel M. Ehlen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1970

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

381·209·042·236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) ~~Street Address or~~ R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) ~~Street Address~~ or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Margaret Isabelle Chaffer

5. Date of Birth of Child (Month, day, year) June 9, 1915

6. Sex Female 7. Twin or Triplet ——— If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harley Ezra Chaffer
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Deer Creek (City or town), Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anne Stormer
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Washington (City or town), Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 27 years, and that Dr. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Stormer Chaffer Signature
2624 Oakes Ave., Everett P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942
(SEAL) C. P. Brownlee Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

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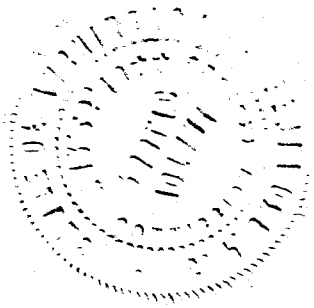

113-112-014-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Bramwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D. 3
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Emmett

4. FULL NAME OF CHILD Bernard Frank Jackson

5. Date of Birth of Child (Month, day, year) March12 1915

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Merton Jackson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace San Francisco Califorina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elisabeth Jane Simpson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Cash Cave Echo Canyon Utah (City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Melva Elnor McDonald (First name) (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Sanders } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for Since Birth years, and that Marth Simpson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melva Elnor McDonald
Melva Elnor McDonald Signature
Box 43 Hot Springs, Montana P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Mary Smith Notary Public, residing at Myron
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815-213033-815

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 13 1942

State File No. 344670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Plano
(c) ~~Street Address~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Plano
(d) ~~Street Address~~ or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 9 Months.

3. RESIDENCE OF FATHER (city, state) Plano, Idaho

4. FULL NAME OF CHILD Mary Ella Hansen

5. Date of Birth of Child (Month, day, year) April 13, 1915

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Hintze Hansen
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Cannonville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Degny Matilda Hansen
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Degny Matilda Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of New York } ss.
County of Queens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Eliza (First name) Butler (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Degny M. Hansen Signature
43-28 193rd Street, Flushing, New York P. O. Address

Subscribed and sworn to before me this [illegible] day of June, 1942

(SEAL) [illegible] Notary Public, residing at Bayside

(Note: Perjury is punishable as a felony in Idaho. Sec. 17-814, Idaho Code Annotated.)

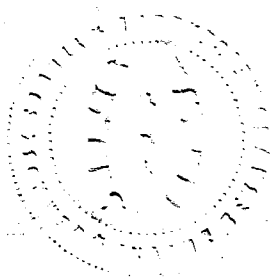
Received for filing on APR 20 1942 by [illegible], Registrar.

MAY 16 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



252-202005-415

344680

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Benewah (b) City St Maries
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. home
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address St Maries

3. RESIDENCE of FATHER (city, state) St Maries

4. FULL NAME OF CHILD Dorothy Elizabeth Best

5. Date of Birth (Month, day year) May 2, 1915

6. Sex female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Grant Best

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Detroit Michigan (City or town) (State or foreign country)

14. Exact Occupation Lineman-Milwaukee

15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Elizabeth Rest Mann

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Lambeth Ontario, Canada (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 2%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 6:35 A M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Best (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address St. Maries Ida. Date April 10 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the~~ local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154 116 036893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344691
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Holbrook
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Holbrook, Idaho.

4. FULL NAME OF CHILD Vincent C. Anderson

5. Date of Birth of Child (Month, day, year) Feb. 16, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Lee Anderson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Stone (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Oveda Hickman
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah } ss.
County of Weber }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 6 years, and that Amanda (First name) Anderson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oveda Hickman Anderson Sturm
Signature

360 Goddards St., Ogden, Utah
P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42.

(SEAL) Josephine Priddy
Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ..... Registrar.

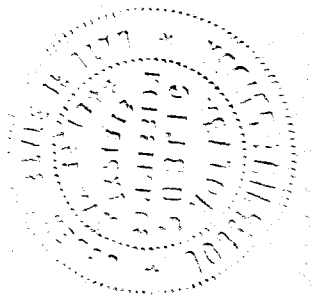
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



794-115001-613 MAY 20 1942

344810 344810

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344810
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Milk at
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. North 16st
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** John Leira Pruett

5. Date of Birth of Child (Month, day, year) April 15 1915

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Jackson Leira Pruett
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Paris (City or town) Mississippi (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Facktell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Taylor Ark. (City or town) Arkansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Dr. J. Carl Gill (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 169, 1937 Session Laws.

+ Mary Pruett Signature

..... P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942

(SEAL) ..... Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mary F Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-22-1006-869

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Family Residents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Dorlene Edna Monson

5. Date of Birth of Child (Month, day, year) 10/20/15

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Niels Monson
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Yorgenson
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child Seven (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) Seven A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Monson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Date 5-4-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.

Received for filing on MAY 11 1942 by Mark Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X

346-202-005-263

344871

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344871
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? XX yrs.

3. RESIDENCE OF FATHER (city, state) St Maries Id,

4. FULL NAME OF CHILD Amelia Lust

5. Date of Birth of Child (Month, day, year) 5/2/1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adam Lust

11. Color or Race White **12.** Age at time of THIS birth 30 yrs.

13. Birthplace Saratov, Russia (City or town) (State or foreign country)

14. Exact Occupation Lumber handler

15. Industry or Business Saw Mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Koch

17. Color or Race White **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Saratov, Russia (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by mother (First name) Anna Lust (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Fox MRS Midwife Address St. Maries, Idaho Date May 2/1915

Signed after 25-42

State of ... } ss.
County of ... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mary Keeler, Registrar.

MAY 15 42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-03-028-294

344874

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Upstairs in Ford Sutera second hand store
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Marnie Route
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Coeurdalene, Ida.

4. FULL NAME OF CHILD Frederick Gustave Niggelke

5. Date of Birth of Child (Month, day, year) Nov. 3, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustave Ferdinand Niggelke
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Platteau (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Anna Kruger
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Fumaro (City or town) Germany (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ethel

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 26- years, and that Doctor (First name) John (Last name) Busby, who attended this birth Deseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Augusta O Guardia Signature

N.4114 Wall Street Spokane Washington P. O. Address

Subscribed and sworn to before me this 13th day of May, 1942

(SEAL) George Bradley Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on MAY 15 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-208-234-249

345035

United States Department of Commerce Bureau of the Census

MAY 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345035
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Margaret Eleanor Jackson

5. Date of Birth of Child (Month, day, year) Oct 8, 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herbert Benjamin Jackson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace New York State (City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Frances Smith
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Canon Point, Ind. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 26 years, and that Dr John Kenagy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida F. Jackson Signature
1113 Franklin St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of May, 19 42

(SEAL) R. W. Bastian Notary Public, residing at Boise, Idaho
COMMISSION EXPIRES JULY 9, 1942.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mary F. Elder, Registrar.

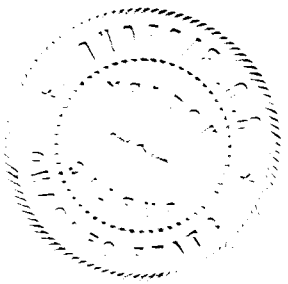
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 845-218-044-249 MAY 21 1942 345038

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345038
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Heath
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Heath
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD Edith Yvonne Hunt

5. Date of Birth of Child (Month, day, year) 10-18-1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond Lewis Hunt
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Retreat (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Barber + Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Teresa Burke.
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Horseshoe Bend (City or town), Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Dr. C. E. Schmitz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine T. Hunt Signature
Rt. 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1972

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-103-034-133 MAY 22 1942 345039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 29½ yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Kenneth Marion Stevenson

5. Date of Birth of Child (Month, day, year) Feb. 3, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Austin Benton Stevenson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sheridan (City or town), Wyoming (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Allen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Boulder (City or town), Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Midwife (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Allen Stevenson Signature
P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942
(SEAL) Floyd R. Davis Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-231-083-113

345056 345056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Thornton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Freeman

5. Date of Birth of Child (Month, day, year) Dec 31-1915

6. Sex Female

7. Twin or ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Freeman
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace great Billings (City or town), England (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Jane Jacobs
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Salem (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Wm Freeman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Joseph Walker M.D. ~~Midwife~~ Address Rexburg Idaho Date 12/31-1915

State of ..... }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-210-035-437

345061

345061

United States Department of Commerce
Bureau of the Census

MAY 22 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NezPerce (b) City Reubens
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Reubens
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Reubens, Idaho

4. FULL NAME OF CHILD Eleanor Idaho Teats

5. Date of Birth of Child (Month, day, year) May 10, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Phillip Teats
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Butte, Montana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Elizebeth McPeak
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Dade City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 27 years, and that Mrs. J. Bonnellie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oline Teats Kelly Signature
1027 No. 23rd St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 1942.
(SEAL) Dorothy M. Bray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary F. Elder, Registrar.

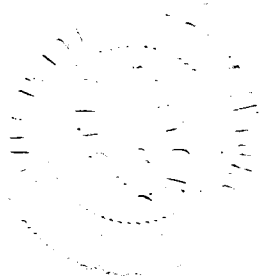
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-126-033-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346079
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Albert Bell Jr.

5. Date of Birth of Child (Month, day, year) March 26, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Bell
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace East Canyon (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Elizabeth Fausett
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% ag No.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Albert Bell (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Joseph Walker M.D. ~~Midwife~~ Address Rexburg, Idaho Date Mar. 26, 1915

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 27 years, and that Dr. J. Walker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Bell Jr. Signature
St. Anthony Ida. P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942

(SEAL) Kathryn Coffin Deputy Notary Public, residing at ST. ANTHONY
Clerk of District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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449-220-019-239

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346117
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emmaline Ilene Murray

5. Date of Birth of Child (Month, day, year) Feb. 20, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Murray
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Glasgow (City or town) Scotland (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Laura Stinson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Newark Mill, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Custer }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Dr. C. F. Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs Edith Murray Signature

Mackay, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of May, 19 42.

(SEAL) ____ Notary Public, residing at Mackay, Idaho

My Commission Expires Aug. 1, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-209-025-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. Joseph Plains
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virginia May Gillespie

5. Date of Birth of Child (Month, day, year) July 4, 1915

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harvey Albert Gillespie
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace HENDERSON VILL North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Zimmerman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Fairburn South Dakota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida May Zimmerman Gillespie Signature
No. 1650 Grand Ave, Canon City, Colo. P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL) Mina Burns Notary Public, residing at Canon City, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 16, 1944

Received for filing on MAY 20 1942 by Mabel F. Elder, Registrar.

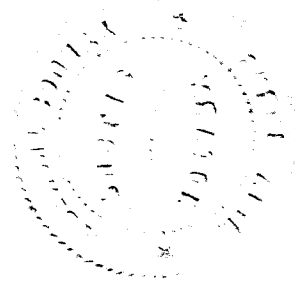
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



164-123-025-349

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346130
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Lucille
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 1 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Lucille
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Lucille Idaho

4. FULL NAME OF CHILD Franklin Charles Joubert

5. Date of Birth of Child (Month, day, year) Mar. 23 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9)

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Edmond Marcell Joubert
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace France (City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Frances Turnbull
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lucille (City or town) Idaho (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Lucile M. on the date and at the place stated above, and that personal particulars were furnished by Henrietta Samyra Deary (First name) (Last name), who is related to this child as Cousin (Mother, etc.)

25. Attendant's **OWN** signature Henrietta Samyra Deary M.D. Midwife Address 2023-W-3rd Spokane Wash Date May 13-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel Peden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897-105-040-693

346132

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD John Edward Higgins

5. Date of Birth of Child (Month, day, year) Sept. 5, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Edward Higgins
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Cripple Creek (City or town) Colo (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Williams
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Delmar (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 5 a.m. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Higgins (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 yrs 8 mos, and that Dr. A. D. McCrackin (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertrude Higgins Signature
Smelterville Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942

(SEAL) Mary M. Stout Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires July 30, 1945.

Received for filing on MAY 20 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-114-005-435

346160

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Tensed
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Tensed
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Tensed Idaho

4. FULL NAME OF CHILD Irven Raymond McGregor

5. Date of Birth of Child (Month, day, year) JUNE-14-1915

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Allen McGregor
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Baraboo (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace McNeil
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grants Pass (City or town) Oregon (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that Matilda Jane McNeil (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace McGregor Signature

My Com. Ex Mar 6 '46

7th 4313 SE Hawthorne Boulevard Portland Ore. P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL)

James B. Dunn Notary Public, residing at Portland Ore 4100 SE Hawthorne

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-223. 028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346218
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City
   (c) Street Address or R.F.D. No. Rockford R.F.D.
   (d) Name of Hospital or Maternity Home: 0
   (e) Mother's stay **BEFORE** delivery: 0
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 20 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Kootenai
   (c) City Rockford and R.F.D.
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Madge Lorraine McClellan

5. Date of Birth (Month, day, year) Dec 23 — 1915

6. Sex [redacted]

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Sammy Howard McClellan

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Rockford Wn
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Lallie Burton

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Tenn
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead ~~—~~ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, ~~stillborn~~) at a M. on the date and at the place stated above, and that personal particulars were furnished by Lallie McClellan (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 18 1942 (Date received) (b) Mabel Hessler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature L Clanton M.D. (D.O., Midwife, etc.)
and address Rockford Wn Date Nov 1942

MAY 23 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

413-224-022-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346241
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St Anthony
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: Born in my own home (no doctor)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Ida

4. FULL NAME OF CHILD Madonna Catherine Malloy

5. Date of Birth of Child (Month, day, year) April 24 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Aloysious Malloy
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lawler (City or town) Iowa (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Elizabeth Malloy Rielly
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace New York City (City or town) N. Y. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae E. Malloy Signature
..... P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) J. M. Heime Notary Public, residing at 841 E. 63 Street Chicago Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mrs. F. Elsfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-216-042-413

346254

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Kathlyn Pool

5. Date of Birth of Child (Month, day, year) Feb. 10, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Landrum Earl Pool
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Greenville (City or town) So. Carolina (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Lou Nola MacDonald
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Van Alstyne (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Dr. T. O. Boyd, Sr. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nola Pool Signature
R# 1 Hazelton, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) W. A. Watts Notary Public, residing at Twin Falls Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1971

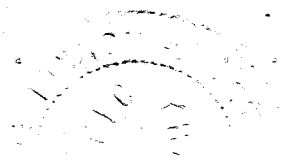
MAY 23 1942

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-220-023-959

346255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Midvale
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Midvale
(d) Street Address or R.F.D. No. Star route
(e) How long has **MOTHER** lived in Idaho? 7 mo. ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Midvale, Idaho

4. FULL NAME OF CHILD Esther Lillian Bernhardt

5. Date of Birth of Child (Month, day, year) Nov. 20, 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Bernhardt.
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Marion Co (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Elizabeth Reich
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Feather (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 26 years, and that (First name) (Last name), who attended this birth Cannot locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Bernhardt Signature
Rt. 4 Bx. 6C2 Portland Ore P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Maud E. Fahey Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Dec 14 1942

Received for filing on 4 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DEC 12 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-10-2030-231

346275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Gilmore, Idaho.

4. FULL NAME OF CHILD Ruland Evin Williams

5. Date of Birth of Child (Month, day, year) May 1, 1915

6. Sex M. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Reg. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George R. Williams
11. Color or Race Wh. **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Portage, Utah (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Blaser
17. Color or Race Wh. **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Montpelier Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr. Story - now dead Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 27 years, and that Dr. Story (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George R. Williams Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mabel E. Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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562-107-01b-249

346282

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346282
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CASSIA (b) City MALTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CASSIA
(c) City MALTA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECLO, IDAHO

4. **FULL NAME OF CHILD** JACK VOSBURG

5. Date of Birth of Child (Month, day, year) MAY-7-1915

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CECIL, VICTOR, VOSBURG
11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace FALL CITY (City or town) NEB (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LOTA, MARY SMITH
17. Color or Race WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace WILLOW SPRINGS, MO. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the LOTA MARY VOSBURG (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that JACK VOSBURG (First name) (Last name), who attended this birth Mrs. George Galloway (Is now deceased) or (Cannot be located) will further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LOTA MARY VOSBURG Signature
DECLO IDAHO P. O. Address

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY

Subscribed and sworn to before me this 14 day of May, 1942.

(SEAL) Beurdell Curtis Notary Public, residing at Declo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

OCT 7 1959
AUG 2 1974
MAY 23 1975
MAY 23 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-202-042-249

346285

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346285
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Unknown
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Eden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mildred Maybelle Anderson

5. Date of Birth of Child (Month, day, year) Jan. 2-1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Anderson
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Clear Lake, Wisc. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Smith
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Dr Wilson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Anderson Signature

Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942

(SEAL) [illegible] Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-203-007-863

346311

346311

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346311
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same as Idaho

4. FULL NAME OF CHILD Violet Muriel Carpenter

5. Date of Birth of Child (Month, day, year) August 3 rd 1915

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Carpenter

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Kentucky (City or town) U.S.A. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Melvina Hollenbeck

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Ridlands (City or town) California (State or foreign country)

20. Exact Occupation Home work

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 26 years, and that Mrs Jennie Smith (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Carpenter Signature

142 - 4th St No. Nampa Ida P. O. Address

Subscribed and sworn to before me this 21 day of May, 19 .....

(SEAL) R. L. McCoy Notary Public, residing at Hailey Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mary E Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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754-106-019-866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346389
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Clayton
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: stayed at home
In Hosp. or Mat. Home ..... days.
In THIS county 33 years 1 months 23 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State WASH (b) County KING
(c) City BLACK DIAMOND
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.
(f) Mother's mailing address BLACK DIAMOND
3. RESIDENCE OF FATHER (city, state) WASH BLACK DIAMOND

4. FULL NAME OF CHILD Charles Vernon Pedrini
5. Date of Birth (Month, day, year) Oct 6. 1910
6. Sex MALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Pedrini
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Villa Di Ravenna Italy (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME KITTY MARIA HOWELL
17. Color or Race WHITE
18. Age at time of THIS birth ..... years
19. Birthplace CLIFTON IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 8
(c) Born alive and now dead 6 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 21 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, KITTY MARIA PEDRINI being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CHARLES VERNON PEDRINI (Name of person on certificate above) AS MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR KIRTLY (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kitty Maria Pedrini Name
Black Diamond, Wash. P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1942
(SEAL) Annetta B. Tonkin Notary Public, residing at Black Diamond

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be secured and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-203-003-264

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346429
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: **IN THIS** county years 5 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello Idaho

4. FULL NAME OF CHILD Florence May Pratt

5. Date of Birth of Child (Month, day, year) 1/31/15

6. Sex Girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Earl Jacques Pratt
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Road Master, U.P.R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe South
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Randolph (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Walla Walla }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ~~25~~ 27 years, and that Mrs. (First name) Woolsey (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phebe South Pratt Signature
533 N. 1st. Walla Walla Wash. P. O. Address

Subscribed and sworn to before me this 15th day of May, 19 42.

(SEAL) D J Bruggemeier Notary Public, residing at Walla Walla Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-120-039-235

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. None Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Aaron Gering

5. Date of Birth of Child (Month, day, year) Aug. 20, 1915

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul Gering
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Freeman, (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Steffen
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Russ-Poland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing, so far as known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Mina Creasey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul Gering Signature

Athol, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of May, 1942

(SEAL) Jas. A. Foster, Clerk Dist. Court By ____ Deputy Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary F. Feldon, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-117.035-863

346720

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. R. 1
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. R. 1
(e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac, Idaho

4. FULL NAME OF CHILD Raymond Willard Gamet

5. Date of Birth of Child (Month, day, year) May 17, 1915.

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd x **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilbur Burnside Gamet
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Buffalo (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louesa Minerva Yocum
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 27 years, and that Mrs. George Elliot (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Louesa Gamet Signature X
R. 1, Culdesac, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of May, 19 42

(SEAL) ____ Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-209-044-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 465 E.Main
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 5 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 465 E.Main
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Phyllis Smith

5. Date of Birth of Child (Month, day, year) April 9, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Rollin Smith
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Richland center, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Clerk in Bank
15. Industry or Business Mining Engineer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Gertrude Cope
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Music teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 9 a M. on the date (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Mabel Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cora E. Keithler Randleman R.N. M.D. ~~Midwife~~ Address 905 E Park St Weiser Ida Date 5-7-42

State of ..... ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by Mabel G. Eichen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

JUN 30 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-111-034-712

346731

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 43
Local Reg. No. 43
Reg. Dist. No. 450

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 5 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 8½ yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD FARREL THOMAS BLACK

5. Date of Birth of Child (Month, day, year) August 11, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Edward Black
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Morgan City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Plasterer

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavinia Mary Paskett
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Henefer (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Faye Hymas (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature E. H. Elmore M.D. Midwife Address Rupert, Idaho Date May 25, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by ..... Registrar.

The only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1973

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-212-022-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346745

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. one
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home [illegible] days.
In **THIS** county 6 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. one
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Ashton Idaho

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Irma Blanche Calonge

5. Date of Birth (Month, day, year) Aug. 13, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jay Calonge

11. Color or Race

12. Age at time of THIS birth 26 yrs.

13. Birthplace Athena (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Leola Hamlet

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Unionville (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Calonge (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 5-12-42

26. (a) MAY 22 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-109-028-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No. 2 Post Falls
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No. 2 Post Falls
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Robert Mark Thompson
5. Date of Birth of Child (Month, day, year) 11/9/1915
6. Sex M
7. Twin or Triplet other If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9 mo
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** Louis Mark Thompson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Indian Minn (City or town) (State or foreign country)
14. Exact Occupation Fruit Rancher
15. Industry or Business None

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lottie Irene Schnell
17. Color or Race Caucasian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Bittersville Penn (City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live born at 8 A.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Lottie Thompson who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Mary McC. McRodney M.D. ~~Midwife~~ Address Paulsen Bldg. Spokane Ohio State

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-206-023-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346828
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice): Emmett, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Helen June Crabtree

5. DATE OF BIRTH (Month, day, year) June 6, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Crabtree

11. Color or Race white

12. Age at time of THIS birth 49 yrs.

13. Birthplace Iowa
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wells

17. Color or Race white

18. Age at time of THIS birth 44 yrs.

19. Birthplace Iowa
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum agnus sol

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Helen Crabtree (First name) (Last name), who is related to this child as self. (Mother, etc.)

26. (a) JUN 1 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Burton O. Clark M.D. (D.O., Midwife, etc.)
and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 14 1947

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

263-217-013-238

346840

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346840
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Fairfield
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Fairfield
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hattie Bottcher

5. Date of Birth of Child (Month, day, year) June 17, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Fredrick Bottcher
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Barbara Schlotz
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Thornton, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Camas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Mrs. Gilsky (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Minnie Bottcher Signature

P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42

(SEAL) Tom Hokenson Notary Public, residing at Fairfield, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mary F Elder, Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/62-22 4.028-26b

346921

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Idaho

4. FULL NAME OF CHILD Eleanor Anne Moshinsky

5. Date of Birth of Child (Month, day, year) July 24, 1915

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Matt James Moshinsky
11. Color or Race white **12.** Age at time of THIS birth 28½ yrs.
13. Birthplace Fremont (City or town) Ohio (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Grace Swofford
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child ~~two~~. (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for since birth, and that DR. Max Dorland (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Grace Moshinsky Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-112-1006-264

346987

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD HOMER AUGUST WARD

5. Date of Birth of Child (Month, day, year) Dec. 12, 1915

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN LOGAN WARD
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Jackson County, N. Carolina (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business carpenter work

MOTHER OF CHILD

16. FULL MAIDEN NAME CLARA SOPHIA SOMMERCORN
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Merrill, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above and that personal particulars were furnished by Clara Sophia Ward (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature (none) whereabouts unknown M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Mrs. Gertrude Batway (First name) (Last name), who attended this birth whereabouts unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Sophia Ward Signature
Blackfoot, Idaho, P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42

(SEAL) [illegible] Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1972

JUN 2 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-129-028-554

347044

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347044
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. 464 HUBBARD ST.
(d) Name of Hospital or Maternity Home: AT OWN HOME
(e) Mother's stay BEFORE delivery: IN THIS county 9 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. 464 HUBBARD
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) SAME AS ABOVE

4. FULL NAME OF CHILD ROBERT RAYMOND OLSON

5. Date of Birth of Child (Month, day, year) OCT. 29, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME FRED AUGUSTUS OLSON
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace STOCKHOLM, (City or town) SWEDEN (State or foreign country)
14. Exact Occupation Lumber grader
15. Industry or Business LUMBER

MOTHER OF CHILD

16. FULL MAIDEN NAME HELEN ELLA NEUMAN
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace LA CROSSE, (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for LIFE ~~years~~, and that DR. JOHN BUSBY (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen E. Olson Signature
850 OAK ST. - SAN FRANCISCO, CAL. P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42

(SEAL) My commission expires Aug 10, 1943 — Walter Funk Notary Public, residing at 483 Valencia St. San Francisco Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-227-026-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347263
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson City Plano
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Plano
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Reva Jolley

5. Date of Birth of Child (Month, day, year) Apr. 27, 1915

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Jolley
11. Color or Race Wh.
12. Age at time of THIS birth 23 yrs.
13. Birthplace Tropic, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retha Butler
17. Color or Race Wh.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Escalante, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Mrs. Eliza Butler, midwife Address now deceased Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Mrs. Eliza Butler (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Retha Butler Jolley Signature
Retha Butler Jolley. R#3 Everett P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942

(SEAL) J. B. Beecroft Notary Public, residing at Everett, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1970

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-131-040-264

347494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur William Mickelson

5. Date of Birth of Child (Month, day, year) May 31, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matt Mickelson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Portom (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Wilhelmina Soderlund
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Munsala (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Mickelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Dr. Chas. Maury (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Mickelson Signature

P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942

(SEAL) M. Hiim Notary Public, residing at La Center, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-216-044-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City WEISER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 10 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City WEISER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CORA ETHEL BARBER

5. Date of Birth of Child (Month, day, year) 1/16/1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9)

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOE CLAUD BARBER
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace ELDORADO SPRINGS (City or town) MISSOURI (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business BRIDGE AND BUILDING

MOTHER OF CHILD

16. FULL MAIDEN NAME ~~THESSIE~~ TRESSIE B. McCONNELL
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace TOPEKA (City or town) INDIANA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of OREGON, County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that DR. (First name) DUDLEY (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs Tressie B. Barber Signature

1144 N.E. 76= Ave. PORTLAND OREGON P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) Eva Farris Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-916, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel Kessler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9- 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-103-018-355

347496

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years x months x days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Weippe, Ida.

4. FULL NAME OF CHILD Lloyd Everett McKinney

5. Date of Birth of Child (Month, day, year) Feb. 3rd. 1915

6. Sex male

7. Twin or Triplet x

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Burton McKinney
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Liberty (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business woods worker

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Dale Centers
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace x (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business home work

22. Name prophylactic used to prevent Ophthalmia Neonatorum x

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Martha Sarah Centers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. McKinney Signature
Weippe, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 19 42

(SEAL) ____ Notary Public, residing at Weippe, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1976

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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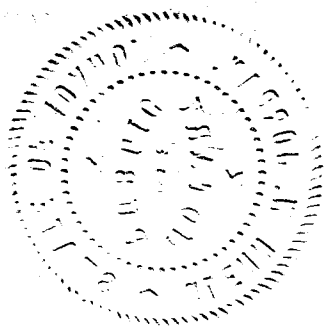

389-106-042-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347528
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls. (b) City Filer
(c) Street Address or R.F.D. No. R.F.D. # 6
(d) Name of Hospital or Maternity Home: Applicant's own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 38 years 2 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. R.F.D. # 6
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Filer, Idaho

4. FULL NAME OF CHILD Eugene Wade Chriswell

5. Date of Birth of Child (Month, day, year) 12-6-1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Nelson Chriswell
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace -- (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Francis Nancy Briggs
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum bichloride solution & silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 27 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Francis Nancy Chriswell Signature

..... P. O. Address

Subscribed and sworn to before me this 29th day of May, 19 42

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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553-206-003-255

347609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho

4. FULL NAME OF CHILD Naomi Nelson

5. Date of Birth of Child (Month, day, year) 6th June 1915

6. Sex Female 7. Twin or Triplet – If so—born 1st, 2nd, 3rd – 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum R. Nelson
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Bear River City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Loretta Bevins
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Hoper (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum –
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Dr. John (First name) Hubbard (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum R. Nelson Signature
Cleveland, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June 1942

(SEAL) Fred H. Anderson Notary Public, residing at Cleveland, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel F. Elsfers, Registrar.

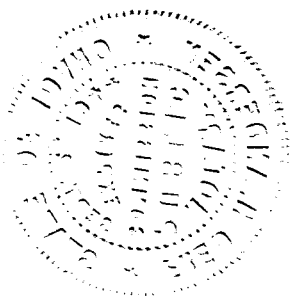
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-187-036-494

347610

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: at Home of Mother
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 11 years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Vean George Smith

5. Date of Birth of Child (Month, day, year) 12-7-15

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Alfred Smith
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Middleton
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Utah } ss.
County of Utah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 26 years, and that Mary Ann (First name) Reese (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza M Smith Signature

437 Debs Place, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL) Emma Warnick Notary Public, residing at Provo, Utah

My Commission Expires Sept. 1, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by ____, Registrar.

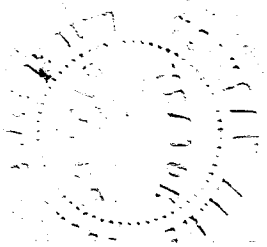
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-218-033-791

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg,
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mada Weber

5. Date of Birth of Child (Month, day, year) July 18, 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gottlieb Weber
11. Color or Race white **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Saratoff, (City or town) Russia (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Grassmick
17. Color or Race white **18.** Age at time of THIS birth 42 yrs.
19. Birthplace Saratoff, (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Gottlieb Weber (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 26 years, and that Mollie Weber (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gottlieb Weber Signature

Rexburg, Idaho, RFD #3 P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942.

(SEAL) [illegible] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: JUN 8 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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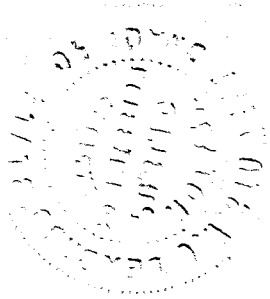


553-28-029-714

347642

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R 7 D 3
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R 7 D 3
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Eva Norene Nelson

5. Date of Birth of Child (Month, day, year) Feb 28 1915

6. Sex female. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Victor Leonard Nelson
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Canada (City or town) South Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amelia Paulson
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Bloming Prairie Minn. (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for all her life years, and that Mrs (First name) Swenson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Nelson Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42

(SEAL) L. Brooke Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 8 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 433-213-029-296

347697

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD Margaret Ethel McCown

5. Date of Birth of Child (Month, day, year) Sept. 13, 1915

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Louis Frank McCown
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Woodburn (City or town) Oregon (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Almeda Brown
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Chelan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 26 years, and that Dr. (First name) Harverson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Frank McCown Signature
Chelan, Washington P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 42

(SEAL) Lyle B. Higgins Notary Public, residing at Chelan, Washington

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by , Registrar.

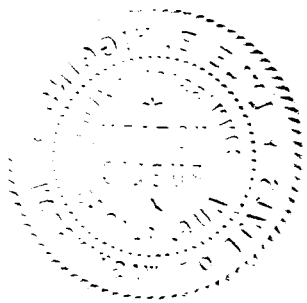
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-122-003-613

347713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Thatcher

(c) Street Address or R.F.D. No. Thatcher, Idaho

(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 2 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Thatcher

(d) Street Address or R.F.D. No. Thatcher, Idaho

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Thatcher, Idaho

4. FULL NAME OF CHILD Loren Elmo Sant

5. Date of Birth of Child (Month, day, year) 10-22-15

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elmer Sant

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Grover (City or town) Wyoming (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabell Walton

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Blue Valley (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 26 years, and that Dr. Ira Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

Isabell Sant Signature

309 - 8th ave. P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942

(SEAL) R. L. Evans Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mark Hellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

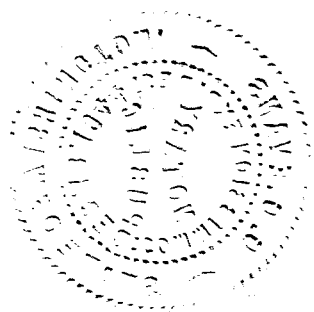
APR 25 1962

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-22-1142-867

347752

347752

United States Department of Commerce Bureau of the Census

JUN 11 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hansen
   (c) ~~Street~~ Address or R.F.D. ~~No.~~ No. 1
   (d) Name of Hospital or Maternity Home: ------
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3, months 7, days 16

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hansen
   (d) ~~Street~~ Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hansen, Idaho

4. **FULL NAME OF CHILD** Thora Annie McLean

5. Date of Birth of Child (Month, day, year) Dec. 22, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert McLean
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace West Weber, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Hogge
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace West Weber, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and that Dr. ? Woods (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Stanger Signature

General Delivery, Jerome, Idaho P.O. Address

Subscribed and sworn to before me this 9th day of June, 19 42

(SEAL) William G. Enstad Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Probate Judge & Ex-Offico Clerk

Received for filing on JUN 11 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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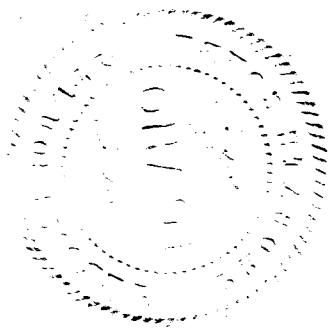

DELAYED

DUP001915-36004

319-19-020-712

347755

347755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 Mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fernando Larrondo

5. Date of Birth of Child (Month, day, year) 11/19/15

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hilario Larrondo
11. Color or Race Wh. **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Lujua (City or town) Spain (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Gastanaga
17. Color or Race Wh. **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Lujua (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/Stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that J. W. Davis M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maria Larrondo Signature
Rt. 2 Meridian Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 42

(SEAL) [signature] Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by [signature] Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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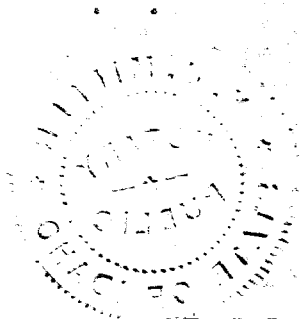

469-114-OP JUN 12 1942 366 347774

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347774
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Melba Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on dry farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Melba Ward
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Melba Idaho

4. FULL NAME OF CHILD James Earl Morgan

5. Date of Birth of Child (Month, day, year) Feb. 14-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Roland Morgan
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Idaho (State or foreign country)
14. Exact Occupation Dry Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Viola Cook.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lost Creek (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were ~~furnished by~~ Lillie Viola (First name) Morgan (Last name) ~~who~~ is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. T. Moss M.D. Midwife Address Ririe Idaho Date 6-8-42

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth (affidavit above) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John R. Morgan. Signature
Box 212 Jerome Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942.

(SEAL) William G. Conston Probate Judge ~~Notary Public~~, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Probate Judge & Ex-Officio Clerk Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

893-205-043-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347782
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Cascade, Idaho

4. FULL NAME OF CHILD Thelma Georgena Hillmon

5. Date of Birth of Child (Month, day, year) August 5, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George McDonald Hillmon
11. Color or Race American
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lyle, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Alicia Allen
17. Color or Race American
18. Age at time of THIS birth 19 yrs.
19. Birthplace Grover, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alicia (First name) Hill (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26-10-3 years, and that Dr. G. E. Noggle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Alicia Hillmon Hill Signature
Box 664, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942

(SEAL) M. D. Rimer Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-231-021-154

347886

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Banida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Banida
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Esther Florence Ericksen

5. Date of Birth of Child (Month, day, year) Dec. 31, 1915

6. Sex Fem. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Ericksen
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Haderup (City or town) Denmark (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M. Andersen
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Sonder Resen (City or town) Denmark (State or foreign country)
20. Exact Occupation housewife, post-mistress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Weber }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Hanna Unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Anna M. Ericksen Signature
603 So. 4th East St. Brigham, Utah P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL) J. E. Parker Notary Public, residing at Brigham, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel W. Nelson, Registrar.

OCT 7 1959

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-117.016-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347967
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Thomas Ira Poulton

5. Date of Birth of Child (Month, day, year) Dec. 17, 1915

6. Sex Male **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Arthur Poulton
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace Burley, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ellen Thomas
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Helensville, (City or town) New Zealand (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person ~~xxx~~ all his life and that Dr. John M. Minter (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ellen Thomas Poulton Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of June, 1942.
(SEAL) ____ Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 11 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-101-006-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347977
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blackfoot Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 0 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blackfoot " Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Orlie Francis Martinell

5. Date of Birth of Child (Month, day, year) June 1, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd No

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cecil Francis Martinell
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wentworth (City or town) So. Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Morgan Carson
17. Color or Race American
18. Age at time of THIS birth 26 yrs.
19. Birthplace Blackfoot Idaho (City or town) Iona City (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of San Bernardino }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 26 years, and that Dr. Cutler (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Morgan Carson Martinell Signature
657 N. 5th Street, Colton, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of June, 19 42

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-112-006-714

348107

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Woodrow Wilson Ameline

5. Date of Birth of Child (Month, day, year) May, 12, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Ameline
11. Color or Race French-Indian
12. Age at time of THIS birth 30 yrs.
13. Birthplace Augusta (City or town), Montana (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Pambrun
17. Color or Race French Indian
18. Age at time of THIS birth 21 yrs.
19. Birthplace Malta (City or town), Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Dr. Wheeler (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Rose Pambrun Ameline Signature
Choteau, Montana P. O. Address

Subscribed and sworn to before me this 10 day of June, 1942

(SEAL) Geo. A. Carroll Co. Clerk ~~Notary Public~~, residing at Choteau, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

By C. H. Baker, Deputy

Received for filing on JUN 16 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1975

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719 209 002 819

348198

348198

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348198
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADAMS (b) City NEW MEADOWS IDAHO
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADAMS
(c) City NEW MEADOWS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) NEW MEADOWS

4. FULL NAME OF CHILD ALDA RUTH PARKS

5. Date of Birth of Child (Month, day, year) 7-9-1915

6. Sex FEMALE **7.** Twin or Triplet NO If so—born 1st, 2nd, 3rd NO **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME CALVIN ERASTUS PARKS
11. Color or Race WHITE **12.** Age at time of THIS birth 36 yrs.
13. Birthplace WEISER (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business CATTLE

MOTHER OF CHILD

16. FULL MAIDEN NAME CORA MAY HARDIN
17. Color or Race WHITE **18.** Age at time of THIS birth 23 yrs.
19. Birthplace CRAWFORD (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business COOKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by CORA M PARKS (First name) (Last name) who is related to this child as MOTHER (Mother, etc.)

25. Attendant's X **OWN** signature M.D. / Midwife Address NEW MEADOWS Date 6-13-42

State of IDAHO } ss.
County of IDAHO }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 36 years, and that MARY HENDRICKS (First name) (Last name) who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Calvin Erastus Parks Signature
NEW MEADOWS IDA. P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942.

(SEAL)

John H. Clay Notary Public, residing at Riggins/IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Maud Fuller, Registrar.

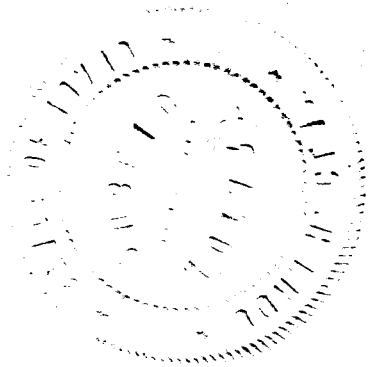
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-214 026 652

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348235
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No stamp for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lorenzo
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lorenzo
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Lorenzo RD 1

4. FULL NAME OF CHILD Doris Pierce (Pierce)

5. Date of Birth of Child (Month, day, year) June 14, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter W Pierce Pierce

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Lorenzo Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois West

17. Color or Race White

18. Age at time of THIS birth 2[illegible] yrs.

19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)

20. Exact Occupation Home urse

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was b alive (Born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Lois West Pierce (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature J. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date June 4th, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by [illegible] Registrar.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 107 032 335

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. ... one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

348449

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gordon Egbert Ballard

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth April 7, 1918 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rex Gordon Ballard	18. Full maiden name Mildred Cleveland
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race White | 12. Age at last birthday 27 (years)	20. Color or race White | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Michigan	22. Birthplace (city or place) (State or Country) Michigan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Fireman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 6	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (4) (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 9 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or ..... Midwife

Address Shoshone Idaho

Give name added from a supplemental report .....

(Date of) Mabel F. Elder
Registrar.

Filed JUN 18 1942, 193.....

Registrar.

JUN 2 2 1942

DELAYED

947-22-0040-752

348470

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: home or residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Mullan, Ida.

4. FULL NAME OF CHILD Hilda Saimi Imponen

5. Date of Birth of Child (Month, day, year) Mar. 20, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Imponen

11. Color or Race White-Finnish

12. Age at time of THIS birth 28 yrs.

13. Birthplace Calumet, Michigan (City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Margaret Pesola

17. Color or Race White-Finnish

18. Age at time of THIS birth 27 yrs.

19. Birthplace Oulu, Finland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Montana } ss.
County of Silver Bow }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Mrs. Raita (midwife) (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sophia Imponen Signature

702 E. Broadway, Butte, Montana P. O. Address

Subscribed and sworn to before me this 16th day of June, 1942

(SEAL) Ethel Anne Pesola Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) comm. expires 6/29/42

Received ~~for~~ filing on JUN 17 1942 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

JAN 2 2 2009

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-20 6004-918

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349646
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City So. Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home (own)
(e) Mother's stay BEFORE delivery: IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City So. Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) So. Montpelier, Idaho

4. FULL NAME OF CHILD Jean Bissegger

5. Date of Birth of Child (Month, day, year) May 6, 1915

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adolph Henry Bissegger
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Providence, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Elizabeth Raymond
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at ~~9 A~~ M. on the date and at the place stated above, and that personal particulars were furnished by ~~Lottie R. Bissegger~~ (First name) (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona } ss.
County of Maricopa }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that George F. Ashley, M.D. (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie R. Bissegger Signature

55 South Mesa Drive, Mesa, Arizona P. O. Address

NOTARY PUBLIC
MY COMMISSION EXP FEB. 10, 1945

Subscribed and sworn to before me this 15th day of June, 1942

(SEAL)

Notary Public, residing at Mesa, Arizona

(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary E. Lyons, Registrar.

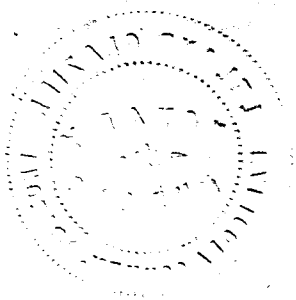
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613 225014 495

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 726 8th Ave. N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Lulu Esther Watts

5. Date of Birth of Child (Month, day, year) Aug. 25, 1915

6. Sex Female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Watts
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Transfer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Dressler
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Merrick County, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Mrs. Berry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frankie Dressler Watts Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42.

(SEAL) Helen F. Wunn Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 125014 495

349664

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 726 8th Ave. N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Lewis Dressler Watts

5. Date of Birth of Child (Month, day, year) Aug. 25, 1915

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Watts
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Transfer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Dressler
17. Color or Race white **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Merrick County, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Mrs. Berry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frankie Dressler Watts Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42

(SEAL) [illegible] Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462 213 003 392

349668

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Ida

4. FULL NAME OF CHILD Lydia Marguerite Moss

5. Date of Birth of Child (Month, day, year) October 13 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry Samuel Moss
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Portage, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabel Lish
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Albion, Utah (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 a M. on the date and at the place stated above, and that personal particulars were furnished by Lila Moss Weigle (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 25 years, and that Dr. (First name) Steely (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lila Moss Weigle Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942

(SEAL) Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 19 1942 by Mary Nelson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-105-024-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349674
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Liles Elmer Weech

5. Date of Birth of Child (Month, day, year) July-5- 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Joseph William Weech
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Soldier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hester Jane Miller
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Victor (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Joseph W. Weech (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's ✓ **OWN** signature Alice M. Parks, ~~M.D.~~ Midwife Address Hagerman, Idaho Date June-15-42

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Dr (First name) Pankboner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph W. Weech Signature
Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of June, 19 42

(SEAL) [signature] Notary Public, residing at Hagerman, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-122 040-342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349708
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 519 McKinley Ave.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 519 McKinley Ave.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Ida.

4. FULL NAME OF CHILD Jay Leland Kevern

5. Date of Birth of Child (Month, day, year) Nov. 22, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Kevern

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Nevada City (City or town) California (State or foreign country)

14. Exact Occupation Mining engineer

15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Bell Tuson

17. Color or Race White **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Winnepeg (City or town) Canada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT
to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Dr. George H. Kennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, 1937 Session Laws.

Edward Kevern
Signature

519 McKinley Ave., Kellogg, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL)

Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

FEB 2 1966
FEB 4 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-227-023 455

JUN 17 1942

349753

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 341
Local Reg. No. 6
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. R 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county since 1901 years months 5 days 5

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. R 1
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.
   (f) Mother's mailing address (For registration notice): Rt 1 - Emmett Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Jessie Lorene Smith

5. Date of Birth (Month, day, year) Dec 27-1925

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Willis Smith

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Murray (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business General farm work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Louisa Penney

17. Color or Race W.

18. Age at time of THIS birth 35 yrs.

19. Birthplace Salt Lake City Utah (City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business General house work

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10 a M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Jessie Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) 3-16-42 (Date received) (b) J. L. Reynolds (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** J. L. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Ida Date 3-16-42

DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello 2nd
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Utah

4. FULL NAME OF CHILD Lucile Davis

5. Date of Birth of Child (Month, day, year) 12-1-15

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Delbert Davis

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Lucile Mingo

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the First Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for entire life years, and that Dr. J. H. (First name) Hubbard (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae Bennett Signature
1049 1/2 West 101 st St., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942.

(SEAL) Mary A. Griffith Notary Public, residing at 8733 S. Vermont Av Los Angeles, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 22 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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349837

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN THIS county ....years ....month ....days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address McCammon, Ida.

3. RESIDENCE of FATHER (city, state) McCammon Ida.

4. FULL NAME OF CHILD Clyde Larsen Harris

5. Date of Birth (Month, day year) MAY 20 1915

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo M. Harris
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Woodruff - Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy L. Larsen
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ....(born alive, stillborn) at ....M. on the date and at the place stated above, and that personal particulars were furnished by ....(First name) (Last name), who is related to this child as ....(Mother, etc.)

26. (a) JUN 24 1942 (Date received) (b) ....(Registrar's signature)

27. Given name added on ....by ....(Registrar's signature)

25. Attendant's **OWN** signature ....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dorothy L. Harris, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clyde Larsen Harris (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Cooper (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dorothy L. Harris Signature
McCammon Idaho P. O. Address

Subscribed and sworn to before me on this 20 day of June 19 42

(SEAL) J. F. Whiting Notary Public, residing at McCammon

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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349841

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No. 3 mi East
(d) Name of Hospital or Maternity Home: on Farm
(e) Mother's stay BEFORE delivery: IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No. on Farm
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, on Farm

4. FULL NAME OF CHILD Kenneth Woodrow Weedin

5. Date of Birth of Child (Month, day, year) May 8, 1915

6. Sex Male

7. Twin or Triplet One only If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9 Mo's

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME LeLand Weedin

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace On Farm (City or town) Montana (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Anderson

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Rocky Comfort, Missouri (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lois Weedin Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ~~M.D.~~ Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. Ferguson (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois Weedin Anderson Signature
4123 SE 28 ave, Portland Ore. Address

Subscribed and sworn to before me this 19th day of June, 1942.

(SEAL) Rose E. Thompson Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Com Expires April 27, 1943

Received for filing on JUN 22 1942 by Mabel Miller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullen
(c) Street Address or R.F.D. No. Mullen P.O.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullen
(d) Street Address or R.F.D. No. Mullen P.O.
(e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. RESIDENCE OF FATHER (city, state) Mullen, Idaho

4. FULL NAME OF CHILD Verna Elina Sepanen

5. Date of Birth of Child (Month, day, year) June 26, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Sepanen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) Finland (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Elina Kangas
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Calumet Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elina, Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Dr. ~~Rach~~ Rolf (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elina Sepanen Signature
315 - 1st Ave No Renton Wash O. Address

Subscribed and sworn to before me this 23 day of June, 1942
(SEAL) Thomas Harries Notary Public, residing at Renton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel F. Edgers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755 227022 JU 345 350096 350096

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 10 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 4 6 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Ida.

4. FULL NAME OF CHILD Geneva Norene Gee

5. Date of Birth of Child (Month, day, year) Jan. 27 - 1914

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edgar L. Gee
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Soda (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Melissa Cunningham
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Lincoln Cache Co. Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 27 years, and that Christian L. Cunningham (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary M. Gee Signature

..... P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) H. A. Boyer Probate Judge Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary F. Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350134
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) [redacted] Idaho

4. **FULL NAME OF CHILD** Leo Jay Steinbach

5. Date of Birth of Child (Month, day, year) Aug. 3, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Steinbach
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salzburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Heath
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Noel (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 9 years, and that Mrs. Cooper (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Steinbach Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942.

(SEAL) O M Lanning Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Maud E Elder Registrar.

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City LEADORE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME RANCH
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City LEADORE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LEO LAVERNE VEZINA

5. Date of Birth of Child (Month, day, year) FEB-18-1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROCK VEZINA
11. Color or Race WHITE
12. Age at time of THIS birth 54 yrs.
13. Birthplace ST ESTRIP (City or town) CANADA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANGLA NAVARRO
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace FORT BENTON (City or town) MONT (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of LEMHI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 29 years, and that DR JOHN STORY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

LEADORE IDA. P. O. Address

Subscribed and sworn to before me this 24 day of June, 19 42

(SEAL) Mary V. Stark Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mary V. Stark, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 0 1945

MAR 1 6 1945

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350223

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Leadore, Idaho

4. FULL NAME OF CHILD VINCENT ADOLPH SWANSON

5. Date of Birth of Child (Month, day, year) June 23, 1915

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gustaf Oscar Swanson
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Stockholm (City or town), Sweeden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Hulda Josephine Peterson
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Stockholm (City or town), Sweeden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 27 years, and that Dr. C. F. Hanmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bernard A. Swanson Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 19 42.

(SEAL) ____ Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1966

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350234
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Blackpine
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Blackpine
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Paul Andrew Terry

5. Date of Birth of Child (Month, day, year) July 6, 1915

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul Andrew Terry
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Aiden (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Maud Woodx
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Bountiful, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Emma Maud Terry (Mother, etc.).

25. Attendant's OWN signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 27 years, and that Mrs. Shcwalters (Midwife) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grant W Terry Signature
10031 Bowman Ave. South Gate, Calif. P. O. Address

My Commission Expires May 3, 1945

Subscribed and sworn to before me this 22 day of June, 1942

Commissioner of Deeds [illegible] Sylvia E. Beckley Notary Public, residing at South Gate Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary Hughes, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mildred Evelyn Stubbs

5. Date of Birth of Child (Month, day, year) Apr. 6, 1915

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Stubbs
11. Color or Race white
12. Age at time of THIS birth 51 yrs.
13. Birthplace Texas (City or town) Michigan (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Annie Thomas
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Listerville (City or town), Ontario (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 27 years, and that June McCauley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fannie Stubbs Signature
PRINCETON IdAho P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942

(SEAL) J. J. Holland Notary Public, residing at BOVILL IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

my commission expires 7-1-43

Received for filing on JUN 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

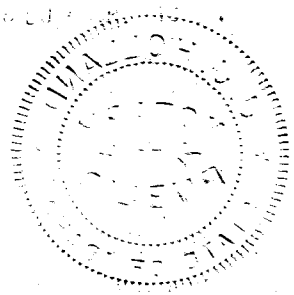
JUL 1 1942

JUL 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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350238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) AmericanFalls

4. FULL NAME OF CHILD Diamond Newman

5. Date of Birth of Child (Month, day, year) August 24, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Newman
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Merica Hall
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mercia (First name) Hall (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Siskiyou }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 27 years, and that Linda (First name) Tipton (Last name), who attended this birth Living Klamath Falls (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

mericaneuman Signature

Hilt, California 42 P. O. Address

Subscribed and sworn to before me this 23rd day of June, 19 42

(SEAL) Marvin Bradfield Notary Public, residing at Hilt, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350375

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemas (b) City
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemas
(c) City —
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Borral Idaho

4. FULL NAME OF CHILD Stanley Paul Wolfe

5. Date of Birth of Child (Month, day, year) Oct 17-1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edwin Claude Wolfe

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Viola, Idaho. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Madie Lois

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Mountain Lop Ark. (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE Stanley Paul Wolfe.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 10 M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Baucher (First name) (Last name); who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Elsie Bauchen M.D. Midwife Address Date

State of Idaho } ss.
County of Lemas }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 26 years, and that Stanley Paul Wolfe (First name) (Last name), who attended this birth Oct. 17, 1915 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Bauchen Signature

Fairfield Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June Probate Judge 19 42.

(SEAL) Margaret S. Fiesler Notary Public, residing at Fairfield Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary Fiesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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254-22-043169

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350376
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County valley
(c) City Cascade
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? Four yrs.

3. **RESIDENCE OF FATHER** (city, state) Cascade, Idaho

4. **FULL NAME OF CHILD** Elva Catherine Knudsen

5. Date of Birth of Child (Month, day, year) Sept. 22, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Rasmus Knudsen
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace AAstrup (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Jorgine Jorgensen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Knudsbol, (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at seven A. M. on the date and at the place stated above, and that personal particulars were furnished by Anne Knudsen (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that Dr. (First name) Nogel (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anne Jorgine Knudsen Signature

Route 3 Nampa Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942

(SEAL) Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-21-7006-492

350377

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350377
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4+ yrs.
(f) Mother's mailing address Shelley, Idaho

3. RESIDENCE of FATHER (city, state) Shelley Ida

4. FULL NAME OF CHILD Arliene Lephie Stuart

5. Date of Birth (Month, day year) May 17-1915

6. Sex female **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** ~~Legitimate~~?

FATHER OF CHILD

10. FULL NAME Oliver Louis Stuart

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Minneapolis (City or town) Kansas (State or foreign country)

14. Exact Occupation Truck Driver

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lephie Pauline Disney

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Delphos (City or town) Kansas (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 1 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of } ss.
County of }

I, Oliver Louis Stuart, being first duly sworn, say that I am related to (Related to (or) acquainted with) Arliene Lephie Stuart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Roberts (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Oliver Louis Stuart Signature
Bakersfield Gunkel, Calif. P. O. Address

Subscribed and sworn to before me on this 20th day of February, 1942

(SEAL) E. C. Clark Notary Public, residing at Bakersfield California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup 2 1915-37167

695-211-042944

350379

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 2nd Ave East
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 2nd Ave East
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Irma Marjorie Finch

5. Date of Birth of Child (Month, day, year) 3/11/15

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Grundy Finch
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Carmi, Illinois (City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business Twin Falls Groc. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Bernis Rudolph
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Carmi, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Dr. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Bernis Finch Signature
1829 Tassajara Rd. El Cerrito P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) Martin [illegible] Notary Public, residing at Concord, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

817 114 022 743

350421

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 30 days.
In **THIS** county years 2 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Nevada (b) County Lincoln
(c) City Alamo.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice): Mrs Wm Hagbery, Alamo, Nevada
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Alamo, Nevada

4. **FULL NAME OF CHILD** Ernest Loren Hagbery
5. Date of Birth (Month, day, year) Oct 14 1915
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hagbery
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or Town) Iowa (State or foreign country)
14. Exact Occupation Rancher & Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Vieve Putney
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Ellsworth (City or Town) Nebraska (State or foreign country)
20. Exact Occupation Housewife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living
(c) Born alive and now dead 1 ~~(d) Stillborn~~ died February 24-1939.-age 23 yrs-4 mo. 10 da.
the above child

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Hagbery (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 9 1942 (Date received) (b) Maud F Elder (Registrar's signature)

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** E L Chargis M.D. (D.O., Midwife, etc.)
and address Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

JUL 9 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-228. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

528-101-018-219

350467

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Fraser, Idaho

4. FULL NAME OF CHILD Myrl Stanton Eby

5. Date of Birth of Child (Month, day, year) Oct. 1, 1915

6. Sex male **7.** Twin or Triplet – If so—born 1st, 2nd, 3rd – **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles L. Eby
11. Color or Race white **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Marion County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie A. Barrows
17. Color or Race white **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Blakesburgh, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business self

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Charles L. Eby (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 26 years, and that Mrs. Fannie Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Eby Signature

Pack, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 42.

(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x 469-114026 399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350560
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby Idaho

4. FULL NAME OF CHILD Herbert Charles Morrison

5. Date of Birth of Child (Month, day, year) April 14. 1915

6. Sex male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles William Morrison
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace (City or town) Pa. (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business Attorney at Law

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Goldie Crissman
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Ipswich So. Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child [redacted]

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] 10:30 [redacted] on the date and at the place stated above, and that personal particulars were furnished [redacted] Crissman Morrison, who is related to this child as Mother (Mother, etc.) (Last name)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby Idaho Date July 1st 1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 26 years, and that Dr. H. A. Anderson (First name) (Last name), who attended this [redacted] (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Goldie Morrison Signature
550 2nd ave No. Twin Falls Ida. P. O. Address

Subscribed and sworn to before me this 13 day of Dec, 1941.

(SEAL) Russ M. Weeks Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, and by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the next of kin or guardian, or some person having direct knowledge in the premises.

213-210041918

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350561

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Teton (b) City Driggs Idaho

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Teton

(c) City Driggs

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Annalie Agnes Bacon

5. Date of Birth of Child (Month, day, year) June 10 1915

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wash Bacon

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Southwest City Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Bessie Raybourn

17. Color or Race white

18. Age at time of THIS birth 22 yrs.

19. Birthplace Clinton Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

X Myrtle Bessie Douglas Signature

P. O. Address

Subscribed and sworn to before me this 28 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1975

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-218-019-689

350714

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Chilly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Chilly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bernice Coates

5. Date of Birth of Child (Month, day, year) Feb. 18, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Albert Coates

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ovanda White

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Morémi (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Custer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Dr. Mason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ovanda Coates Signature

Chilly, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of June, 1942

(SEAL) [illegible] Notary Public, residing at Malad, Idaho

My Commission Expires Aug. 1, 1942

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

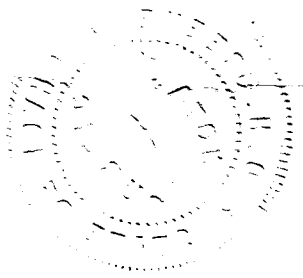
JUL 2 2 1969

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-10-04-14-363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Wheeler Calvin Linder

5. Date of Birth of Child (Month, day, year) December, 1, 1915

6. Sex Male

7. Twin or Triplet (single) If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Linder
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Sylvian Grove, (City or town) Kansas (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Florence Collinsworth
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lucas, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 26 years, and that Physician (Avey) (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Charles Linder Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of July, 19 42

(SEAL) ____ Notary Public, residing at New Plymouth Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-202-010 & 59

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350768
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Virginia Louise Kramer

5. Date of Birth of Child (Month, day, year) Nov. 2, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adolph Kramer
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Herr
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Wishek (City or town) North Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Christina Kramer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Christina Krein Midwife Address American Falls, Idaho Date June 29 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Montana
County of Missoula } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Christina Krein (First name) (Last name), who attended this birth is at American Falls (Is now deceased) or (Cannot be located) I further state that Idaho the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Herr Kramer Signature

Lolo, Montana P. O. Address

Subscribed and sworn to before me this 26th day of June, 19 42

(SEAL) Janet E. Altman Notary Public, residing at Missoula, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-17-00-349

350799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Don't Remember
(d) Name of Hospital or Maternity Home: At own Home
(e) Mother's stay BEFORE delivery: IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. Don't Remember
(e) How long has MOTHER lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD Dean Turner Campbell

5. Date of Birth of Child (Month, day, year) Nov. 17, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Morris Banajiah Campbell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Althara Turner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lago, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that Mary Anu Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 193? Session Laws.

Amy Althara Phillips Signature

418 West 18th, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July, A. D. 42

(SEAL) William S. Holden Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by Mary F. Holden, Registrar.

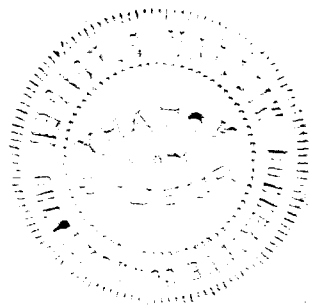
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



134-101-001-199 350820 350820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 307 East Bannock St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 307 E. Bannock
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Fermin Joe Aldecoa

5. Date of Birth of Child (Month, day, year) July 1, 1915

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Marcelino Aldecoa
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ea (City or town) Spain (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anastasia Arriandiaga
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Elanchove (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anastasia Aldecoa Signature
617 Fort Street P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942

(SEAL) [signature] Notary Public, residing at Boise, Idaho
MY COMMISSION EXPIRES JANUARY 24 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by [signature], Registrar.

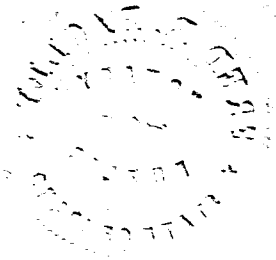
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-214-039-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350939
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American
(c) Street Address or R.F.D. No. Falls
(d) Name of Hospital or Maternity Home: Apartment house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ascaria
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie Elizabeth Wilber

5. Date of Birth of Child (Month, day, year) Feb. 14, 1915

6. Sex

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Earl Wilber
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ottawa (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Grace Lee
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lane (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of El Paso } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person since birth years, and that the doctor (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Grace Wilber Signature
327 E. Bijou Colorado Springs Colo. P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942

(SEAL) Irene Martin Notary Public, residing at Colo Springs Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires January 8-1944

Received for filing on JUL 14 1942 by Mabel F. Elzar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 4 1942

JUN 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-208-001-219

350965

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1307 n.13th.St.
(d) Name of Hospital or Maternity Home: 1307 N. 13th. St.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 6 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1307 N. 13th.st
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE? IDAHO

4. FULL NAME OF CHILD BARBARA ELIZABETH CALLARD

5. Date of Birth of Child (Month, day, year) JUNE, 8, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES BERESFORD CALLARD
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LONDON? (City or town) ONTARIO, CANADA (State or foreign country)
14. Exact Occupation PHYSICIAN
15. Industry or Business Practice of Medicine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABELL SPAULDING BARBER
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace FRANKLIN, (City or town) NEBRASKA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% SILVER NITRATE

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of FLORIDA
County of ESCAMBIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that (Dr.) WILLIAM (First name) TUKEY, M.D. (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Mabell Spaulding Callard Signature
(Ft. Barrancas, Fla.) (Mrs.) Barber P. O. Address

Subscribed and sworn to before me this 10 day of July 1942

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES APR. 2, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

JUL 13 1942

Received for filing on ..... by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

APR 26 1944

APR 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

21-214-035-785

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351018
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 334-6th Street
(e) How long has **MOTHER** lived in Idaho? 2Yrs 5 Mo
3. RESIDENCE OF FATHER (city, state) Lewiston Idaho

4. FULL NAME OF CHILD Catherine Sarah Bauman
5. Date of Birth of Child (Month, day, year) May 19th 1915
6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eugene Joseph Bauman
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Minneapolis Minnesota (City or town) (State or foreign country)
14. Exact Occupation Owner-Lewiston Furniture Co
15. Industry or Business Retail Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Marion Phernetton
17. Color or Race White **18.** Age at time of THIS birth 38 yrs.
19. Birthplace Knapp Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8.04 A M. on the date and at the place stated above and that personal particulars were furnished by Eugene Joseph Bauman (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature E. L. White M.D. ~~Midwife~~ Address Lewiston Idaho Date 7/7/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel Hughes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-127-025-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351033
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County [redacted] (b) City Glenwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 8 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Glenwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in [redacted]? 5 yrs.

3. RESIDENCE OF FATHER (city, state) [redacted] Ida

4. FULL NAME OF CHILD Harold Arthur Harris

5. Date of Birth of Child (Month, day, year) April 27 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Thomas Harris
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Estelle Anna Williams
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Pleasant Hill (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that Matilda Harris (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred T. Harris Signature

Santa Idaho P. O. Address

Subscribed and sworn to before me this 11 day of July, 19 42

(SEAL) W. Wade Wilson Notary Public, residing at Tensed

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-210-205-691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351036
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No. *****
(d) Name of Hospital or Maternity Home: **********
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years * months * days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. *********
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Minnesota.

4. FULL NAME OF CHILD Bertha Inez Bell

5. Date of Birth of Child (Month, day, year) Dec. 10, 1915

6. Sex Female

7. Twin or Triplet ** ** If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Jasper Norman Bell
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Minnesota. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cathren S. Frasur
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Madock (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 26 years, and that no attendant (First name) (Last name), who attended this birth — — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cathren S Bell Signature
404 Dorsey Seattle Wash P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL) Gladys S. Moore Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel F. Elsfer, Registrar.

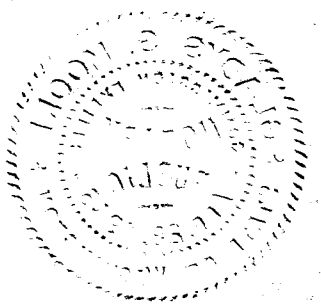
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



859-128-OA-695

351046

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born in our own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Eagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Donavan Yergenson

5. Date of Birth of Child (Month, day, year) Nov. 28. 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William K. Yergenson

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Sweet (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming & Plastering

15. Industry or Business Plasterer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Rosella Finchen

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Right (City or town) Co. Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie (First name) Thomas (Last name), who is related to this child as Attendant (Mother, etc.)

25. Attendant's **OWN** signature Lillie Thomas M.D. Midwife ✓ Address Payette Ida Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Lillie (First name) Thomas (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Yergenson E. Shrader Signature

Cambridge Idaho P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942

(SEAL) Captain William Notary Public, residing at Cambridge Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Mabel Fredson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1974

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-106-029-695

351185

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 405 College avenue
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 405 College ave.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Joseph Olsen

5. Date of Birth of Child (Month, day, year) April 6, 1915

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Olaf Walter Olsen
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Vaage (City or town), Hedalen (State or foreign country), Norway
14. Exact Occupation Lumber Mill — Millwright
15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Katrina Winter
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Nora (City or town), South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 27 years, and that Dr. Joseph Aspnes (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Smith Signature
405 College ave. Moscow Idaho P. O. Address

Subscribed and sworn to before me this 14th day of July 1942

(SEAL)

Marian Nelson Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 15 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1972

JUL 17

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where ~~the birth of a child~~ born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-109-035-531

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Ruebens
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Ruebens
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Glenn Garnard Engle

5. Date of Birth of Child (Month, day, year) Jan. 9, 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Alfred Lafette Engle
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Bonaparte (City or town) Iowa (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Aletha Alexander
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Bonaparte (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Garnard Garnard (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie A. Engle Signature
W. 8 Galaxy Ave. Spokane, Wn. Address

Subscribed and sworn to before me this 10 day of July, 1942

(SEAL) Notary Public, residing at Spokane Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-203-139-251

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351232
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county five years 6 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R F D
(e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Josephine Nathala Walton

5. Date of Birth of Child (Month, day, year) Oct 3. 1916

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Samuel Walton
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Elizabeth Sears Walton
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3.30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mildred E Walton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address American Falls Date July 11th 1942

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Dr. Logan (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Elizabeth Walton Signature

711, 5th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of July, 1942.

(SEAL) Paul J. French Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-20-04-867

351234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No. Lorenzo, Ida.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Tetonia, Ida

4. FULL NAME OF CHILD Ray Stewart

5. Date of Birth of Child (Month, day, year) 2/20/1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Thompson Stewart
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennett Hopkins
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 27 years, and that Mellisa G. Homer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennett Stewart Signature

Lorenzo, Idaho R# 1 P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42

(SEAL) [illegible] Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245 12 1041 263

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: attending physic. Dr. Jacoby and nurse
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho

4. FULL NAME OF CHILD Willard Ezra Kunz

5. Date of Birth of Child (Month, day, year) Jan. 21 1915

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Milford Nephi Kunz

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Bern (City or town) Idaho (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Anna Friedo Kochinke

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Berlin (City or town) Germany (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Teton }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Dr. Jacoby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzy K. Kunz Signature
Victor, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of July, 19 42

(SEAL) Shelley H. Hatch Notary Public, residing at Driggs, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mabel Nielsen, Registrar.

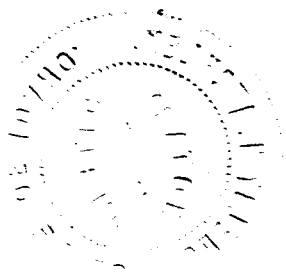
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955 20th Ave 763

352424

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 4
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Highland & Cole.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   2634 NE Columbia Blv'd, Portland, Oregon.
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leila Robertie Reedy

5. **DATE OF BIRTH** (Month, day, year) 10-4-1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilbiam Mahone Reedy

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace Va. (City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Ellen Poteet

17. Color or Race W.

18. Age at time of THIS birth 24 yrs.

19. Birthplace Jonesville Va. (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ---------- M. on the date

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is

related to this child as ..... (Mother, etc.)

JUL 20 1942

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mary A. Callaway M.D. (D.O., Midwife, etc.)

and address Boise, Idaho Date 7-17-1912

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 84

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

249-12-022-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352436
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Merlin Earl Smith

5. Date of Birth of Child (Month, day, year) March 21, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Earl Smith
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Escalante (City or town) Utah (State or foreign country)
14. Exact Occupation Construction Worker
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Naomi Green
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive or stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Earl (First name) Smith (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Harris M.D. Midwife Address Ashton Idaho Date 7-15-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that E. L. HARRIS (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo Earl Smith Signature
5238 Sylmar Ave, Van Nuys, Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL) Mildred L. Griffith Notary Public, residing at Van Nuys, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [illegible], Registrar.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

95 206 022 597

352461

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Ida.

4. **FULL NAME OF CHILD** Gladys Marie Reed

5. Date of Birth of Child (Month, day, year) Dec 6 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank W. Reed
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) Aberdeen (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Jemmi Erpenbach
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Livingston (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 2 3 years of age, that I have known this person for 2 7 years, and that Dr. F E. Boucher (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Agnes Reed Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 20 day of July, 19 42

(SEAL) Paul A Stone Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1942 by Mabel Fielden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

MAY 9 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 103021 152

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352486
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fraklin (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Mink Creek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Russell Hans Nelson

5. Date of Birth of Child (Month, day, year) Dec 3, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oscar F. Nelson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Mink Creek Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hedvig G.N. Jespersen
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Copenhagen Denmark (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Oscar F Nelson (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Hannah Keller M.D. Midwife Address MINK CREEK Date 7-18-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Mabel H. Keller, Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-120011-235

352508

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BOUNDARY (b) City BONNERS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1506 17th Ave.
(e) How long has **MOTHER** lived in Idaho? 27 years yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD ROBERT ERNEST DOUGLASS

5. Date of Birth of Child (Month, day, year) August 20, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME MAURICE ROGER DOUGLASS
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace New York (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ETHEL ROSE STEVENS
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE Information not available

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 26 years, and that Attendant (First name) unknown (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Bull Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) Lee McCarty Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 22 1942 by Mabel H. Taylor Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

655-23-022 268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352682
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: Fremont
(a) County ~~yellowstone~~ (b) City ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home none Days
In THIS county years 12 months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County ~~yellowstone~~ Fremont
(c) City ashton
(d) Street Address or R.F.D. No. Gen. Del.
~~(e) How long has MOTHER lived in Idaho?~~ 44 yrs.
(f) Mother's mailing address (For registration notice): General Del. (Street or R.F.D.) ashton (Postoffice)

3. RESIDENCE OF FATHER (city, state) ashton, Idaho

4. FULL NAME OF CHILD Grace Evelene Wendel

5. DATE OF BIRTH (Month, day, year) October 31-1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Wendel

11. Color or Race white

12. Age at time of THIS birth 45 yrs.

13. Birthplace Watertown, Wisconsin (City or Town) (State or foreign country)

14. Exact Occupation Jeweler

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie May Boyes

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Lincoln city, Colorado (City or Town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7
(c) Born alive and now dead none (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:30 P M. on the date and at the place stated above, and that personal particulars were furnished by Nettie (First name) Wendel (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 24 1942 (Date received) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 7-6-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 3 0 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

369-22-4030 892

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352738
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Shoup
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Shoup
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Shoup, Idaho

4. FULL NAME OF CHILD Flora May Twining

5. Date of Birth of Child (Month, day, year) Feb. 24, 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charlie Twining
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace -- (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Della May Hibbs
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Gibbonsville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Mary Ann (First name) Hibbs (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della May Stauffenberg Signature
Salmon, Idaho P.O. Address

Subscribed and sworn to before me this 16th day of July, 19 42

(SEAL) W. W. Simmonds, Clerk of the District Court in and for Lemhi County, Idaho By Clover Edwards Deputy

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-912, Idaho Code Annotated)

Received for filing on JUL 20 1942 by Maud Fielden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1942

JUN 26 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352755
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benawah (b) City Plummer
   (c) Street Address or R.F.D. No. (Gen. Delivery)
   (d) Name of Hospital or Maternity Home: Own Home.
   (e) Mother's stay BEFORE delivery: IN THIS county years 1 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Plummer
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has MOTHER lived in Idaho? 7 weeks yrs.

3. **RESIDENCE OF FATHER** (city, state) Plummer, Idaho

4. **FULL NAME OF CHILD** Buster Ernest Marsh

5. Date of Birth of Child (Month, day, year) 12, 20, 1915.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Bartlet Marsh
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City Rodney, Michigan (State or foreign country))
14. Exact Occupation Teamster & Foreman
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Emily Tracy
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Roscommon, Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon } ss.
County of Linn }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for almost 27 years, and that Mrs. Cora Marsh (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Marsh Signature

Crawfordsville, Oregon. P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission Expires June 2, 1943

Subscribed and sworn to before me this JUL 25 1942 day of , 19

(SEAL)

Notary Public, residing at Albany Or

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

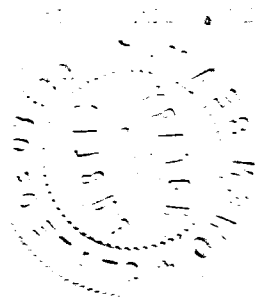
JUL 3 0 1942

APR 1 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893120025-599 address Winona Idaho

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352760

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: U S C. **IN THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Joseph
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Joseph Ida

4. **FULL NAME OF CHILD** Raymond Leo Hill

5. Date of Birth of Child (Month, day, year) June 20 1918

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cleveland Hill

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Eugene Oregon USA
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara May Winegeart

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Emporia Kansas U.S.A
(City or town) (State or foreign country)

20. Exact Occupation Home maker

21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Frances Cleveland Hill (First name) (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Lena Wilson M.D. ~~Midwife~~ Address Joseph Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 27 years, and that Frances Wilson (First name) (Last name), who attended this birth as now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Brewer Cleveland Hill Signature

Enterprise Idaho P. O. Address

Subscribed and sworn to before me this 26 day of July, 1942

(SEAL) Ella Mintz Notary Public, residing at Baker Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel Hyde, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 30 1942

MAR 10 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-230 039 238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Rockland, Idaho

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 352761

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* Cora Elizabeth Cotant

3. Sex Female

If plural births 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term X

7. Legitimate? Yes

8. Date of birth June 30, 1915 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Ben B. Cotant	18. Full maiden name Pauline Schieve
10. Residence (usual place of abode) (If non-resident, give place and State) Rockland, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Rockland, Ida.
11. Color or race white 12. Age at last birthday 36 (years)	20. Color or race white 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Algona, Iowa	22. Birthplace (city or place) (State or country) Tendall, So. Dak.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer engineer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 a. m. on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) V G Logan, M. D.

or _____, Midwife

Address American Falls, Idaho

Filed [illegible] 1942, 193[illegible] [illegible] *Registrar.*

JUL 2 9 1942

DELAYED

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352848

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or ~~R.F.D.~~ No. 550 - 3rd Ave West
(d) Name of Hospital or Maternity Home: At 550 - 3rd ave West
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 5 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or ~~R.F.D.~~ No. 550 - 3rd west
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida.

4. FULL NAME OF CHILD Martha Leona Rozell

5. Date of Birth of Child (Month, day, year) April 6, 1916

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sherman E Rozell
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Waterville (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Maud Warfel
17. Color or Race White **18.** Age at time of THIS birth 40 yrs.
19. Birthplace New Castle (City or town) Penna. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10.30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sherman E. Rozell (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 27 years, and that H W (First name) Clouchek (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sherman E. Rozell Signature
719, 3rd ave north P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL)

Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on July 28th 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352864
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 360 Basalt St.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 360 Basalt St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ida. Falls, Ida.

4. **FULL NAME OF CHILD** Erma Bertha Anderson

5. Date of Birth of Child (Month, day, year) Nov. 6, 1915

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** C. Fred Anderson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Argyle (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frank R. Anderson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Humboldt, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Dr. T. C. Hollister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank R. Anderson Signature

360 Basalt St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

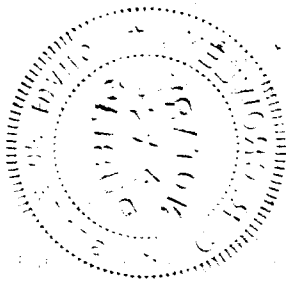
JUL 31 1942

APR 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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353024

353024

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: G.A.Cooper Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home 14 days.
   IN **THIS** county 4 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.
   (f) Mother's mailing address McCammon Ida.

3. **RESIDENCE of FATHER** (city, state) McCammon,

4. **FULL NAME OF CHILD** Benjamin Austin Jacobs

5. Date of Birth (Month, day year) 9-13-15

6. Sex M.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Earl Jacobs
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Delta Iowa (City or town) (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jean Evans
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace Malad Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) AUG 10 1942 (Date received) (b) Mary F. Snider (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jean Evans Jacoby McCoy, being first duly sworn say that I am related to (Related to (or) acquainted with) Benjamin Austin Jacobs (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. A. Cooper (Name of attendant at birth), who attended said birth, is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Jean Evans Jacoby McCoy Signature
Wendell Idaho. R. F. D. Address

Subscribed and sworn to before me on this 6th day of August, 1942

(SEAL) Jack McEachran Notary Public, residing at Spokane, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

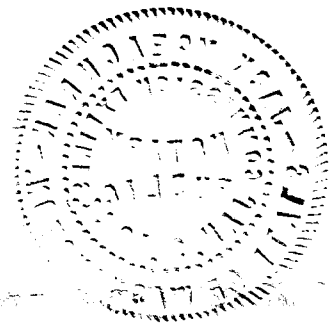
MAR 25 2011

AUG 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



FILE # 353070

YEAR 1915

IDAHO BIRTH CERTIFICATE

☒ DELAYED CERTIFICATE

☒ VOID DUP OF 1915-35556

696-223-003914

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353132
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City POCATELLO
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: GENERAL HOSPITAL
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City POCATELLO
   (d) Street Address or R.F.D. No. CENTER ST.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** MARY PHYLLIS FROST OCT. 23RD
5. Date of Birth of Child (Month, day, year) 1915
6. Sex
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PATRICK J. FROST
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace DES MOINES, IOWA (City or town) (State or foreign country)
14. Exact Occupation CLERK
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOSEPHINE RAMIREZ
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace SANTA BARBARA, CALIF. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 26 years, and that DOCTER WRIGHT (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Patrick J. Frost Signature

1036 59TH ST. OAKLAND, CALIFORNIA P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL)

A. M. Tyrrell Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-910, Idaho Code Annotated)

Received for filing on AUG 3 1942 by Mary [illegible], Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 363-108 039-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353220

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Rural
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Manford Ernest Cochran

5. Date of Birth of Child (Month, day, year) Feb. 8, 1915

6. Sex male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gilbert Lester Cochran
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Francise Smith
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Maggie Cochran (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Gridley, Calif Date July, 31, 1942

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Mrs Geo. Billingsley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie F Cochran Signature

Gridley, Calif. Rt. 1. P. O. Address

Subscribed and sworn to before me this 31st day of July, 19 42

(SEAL) Leona B Chase Notary Public, residing at Gridley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mabel Keeler, Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-210-005-219

353302

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. Govt. Town Site
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Id

4. FULL NAME OF CHILD Beulah Mae Carter ([redacted])

5. Date of Birth of Child (Month, day, year) April 10, 1945

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee E Carter
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Cheboygan (City or town) Michigan (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business in Lumber Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae E Barcklay
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sault St Marie (City or town) Michigan (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A M M. on the date and at the place stated above, and that personal particulars were furnished by LEE (First name) CARTER (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. ~~Midwife~~ Address St Maries Idaho Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Dr Cornwall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Carter Signature

Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Emma Carter Notary Public, residing at Sandpoint Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1971

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699 · 204 014 - 791

353348

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa

(c) Street Address or R.F.D. No. Indian Creek

(d) Name of Hospital or Maternity Home: Born at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Boise

(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Irene Frier

5. Date of Birth of Child (Month, day, year) March 4, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Frier

11. Color or Race Red

12. Age at time of THIS birth 27 yrs.

13. Birthplace New York City, N. Y. (City or town) (State or foreign country)

14. Exact Occupation Herbalist

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Gray

17. Color or Race Red

18. Age at time of THIS birth 19 yrs.

19. Birthplace Decatur (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Frier (Last name), who is related to this child as Mother (Mother, etc.)

WITNESS HER MARK Jacqueline Martens

Lillian S. Martens

25. Attendant's **OWN** signature Ada Frier (R.N.) M.D. Midwife Address Date

State of Wisconsin } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Louise (First name) Briar (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

WITNESS HER MARK Jacqueline Martens

Lillian S. Martens

Ada Frier (R.N.) Signature

Box 22, Merrill, Wis. P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 42

(SEAL) Lillian S. Martens Notary Public, residing at Merrill, Wis.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1942 by Mabel Wilson, Registrar.

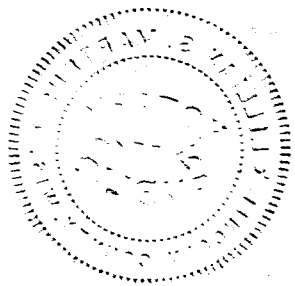
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

AUG 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



355-210 007-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353436
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Spring Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City few miles from Bellevue
(d) Street Address or R.F.D. No. Spring Creek
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Rose Lucille Lee
5. Date of Birth of Child (Month, day, year) Nov. 10, 1915.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Joe Lee
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Picabo, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business Operated ranch.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Bowman
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Bellevue, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 27 years, and that Mrs A Donnelly (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Era Ault Signature
1330 W. 11th ST Los Angeles Calif P. O. Address

Subscribed and sworn to before me this 8th day of August, 1942.

My Commission Expires May 14th 1946

Ida M. Tifer Notary Public, residing at Los Angeles California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295 130 007 659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353480
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Idaho

4. FULL NAME OF CHILD William Edward Kinrade Jr.

5. Date of Birth of Child (Month, day, year) Sept. 30. 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Edward Kinrade Sr
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dalton in Furness England (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Werry
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Sharone Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Mother~~ aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ~~[illegible]~~ 27 years, and that Mrs. Stitts (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie M. Wright Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942
(SEAL) Conroy Gillespie Notary Public, residing at Bellevue, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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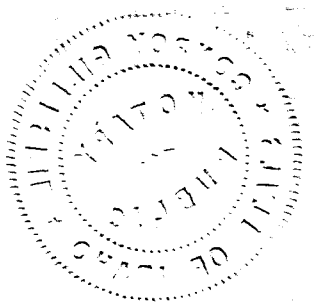

154 731 021-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353496**
Local Reg. No. b
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Ida.

4. FULL NAME OF CHILD Ingar Nielsen Andersen

5. Date of Birth of Child (Month, day, year) Oct 31, 1915

6. Sex Male **7.** Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy Full time **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Bernhard Adolph Andersen
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Randers, Denmark (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nielsena Christine Nielsen
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Randers, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number ~~of children~~ of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Nielsena Andersen (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature G. W. Slates M.D. ~~Midwife~~ Address Preston Idaho Date 7/30/1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 8-8-1942 AUG 12 1942 by Effie M. Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dep of 1915 339f/

DELAYED

753-108-228-893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. 326 Lincoln St.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Montana (b) County Glacier
(c) City Cut Bank
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? from 1902 - 1913 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cut Bank, Mont.

4. **FULL NAME OF CHILD** Raymond Curtis Peterson

5. Date of Birth of Child (Month, day, year) July 8, 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl William Peterson
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Christine Hill
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Glacier } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35-6 years of age, that I have known this person for 27 years, and that Dr J C Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma C. Peterson Signature

Cut Bank, Montana (Bx 295) P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL) Glacier County Clerk

Notary Public, residing at Cut Bank, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 10 1942 by Mabel McKelvey, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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291-202028-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353800

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene

(c) Street Address or R.F.D. No. 901 E. Coeur d'Alene Ave

(d) Name of Hospital or Maternity Home: born at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Coeur d'Alene

(d) Street Address or R.F.D. No. 901 E. Coeur d'Alene Ave

(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Genevieve Mary Braune

5. Date of Birth of Child (Month, day, year) Dec. 2nd 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul G. Braune

11. Color or Race White **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Driebitz, Posen (City or town) Germany (State or foreign country)

14. Exact Occupation Homesteader

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Genevieve M. Garvey

17. Color or Race White **18.** Age at time of THIS birth 29 yrs.

19. Birthplace Buckingham, Que. (City or town) Canada (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not recall name

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Paul G. Braune (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Doc. Midwife // Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul G. Braune Signature

420 Montana Ave, Coeur d'Alene, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of Aug, 1942

(SEAL) Jas. M. Rhodes Notary Public, residing at Coeur d'Alene

My Commission Expires 8-8-46

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [illegible], Registrar.

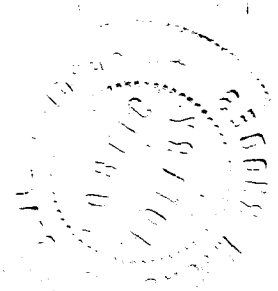
AUG 16 1963

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



367-114-039-457

353861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. American Falls, Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. American Falls, Idaho
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD EUGENE DEXTER LOGAN

5. Date of Birth of Child (Month, day, year) Nov. 14. 1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alex Logan
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Eldred (City or town) Ill. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Dexter
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Beaverdam (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie (First name) Logan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr Richard Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs C A Logan Signature
22315 Garden Hayward P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) R. J. Shields Notary Public, residing at Hayward, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 21 1966

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-113 039 219

354942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) AMERICAN FALLS, Idaho

4. FULL NAME OF CHILD Roland Franklin Bleakmore

5. Date of Birth of Child (Month, day, year) July 13, 1915

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Charles Herbert Bleakmore
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Mt. Pleasant (City or town) Ohio (State or foreign country)
14. Exact Occupation Painting Contractor
15. Industry or Business Self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Barnard
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum YES
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Richard F. (First name) Noth, MD (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie Kuppner Signature
512 West Chester St. P. O. Address

Subscribed and sworn to before me this 14th day of August, 1942
(SEAL) Edward G. Houdel Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-215002-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354952
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Adams (b) City near Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley Ida.

4. **FULL NAME OF CHILD** Doris Charlotte Thompson

5. Date of Birth of Child (Month, day, year) October 15, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Augustus Thompson
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Tuscumbia (City or town) Missouri (State or foreign country)
14. Exact Occupation Cattle rancher, farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ann Smith
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dallas (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Dr. Charles E. Smith (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura A. Thompson Signature
Warren, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of August, 1942.

(SEAL) Otis Morris Notary Public, residing at Warren, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel Keeler, Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and [redacted] Chapter 2, Title 38, Idaho Code Annotated, when such [redacted] panied by a certificate of the attending physician or [redacted] wife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-108003-363

354988

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Hatch
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 35 months 5 days 8

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Hatch
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lorrin Russ Jensen

5. Date of Birth of Child (Month, day, year) Jan 8, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ben D. Jensen
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara E Tolman
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Opher Twilly Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho }
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Minnie Higgins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara E Jensen Signature
120 Ross St. S.R. P. O. Address

Subscribed and sworn to before me this 15 day of Aug, 19 [illegible]

(SEAL) [signature] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-226-003-962

355064

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At owne home (W. P. Hammer Ranch)
(e) Mother's stay **BEFORE** delivery:
IN THIS county / years / months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Kansas (b) County Sheridan
(c) City Hoxie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? since yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Berneta May Lynam

5. Date of Birth of Child (Month, day, year) April 26, 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Harvey Lynam
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Galesburg (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May Roberts
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Dr. A. M. Newton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Lynam Signature
820 N. Main P. O. Address

Subscribed and sworn to before me this 20 day of Aug 19 42

(SEAL) Anna Keefe Clerk Dist. Court Pocatello Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-218 022 653

355157

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Marysville (b) City Fremont Co.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Hoffman

5. Date of Birth of Child (Month, day, year) Mar. 18, 1915

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Hoffman
11. Color or Race white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary L. Wetherbee
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Bear Lake, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth and that Dr. Hummell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Hoffman Signature

P. O. Address

Subscribed and sworn to before me this 24th day of August 1942

(SEAL) Duane T. Fuller Notary Public, residing at Ashton Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-111 017 385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355180
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clark (b) City Reno
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Reno
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Reno, Idaho

4. **FULL NAME OF CHILD** Charles William Roberts

5. Date of Birth of Child (Month, day, year) 4/11/1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Roy Roberts
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Stanwood (City or town) Michigan (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachael Lula Lynch
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Star, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by WILLIAM R. ROBERTS (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature William R. Roberts M.D. Midwife Address Date

State of MONTANA
County of SILVER BOW } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William R. Roberts Signature

Notary Public for the State of Montana, Residing at Butte, Montana. My Commission expires Jan. 1, 1943.

19 E Gagnon P. O. Address

Subscribed and sworn to before me this 24th day of August Butte Mont, 1942

(SEAL) Charles Brogan Notary Public, residing at Butte, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-209-022-897

355276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City New Hope
(c) Street Address or R.F.D. No. RFD 1.
(d) Name of Hospital or Maternity Home: At home (Ranch)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ranch in same County RFD 1.
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Zella Cotterell

5. Date of Birth of Child (Month, day, year) May 9, 1915.

6. Sex Female

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elliott Cotterell
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Richmond, Utah. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming and Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Amanda Higbee
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Thayne, Wyoming. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary Cotterell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Stargis M.D. Midwife Address Ashton Idaho Date 8-9-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1942 by Mabel F. Elsfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-202-033-845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355364
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Plano
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plano, Ida.

4. **FULL NAME OF CHILD** Rita Elizabeth Hillman
5. Date of Birth of Child (Month, day, year) June 2, 1915
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert King Hillman
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Plano, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer and Stockgrower
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Irene Hunter
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oakley, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No. 3 170
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 44 M. on the date and at the place stated above, and that personal particulars were furnished by Robt (First name) Hillman (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. ~~Midwife~~ Address Rexburg, Ida Date 6-2-15

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Joseph Walker (First name) M.D. (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Irene Hunter Hillman Signature
Rexburg R.F.D. #3 Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 1942

(SEAL) T. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

275-123.007-384

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355366
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Crow home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Manard, Idaho

4. **FULL NAME OF CHILD** William Eldon Stewart

5. Date of Birth of Child (Month, day, year) Aug. 23, 1915

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Jenkins Stewart
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Meadow (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emily Church
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace St. George (City or town) Utah (State or foreign country)
20. Exact Occupation Clerk
21. Industry or Business Ready-to-Wear

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that Dr. Air Higgs (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emily Stewart Signature

RFD #3, Caldwell P. O. Address

Subscribed and sworn to before me this 31 day of Aug 1942

(SEAL) Miller Notary Public, residing at Caldwell 3d

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Mark Heiner, Registrar.

MAR 5 1969

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

15-5-023.038-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355402
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arlene Marion Jensen

5. Date of Birth of Child (Month, day, year) Dec. 23 1915

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nels Marinus Jensen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Viborg (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Marie Hanson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Scranton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ida Lindquist (First name) (Last name), who is related to this child as Aunt Ida Lindquist (Mother, etc.).

25. Attendant's **OWN** signature MD. Midwife Address Payette, Idaho Date 8-31-42

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for since birth years, and that O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie M Jensen Signature

R.F.D. #2 Payette, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of August, 19 42

(SEAL) Notary Public, residing at Probate Judge Payette County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 31 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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595-228-040-699

355432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Linfor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Linfor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Linfor, Id

4. FULL NAME OF CHILD Dagmar Ilona Niemi

5. Date of Birth of Child (Month, day, year) June 28, 1915

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Juho Niemi
11. Color or Race white **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Waasa (City or town) Finland (State or foreign country)
14. Exact Occupation Lead miner
15. Industry or Business working in lead mine

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilja Maria Wirta
17. Color or Race white **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Jakianen (City or town) Finland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business in home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver + Saline Sol

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by William J Niemi (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Olga Soini M.D. Midwife Address Enaville, Idaho Date Aug 26.

State of Washington
County of Pacific } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Mrs Olga Soini (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Juho Niemi. Signature

Raymond, Washington P. O. Address

Subscribed and sworn to before me this 28th day of August, 1942

(SEAL) John Langenbach Notary Public, residing at Raymond, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mary Hedden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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714-204-024-365 355546

United States
Department of Commerce
Bureau of the Census SEP 11 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355546
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) ~~State~~ City Hagerman (b) County Gooding
(c) ~~City~~ State Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hagerman Ida.

4. **FULL NAME OF CHILD** Hollis Marion Padgett
5. Date of Birth of Child (Month, day, year) Dec. 4, 1915
6. Sex Girl
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marion Albert Padgett
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace ~~Tenn.~~ (City or town) Tenn. (State or foreign country)
14. Exact Occupation Boss Driver
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie May Conyers
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Morehead (City or town) Iowa (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid
23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr. Frankboner (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Marion Padgett Collauage Signature
P. O. Address

Subscribed and sworn to before me this 10 day of September, 1942

(SEAL) F. Andersen Notary Public, residing at Mtn Home Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-115 1942-657

355597

United States Department of Commerce Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County FREMONT
   (c) City DuBois
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dubois, Idaho

4. **FULL NAME OF CHILD** Joy Ellsworth Pitkin

5. Date of Birth of Child (Month, day, year) Feb 15, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Joy Pitkin
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CHALISTIA Dellia YEAMAN
17. Color or Race WHITE
18. Age at time of THIS birth 41 yrs.
19. Birthplace HUNTSVILLE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living SIX

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 26 years, and that Dr. unknown Jones (First name) (Last name), who attended this birth IS now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chalistia Dellia Yeaman Pitkin Signature

3039 Baltic Ave., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942

(SEAL) Notary Public, and for the County of Los Angeles, State of California. Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires July 5, 1944

Received for filing on by SEP 8 1942 Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1954

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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993-209-025-249

355605

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 17 years X months X days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Jessie Elizabeth Rice

5. Date of Birth of Child (Month, day, year) Dec. 9, 1915

6. Sex Female

7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter S. Rice

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Mount Idaho, Idaho (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business XX

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada M. Smith

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Douglas Co. Oregon. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 plus years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada M. Rice Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 4, day of September, 19 42

(SEAL) W. T. Rothwell Notary Public, residing at Grangeville-

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mark T. Peterson, Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-230-044-45

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Railroad Avenue
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Railroad Avenue
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Jennie Bonita Watkins

5. Date of Birth of Child (Month, day, year) July 30, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Esau Watkins
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cardiff (City or town) South Wales (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Warren David
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Cardiff (City or town) South Wales (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ———

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 27 years, and that Mrs. Maude Nichols (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie Watkins Signature

1129 Snoqualmie St., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of June, 1942

(SEAL) Ann P Carney Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mont Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

995-119022-299

355865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City St Anthony
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months 8 days 16

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) St Anthony Idaho

4. FULL NAME OF CHILD Gordon Keith Ziemer

5. Date of Birth of Child (Month, day, year) 1-19-1915

6. Sex (boy male) 7. Twin or Triplet If so—born (1st) 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ludwig Dow Ziemer
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace [redacted] (City or town) Hostins Nebraska (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Gertrude Birch
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Dr. (First name) Morefield (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Gertrude Ziemer Signature
Warren Ore P. O. Address

Subscribed and sworn to before me this 5 day of Sept, 1942
(SEAL) L C Elliott Notary Public, residing at Houston Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

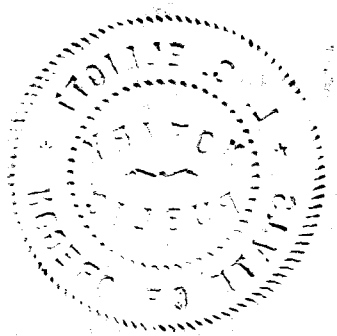
SEP 15 1942

JUL 20 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

1915-
DUP OF 27892

693126042-385

355896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 10 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Walter Blaine Williams

5. Date of Birth of Child (Month, day, year) Oct. 26-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert Budoff Williams
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive May Cheney
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Fruitland (City or town) New Mexico (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~ Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olive (First name) Williams (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Charles R. Scott M.D. ~~Midwife~~ Address Twin Falls - Ida. Date Sept 8-42

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 26 years, and that Dr. C. R. (First name) Scott M.D. (Last name), who attended this birth Address Unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive May Williams Signature
Eagle Point Oregon P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL) Thelma Short Notary Public, residing at Eagle Point, Ore.

NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 My Commission Expires 6-25-44 by Mabel F. Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure~~ to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, ~~of the nearest of kin or guardian~~, or some person having direct knowledge in the premises.

791-122005-713

355946

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. Main St.
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD Perley Gordon Prewitt

5. Date of Birth of Child (Month, day, year) 3-22-15

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Harrison Prewitt

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Exeter (City or town) Missouri (State or foreign country)

14. Exact Occupation Logging Engineer

15. Industry ~~or Business~~ Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Tennessee Packwood

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Exeter, (City or town) Missouri (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Oregon } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now x 40 years of age, that I have known this person for life years, and that Dr. McShea (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x John Harrison Prewitt Signature

x Waldport Oregon P. O. Address

Subscribed and sworn to before me this 17 day of August, 19 42

(SEAL) Frank Attend Notary Public, residing at Waldport - Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires April 1, 1944

Received for filing on SEP 14 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-112-010-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP - 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356011
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 232 - 6th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 232 - 6th St
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Gordon Demill Butler

5. Date of Birth of Child (Month, day, year) Nov. 12, 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Godfrey Butler
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Parnell (City or town) Iowa (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Druggist

MOTHER OF CHILD

16. FULL MAIDEN NAME Sybil Emilia Spencer
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Conrad (City or town) Iowa (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum 15 argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sybil (First name) Butler (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W S Spencer M.D. ~~Midwife~~ Address Idaho Falls, Ida Date Sept 9-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Mary E Elder, Registrar.

SEP 1 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-20804 4 669

357210

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ruby Mae Sale

5. Date of Birth of Child (Month, day, year) Nov. 6, 1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Leslie Sale
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Macune (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Irene Ford
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary L. Ford (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mary L Ford M.D. / Midwife Address Caldwell Ida Date 8/29/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mabel Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812-225033 214

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. Can't remember
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months can't remember days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. Can't remember
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Idaho

4. FULL NAME OF CHILD Mary Haberman

5. Date of Birth of Child (Month, day, year) April 25, 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Phillip Haberman
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace Balzer (City or town), Russia (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Kathryn Bauer
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Balzer (City or town), Russia (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 27 years, and that Mary (First name) Grassmick (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness Thomas M. Brown 31 Lyon Street Frances Walker 2955 N E 31st

Mary Katheryn Haberman Signature
Her 5634 N.E. Thompson P. O. Address

Subscribed and sworn to before me this 15 day of Sept, 1942

(SEAL) Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. expires 10-7-42

Received for filing on SEP 17 1942 by Maud Hyslop, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not~~ been recorded, or in ~~case~~ of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796 119-033-493

United States
Department of Commerce
Bureau of the Census

SEP 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357214
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City, Idaho

4. **FULL NAME OF CHILD** WILLIAM PROPP

5. Date of Birth of Child (Month, day, year) May 19, 1915

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Propp
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Hussenbach, Russia (City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Installing sewers

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Mich
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Hussenbach, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Larimer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 27 years, and that Doctor Shupp (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Propp Signature

700 East Magnolia St., Ft. Collins, Colo. P. O. Address

Subscribed and sworn to before me this 12" day of September, 1942

(SEAL) Ray T. Smith Notary Public, residing at Ft. Collins, Colorado.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES 10/10/43

Received for filing on SEP 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: In my home on ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Culdesac, Ida

4. FULL NAME OF CHILD Melvin Ray White

5. Date of Birth of Child (Month, day, year) March 5, 1942

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Emanuel White
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Alto (City or town) Washington (State or foreign country)
14. Exact Occupation Working on farm
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Grace Hawley
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Keeping Water (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) White (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ella Hawley M.D. Midwife Address St Maries, Idah Date Aug-27-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Mabel H. Gardner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 6 1973

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357230
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No. Route #3
(d) Name of Hospital or Maternity Home: My own home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 8 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No. Route #3
(e) How long has **MOTHER** lived in Idaho? 30 yr yrs.

3. RESIDENCE OF FATHER (city, state) Priest River

4. FULL NAME OF CHILD Beryl Mary Morrow

5. Date of Birth of Child (Month, day, year) Aug. 31, 1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ernest Pete Morrow
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Unicoi County, Tenneessee (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Priscilla Angeline Alford
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Banff City, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Priscilla Angeline Morrow (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah Hensley M.D. Midwife Address Priest River Ida Date 8/23/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bonner }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person ~~since birth~~ ~~years,~~ and that Sarah (First name) Hensley (Last name), who attended this birth And signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Priscilla Angeline Morrow Signature
Route 1, Box 3, Priest River, Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of September 1942

(SEAL) F. A. Woods Notary Public, residing at Priest River, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated.)

Received for filing on SEP 18 1942 by Mabel F. Peden, Registrar.

SEP 2 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 22 1942

State File No.

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley

(c) Street Address or R.F.D. No. --

(d) Name of Hospital or Maternity Home: --

(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Oakley

(d) Street Address or R.F.D. No. R. F. D. #1

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD Forrest Fairchild

5. Date of Birth of Child (Month, day, year) August 4, 1915

6. Sex Female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Bethuel Fairchild

11. Color or Race Amer. **12.** Age at time of THIS birth 36 yrs.

13. Birthplace Stockton, (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha McMurray

17. Color or Race Amer. **18.** Age at time of THIS birth 40 yrs.

19. Birthplace Liberty, (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by own personal knowledge (First name) (Last name), who is related to this child as unrelated. (Mother, etc.)

25. Attendant's **OWN** signature Agnes Dummer ~~M.D.~~ Midwife Address 211 W. 7th Las O. Date 9-18-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person ~~for~~ all her life ~~years~~, and that Agnes Dummer (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julius Bethuel Fairchild Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of September, 19 42

(SEAL) Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mabel [illegible], Registrar.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes ~~and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

CA 217-103-005-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1942

State File No. 357360
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida. (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Maries Ida

4. **FULL NAME OF CHILD** Clyde Sapp

5. Date of Birth of Child (Month, day, year) Jan. 3-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy Full time

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Fowler Sapp.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Canon City Colo. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kittie Irene Burgo
17. Color or Race White
18. Age at time of THIS birth 29 1/2 yrs.
19. Birthplace White Rock S. Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother 2 (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Kittie (First name) Kobloch (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Mc Rae - attendent M.D. Midwife Address address unknown Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Wash. } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Dr. Mc Rae (First name) (Last name), who attended this birth address unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs J. F. Kobloch Signature

E 2622 Sharp Spokane Wash. P. O. Address

Subscribed and sworn to before me this 1 day of Sept 1942

(SEAL) Winnifred McPherson Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mark Keeler, Registrar.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENEWAH (b) City ST. MARIES
(c) Street Address or R.F.D. No. 8TH. NO NUMBER
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENEWAH
(c) City ST. MARIES
(d) Street Address or R.F.D. No. 8TH. ST. NO NUMBER
(e) How long has **MOTHER** lived in Idaho? 5YR. 4 MO. yrs.

3. RESIDENCE OF FATHER (city, state) ST. MARIES IDA.

4. FULL NAME OF CHILD BARNETT HENRY STEVENS

5. Date of Birth of Child (Month, day, year) SEPT. 28, 1915

6. Sex MALE

7. Twin or Triplet NEITHER If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES JAY STEVENS
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace RUSH LAKE (City or town) CANADA (State or foreign country)
14. Exact Occupation POND MAN
15. Industry or Business BOX FACTORY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** HENRYETTA LAVINA ASHLIN
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace CUMBERLAND (City or town), WISCONSON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 27 years, and that Henry Barnett Stevens (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Henriette Stevens Signature

R.R. 5 Spokane P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel E. Helper, Registrar.

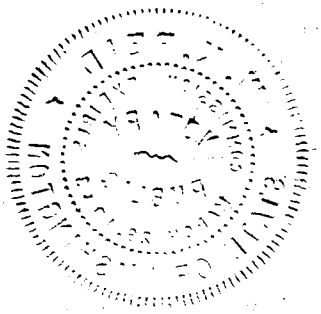
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DLD 90 1915-36142

313-115023-255 357460

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 y yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett

4. **FULL NAME OF CHILD** Quincy James Callender
5. Date of Birth of Child (Month, day, year) Feb 15, 1915
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Quincy Jesse Callender
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Boone County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marjory E. Kennedy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the X Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Dr Reynolds (First name) (Last name), who attended this birth cant remember and has no record (is now deceased) or (cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Quincy J. Callender Signature

Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October 1942, 19

(SEAL) [signature] Notary Public, residing at Donnelly Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-207025 133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years 3 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Ida.

4. FULL NAME OF CHILD Beulah Olena Webber

5. Date of Birth of Child (Month, day, year) Sept. 7, 1915

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Webber
11. Color or Race White **12.** Age at time of THIS birth 50 yrs.
13. Birthplace Fond du Lac (City or town) County, Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Mae Allen
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Pueblo (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by Olena B. Webber (First name) (Last name), who is related to this child as Olena B. Webber - Aunt (Mother, etc.)

25. Attendant's **OWN** signature Olena B. Webber M.D. Midwife Address Grangeville Idaho Date Sept 19/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mark Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is ~~living or accessible~~, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 28 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Edgemere
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Laclede, Ida

4. FULL NAME OF CHILD Raymond Earl Carl

5. Date of Birth of Child (Month, day, year) 3-13-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Paul Carl

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Sterna Kirchen (City or town) Germany (State or foreign country)

14. Exact Occupation Lumber Grader

15. Industry or Business Sawmill

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresia Mary Reichl

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Bavaria (City or town) Germany (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 10 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frank Paul Carl (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Frank P. Carl ~~M.D.~~ ~~Midwife~~ Address S. W. 14 Thor St Date 9-22-42

State of Wash
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 27 years, and that Frank (First name) Carl (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Raymond Carl Carl Signature

Frank Paul Carl P. O. Address

Subscribed and sworn to before me this 24 day of September, 19 42

(SEAL) M Sanford Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mabel K. Rodgers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343-105042 253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357637
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier Ida.

4. FULL NAME OF CHILD Ben Howard Tuttle

5. Date of Birth of Child (Month, day, year) June 5, 1915.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME LeRoy Francis Tuttle
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace C. Kelly.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon } ss.
County of Gilliam }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Lorraine (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace C Tuttle Signature

P. O. Address

Subscribed and sworn to before me this 1 day of October, 19 42

(SEAL) Earl Hamilton Notary Public, residing at Shenden, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES 8/29/43

Received for filing on OCT 3 1942 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1955

OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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357641

United States
Department of Commerce
Bureau of the Census

OCT - 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Manard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ruby Isabel Hughes

5. Date of Birth of Child (Month, day, year) February 4, 1915

6. Sex Female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** John Hughes
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Boone County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Zelia Elsie Ostrander
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Guthrie County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth A Robinson ~~M.D.~~ Midwife Address Fairfield Idaho Date April 8-1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1942

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-110-028-418

United States
Department of Commerce
Bureau of the Census

OCT 5 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357803
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No. I. D.
(d) Name of Hospital or Maternity Home: at our Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. North side
(e) How long has **MOTHER** lived in Idaho? 1 yrs 10 months

3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** William Henry Emerson

5. Date of Birth of Child (Month, day, year) 3-10-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Months

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry B. Emerson
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Goldendale (City or town) Washington (State or foreign country)
14. Exact Occupation Saw Millworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Mayer
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Sonthofen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife & Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Theresa (First name) Emerson Alexander (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 27 years, and that E. E. Frye (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Emerson Alexander Signature

1607-42nd N. Seattle Wn. P. O. Address

Subscribed and sworn to before me this 2 day of October, 1942

(SEAL) Mrs H. L. McConnell Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 1 1971

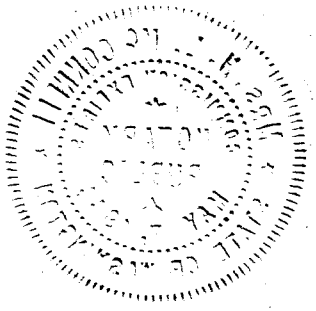
OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



296-229-025-695

357804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 5 - 1942

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Koos Kia
(c) Street Address or R.F.D. No. R#1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie Evelyn Brown

5. Date of Birth of Child (Month, day, year) Jan. 29-1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ansgar Brown
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Round Valley (City or town) Neb. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Etta Wren
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Lewiston (City or town) Nez Perce (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Emma Wren (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ansgar Brown Signature

Kooskia P. O. Address

Subscribed and sworn to before me this 23rd day of October, 19 42

(SEAL)

E F Cleveland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mark Keller, Registrar.

OCT 10 1942

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-225 1021-319

357921

United States
Department of Commerce
Bureau of the Census

OCT 9 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vesta Elizabeth Nielsen

5. Date of Birth of Child (Month, day, year) June 25, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum William Nielsen
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Larsen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -48- years of age, that I have known this person for Since Birth years, and that Nancy (First name) Beckstead (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum William Nielsen Signature
505 So 7nd East, S.L.C. Utah P. O. Address

Subscribed and sworn to before me this Third day of October, 1942

(SEAL) H.B. Thomson Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record type... ...ting this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

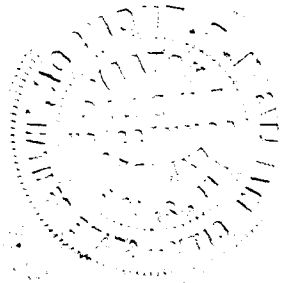
OCT 1 3 1942

FEB 1 3 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP 061915-33654

142-206, 003-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 9 - 1942

State File No. 357929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Ruth Austin

5. Date of Birth of Child (Month, day, year) Jan 6-1907

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 1/2 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas H Austin
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace (City or town) England (State or foreign country)
14. Exact Occupation
15. Industry or Business Livestock Sheep

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Thomas
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Lehi Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 7 1/2 M. on the date and at the place stated above, and that personal particulars were furnished by Flossie (First name) Austin (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Dr Hyde Address Rexburg Ida Date

State of California } ss.
County of Los angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Flossie Austin Williamson Signature
6234 So. Raymond Ave. P. O. Address

Subscribed and sworn to before me this 7 day of October, 1942

(SEAL) Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission Expires March 1944

Received for filing on OCT 9 - 1942 by Mabel H Eden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 14 1959

OCT 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-103-044-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 7 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Ernest Earl Watkins

5. Date of Birth of Child (Month, day, year) Oct. 3 - 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest A. Watkins
11. Color or Race White alfred
12. Age at time of THIS birth 23 yrs.
13. Birthplace Mineral (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpentier
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Alice Brown
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace La Plata (City or town) New Mexico (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Chyla Brown (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Weiser Date 9-16-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 7 - 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-202-025-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358035
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia Ida

4. FULL NAME OF CHILD Hazel Louise Petrick

5. Date of Birth of Child (Month, day, year) 7/2/1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul G. Petrick
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Minomini (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada E. Schwartz
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace New Liberty, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years, and that Anna (First name) Barr (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada E Petrick Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 29 day of October, 19 42

(SEAL) L F Cleveland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel H Edelen, Registrar.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

533-128-028-815

United States Department of Commerce
Bureau of the Census

OCT 15 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358089
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 913 Sherman Ave.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ~~years~~ 2 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 913 Sherman Ave.
(e) How long has **MOTHER** lived in Idaho? 2 mos. 14 days ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) CDA, Ida.

4. **FULL NAME OF CHILD** Lyle Ward Eller

5. Date of Birth of Child (Month, day, year) August 28, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Wilbur Eller
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hastings (City or town) Nebraska (State or foreign country)
14. Exact Occupation general manager, lumber mill
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marguerite Mary Hancock
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Waterbury (City or town) Connecticut (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that John C. (First name) Dwyer, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marguerite Mary Eller Signature

Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL) William B. McFarland Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on ..... by Mabel F. Eller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-204 D24-556

358132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358132
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Kathryn Loanda Reeves

5. Date of Birth of Child (Month, day, year) Mar. 4, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Owen Reeves
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Milford (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Eleanor Newman
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Ketchum (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carrie (First name) Reeves (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Hannah Moody MD X midwife Address 615 N. 12th St., Boise, Idaho Date Oct. 24, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mary E Elder, Registrar.

OCT 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-229-019-212

359349

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 Mos. yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD Mary Yurkovich

5. Date of Birth of Child (Month, day, year) July 29, 1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME George Yurkovich
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Benic (City or town) Austria-Hungary (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate Basich
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Benic (City or town) Austria-Hungary (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Kate Yurkovich (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming } ss.
County of Sweetwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Manda (First name) Snarich (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Yurkovich Signature
Dines, Wyoming. P. O. Address

Subscribed and sworn to before me this 8th day of August, 19 42

(SEAL) Walter B Harris Notary Public, residing at Rock Springs, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-916 Idaho Code Annotated.)

Received for filing on OCT 19 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-201-005-963

359354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City De'Smet
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City De'Smet
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) De'Smet Ida

4. **FULL NAME OF CHILD** Helen Mae Dyer

5. Date of Birth of Child (Month, day, year) July 1st 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Ray Dyer
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Kansas City Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Marie Rotramel
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Spring Field Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Rotramel (Last name), who is related to this child as grandmother (Mother, etc.)

25. Attendant's **OWN** signature Dr Collard M.D. ~~Midwife~~ Address deceased Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 27 years, and that Dr (First name) Collard (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Rotramel Signature

Tekoa, Washington P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942

(SEAL) J. M. Shamid Notary Public, residing at UNITED STATES COMMISSIONER Residing at Tekoa, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-123-024-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell Idaho

4. FULL NAME OF CHILD Richard Elkins Barrett

5. Date of Birth of Child (Month, day, year) May 23 - 1917

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fred Spencer Barrett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wamego (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Roberts
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by May R. Barrett (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H E Lamb M.D. Midwife Address Eugene Ore Date June 8. 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-205-016-613

359443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida

4. FULL NAME OF CHILD Marzell Pearl Wilson

5. Date of Birth of Child (Month, day, year) 2-5-1915

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Wilson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Knoxville, Tennessee (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evie Pearl Walker
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by Evie Pearl Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Evie Pearl Wilson M.D. Midwife Address 414 4th West Twin Falls, Idaho Date Oct 23, 1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person ~~for~~ all her life years, and that Dr Nielson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evie Pearl Wilson Signature

414 4th West, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of October 1942

(SEAL) Hattie G. Musgrave By Deputy Roger Roberts, Clerk of the District Court ~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1942 by Mabel Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-113-003-955 359483 359483

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City McCammon, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George ~~George~~ Foster Train

5. Date of Birth of Child (Month, day, year) Dec. 13, 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Roach Train
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Bellerille (City or town), Kansas (State or foreign country)
14. Exact Occupation Retail Lumberman
15. Industry or Business Unemplored

MOTHER OF CHILD

16. FULL MAIDEN NAME Beulah Florence Reese
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace The Dalles (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Unemployed

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah
County of Salt Lake } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 26 years, and that Dr. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Reese Searle Signature

15 Grove Avenue, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 4th day of November, 1942.

(SEAL) D. W. Matthews Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1942 by Mary H. Edgar, Registrar.

NOV 5 1942
DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-130-003-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359550
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatella
(c) Street Address or R.F.D. No. Rural near city
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wyoming (b) County Albany
(c) City Laramie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Laramie Wyo.

4. **FULL NAME OF CHILD** Richard Harvey Buckendorf

5. Date of Birth of Child (Month, day, year) July 30, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert William Buckendorf
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rural From Ft. Collins Colo (City or town) (State or foreign country)
14. Exact Occupation General Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Blanche Jackson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Laramie Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie B. Perue Signature

Wasta S.D. P. O. Address

Subscribed and sworn to before me this 22 day of October, 1942

(SEAL) [signature] Notary Public, residing at New Underwood S.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-102-019-959

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 28 1942

State File No. 359578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CUSTER (b) City MACKAY
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: ✓
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State KINGMAN (b) County
(c) City ARIZONA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) KINGMAN

4. FULL NAME OF CHILD FRED WINDROW DORSAY

5. Date of Birth of Child (Month, day, year) 10-2-1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PETER NICHOLAS DORSAY

11. Color or Race WHITE

12. Age at time of THIS birth 35 yrs.

13. Birthplace DALLAS (City or town) TEXAS (State or foreign country)

14. Exact Occupation HOISTING ENGINEER

15. Industry or Business MINING

MOTHER OF CHILD

16. FULL MAIDEN NAME ELVA ~~DORSAY~~ IVIE

17. Color or Race WHITE

18. Age at time of THIS birth 20 yrs.

19. Birthplace BLACKFOOT (City or town) IDAHO (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of ~~children~~ of this ~~mother~~: (a) At ~~time of birth~~ and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of NEVADA
County of WASHOE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 27 years, and that Dr. Charles Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC
In and for the County of Washoe
STATE of NEVADA
My commission expires April 18, 1945

Mrs Edwa Dorsay Signature

528 KIRMAN ST. RENO, NEV. P. O. Address

Subscribed ~~and sworn~~ to before me this 26th day of October, 1942

(SEAL) Chas. J. Borghi Notary Public, residing at RENO, NEV

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mark Kelsey, Registrar.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-227-001-259

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359588
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Alberta June Clark

5. Date of Birth of Child (Month, day, year) 11/27/1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** All Bert Clark
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Belle Keith
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Langdon (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Lulu Belle Clark (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Belle Keith Clark Signature

2829 Moran Ave., Richmond, California P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1942

(SEAL)

Irene N. Baldwin Notary Public, residing at Richmond, Contra Costa Co., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires November 18, 1945

Received for filing on OCT 25 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1959

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

965-103-032-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 27 1942

State File No. 359591
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD John Earnest Koessler

5. Date of Birth of Child (Month, day, year) March 3, 1915

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob Earnest Koessler
11. Color or Race Caucasian **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Iowa City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Well Drilling
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara Isabel Williams
17. Color or Race Caucasian **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Licking, Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 27 years, and that Dr Chas T. Geller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Koessler Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 12th day of October, 1942

(SEAL) PROBATE JUDGE OF LINCOLN COUNTY, IDAHO, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-207-023-312

359668

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Lois Juanita Beutler

5. Date of Birth of Child (Month, day, year) Nov. 7, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Beutler
11. Color or Race White
12. Age at time of THIS birth 32 yrs
13. Birthplace Willard (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Meda Eliza Lake
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oxford (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylaxis used to prevent Ophthalmia Neonatorum Crede

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Burton Clark M.D. ~~Midwife~~ Address Veterans adm. Boise Ida Date 2-10-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mabel E Eaton, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such [illegible] prescribed in Chapter [illegible], Title 38, Idaho Code Annotated, [illegible] report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-22-026-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359673
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Eddie Wilson Briggs.

5. Date of Birth of Child (Month, day, year) Jan. 22nd, 1915

6. Sex male

7. Twin or Triplet twin

If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Briggs
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Little Rock, Arkansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Keller
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Wabash, Indiana. (City or town) (State or foreign country)
20. Exact Occupation farmer 's wife
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 27 years, and that Mrs. McKinney (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Wheatons Signature

Rigby--2, Idaho. P. O. Address

Subscribed and sworn to before me this 28 day of October, 19 42

(SEAL) Basil R. Bennett Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on NOV 2 1942 by Mabel Nelson, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-222-001-194

359705

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359705

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. near Pierce Park
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. near Pierce Park
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise

4. **FULL NAME OF CHILD** Hazel Adalyn Kromrei

5. Date of Birth of Child (Month, day, year) Nov 22 1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Jule Kromrei
11. Color or Race W
12. Age at time of THIS birth 53 yrs.
13. Birthplace Berlin (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Caroline Andreas
17. Color or Race W
18. Age at time of THIS birth 46 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate sol
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at — P. M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Kromrei (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Otto Bauch M.D. Midwife Address Boise Ida Date Nov 13 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 14 1942 by Mary F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1915-659-219-044-416 359710

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 4 months 8 days 10

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Ethella Lois Ferris

5. Date of Birth of Child (Month, day, year) 7. 19, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** O. C. Ferris
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Tekanah (City or town) Nebr. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vina M. Dawson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Frank Pierce (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at 9.15 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 27 years, and that No attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vina M. Dawson Ferris. Signature

P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268-231-010-209

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359788
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No. R. F. D. #2
(d) Name of Hospital or Maternity Home: Parental Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 9 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No. R. F.D. #2
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Ida

4. FULL NAME OF CHILD DOROTHY POLL

5. Date of Birth of Child (Month, day, year) March 31, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Albert Poll
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Millissa Berrett
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace North Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ida Poll (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature John C. Mellor M.D. ~~Midwife~~ Address Soda Springs, Ida. Date. Mar 31 1915

State of ...
County of ... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) (Last name), who attended this birth ... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ... Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 - 1942 by Mark Heder, Registrar.

DEC 9 1947

NOV 9 1942

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau ~~of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-114-029-263

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359791
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 6 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch R.F.D #1
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Ida

4. FULL NAME OF CHILD Wilbur Murray Thompson

5. Date of Birth of Child (Month, day, year) May 4, 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Thompson
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Cora, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susannah Elizabeth (Lizzie) Bolen
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Salem, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2-47 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lizzie (First name) Thompson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature × Susannah Bolen M.D. Midwife, Address Potlatch Ida. Date Oct. 22 42

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 30 years, and that Susanna Bolen (First name) (Last name), who attended this birth as still living (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Susannah Bolen Signature

Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of October, 1942

(SEAL)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel Weber, Registrar.

NOV 9 1942

MAR 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

149-220-042-363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359874
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. # 2
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 0 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. R.F.D. #2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Filer Ida.

4. FULL NAME OF CHILD Anita Gwen Grieve

5. Date of Birth of Child (Month, day, year) Dec 26-1915

6. Sex Female **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Albert Grieve
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Plankington (City or town) S. Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Rose Collins
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Aurora (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Frank A. Dwight (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Grieve Signature

Filer, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942

(SEAL) John B. Robertson Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mabel Nelson, Registrar.

NOV 1 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

715-122017-395

DELAYED

359926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Dubois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Dubois
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) 2½

4. FULL NAME OF CHILD Louis Joseph Pavliska

5. Date of Birth of Child (Month, day, year) 4-22-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Pavliska
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Mistek (City or town) Czechoslovakia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Trejbal
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St Paul Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Trejbal Pavliska Signature
Odessa, Washington. P. O. Address

Subscribed and sworn to before me this 21 day of September, 1942

(SEAL) Geo Schiewe Notary Public, residing at Odessa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED STAMP ADDED TO CERTIFICATE FACE 08/03/2018
OTHER CHANGE NOT MARKED AMENDED AJT

NOV 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-126006-313

360002

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 5 1942

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County BINGHAM (b) City BLACKFOOT
   (c) ~~Street~~ ~~Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county 13 years — month — days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County BINGHAM
   (c) City BLACKFOOT
   (d) ~~Street~~ ~~Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address SAME

3. **RESIDENCE of FATHER** (city, state) BLACKFOOT, IDA.

4. **FULL NAME OF CHILD** Elmer BARTON Christiansen

5. Date of Birth (Month, day, year) Sept. 26, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Irving Newil Christiansen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Georgetown Idaho (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SYLVIA R. TALBOT
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Mary Keller (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of BANNOCK }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, IRVING N. CHRISTIANSEN, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) Elmer BARTON Christiansen (Name of person on certificate above) as FATHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that MRS. MOFFATT (Name of attendant at birth), who attended said birth CANNOT BE LOCATED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Irving N. Christiansen Signature

1455 So. 5th Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of April 1944

(SEAL) J. A. McQuillen Notary Public, residing at Pocatello, Idaho

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-120004-395

360012

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Pegram
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Pegram
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sidney Richard Densley

5. Date of Birth of Child (Month, day, year) Dec. 29 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Delora Ray Densley

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Riverton, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith M. Tregaskis

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Cornwall, England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Klickitat } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that I. H. Lynn (First name) J. W. Lynn (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith M. Densley Signature

Goldendale, Washington P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942

(SEAL) O. D. Gannon Notary Public, residing at Goldendale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mabel Thelen, Registrar.

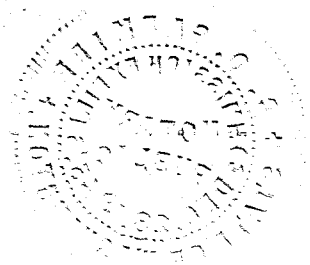
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-221 010-855

360029

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 7 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City Idaho Falls
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
None, Born at Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Eva Matilda Garrison

5. Date of Birth of Child (Month, day, year) Sept 21 1945

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred Baron Garrison
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Athens (City or town) Georgia (State or foreign country)
14. Exact Occupation Brick Layer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marith Matilda Henrickson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Nurse and Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Marith Matilda Garrison — mother Signature

Portland, Oregon, 617 S.W. Mill St. P. O. Address

Subscribed and sworn to before me this 29th day of October 1942, 19

(SEAL) A. M. Porter Notary Public, residing at Gaston, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires 7/20/46

Received for filing on by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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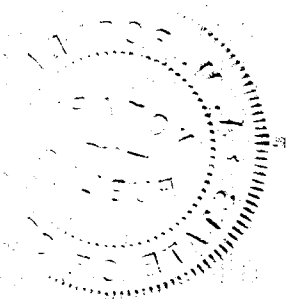


217 217 042693

360035

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City BUHL
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. no 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl R#D

4. **FULL NAME OF CHILD** LEITHA-MAE BAXTER

5. Date of Birth of Child (Month, day, year) MARCH 17 1915

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Charles William Baxter
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Chanute (City or town) KANSAS (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Belle Wilson
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Henrietta (City or town) Oklahoma (State or foreign country)
20. Exact Occupation Housewife Oklahoma
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was XXXX (Born alive, ~~stillborn~~) at 12:15 M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Dr. McCluskey (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Belle Wilson Baxter Baughman Signature

143 North 12th St., Marshfield, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Ellen D. Stewart Notary Public, residing at Town Clerk So. Salt Lake, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 5 1975

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-708 025-466

000068

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Cottonwood

3. RESIDENCE of FATHER (city, state): Cottonwood

4. FULL NAME OF CHILD Albert Dale Fredericks

5. Date of Birth (Month, day, year) Oct 8 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Edward Fredericks
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Kearney (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming & Timber work

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie C. Downer
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Davis Jc Ill USA (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at Oct 16-8 a.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie C. Fredericks (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) NOV 12 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature J.D. Heinrick M.D. (D.O., Midwife, etc.) and address Grangeville Ida. Date 5-25-194[illegible]

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-212022-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City 666-
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home:
--
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City ---
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Iva Brower

5. Date of Birth of Child (Month, day, year) May 12, 1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Orlan Brower
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Wilford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Carlina Durney
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 24 years, and that Mary (First name) Durney (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Carlina Brower Call Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of November, 19 42

(SEAL) Lilla M. Bandel Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mark Hansen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

442-21 7032-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360146

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Kamiah

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Born at Parents home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewis

(c) City Kamiah

(d) Street Address or R.F.D. No. -

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Cecilia Musiel

5. Date of Birth of Child (Month, day, year) June 17th, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Joseph Musiel

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Tigerton (City or town), Wisconsin (State or ~~foreign~~ country) U.S.

14. Exact Occupation Meat Business

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Marie Singer

17. Color or Race white

18. Age at time of THIS birth 35 yrs.

19. Birthplace Franklin (City or town), Wisconsin (State or ~~foreign~~ country) U.S.

20. Exact Occupation Housewife, at own home

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, ~~stillborn~~) at 12 M. on the date and at the place stated above, ~~and~~ that personal particulars were furnished by Mrs. Walter Musiel (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C H Bryan M.D. ~~Midwife~~ Address Kamiah Date Nov 7 1942

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, ~~etc.~~) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that Dr. C H. Bryan (First name) (Last name), who attended this birth resides in Kamiah (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Marie Musiel Signature

Stites, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of November 1942

(SEAL) V. B Anderson Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel Hedges, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 701 003-291

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360221**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Grace, Idaho

4. FULL NAME OF CHILD Albert Marion Turner

5. Date of Birth of Child (Month, day, year) Mar. 1, 1915

6. Sex Male **7.** Twin or Triplet Neither If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Raymond Marion Turner
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Snowville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Bradshaw
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Stone, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Minidoka }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for all life years, and that Dr. Hyrum Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Elizabeth Ann Turner Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of November, 19 42

(SEAL) C. O. DeMary Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mabel Keeler, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-119 044 255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Ernest Ellwood Talmadge

5. Date of Birth of Child (Month, day, year) 6/19/15

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Madison Talmadge
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bellevue (City or town), Yamhill Co., Ore. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Belle Bennett
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Malheur City (City or town), Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Yamhill } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 27 years, and that Dr. William Mitchell (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C M Talmadge Signature

Amity, Oregon, Box 44 P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) W. F. Winston Notary Public, residing at McMinnville, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. expires Aug. 29, 1944

Received for filing on by Mark Tiffen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219 228024-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360373
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Id

4. FULL NAME OF CHILD Ardith Ilene Barton

5. Date of Birth of Child (Month, day, year) 4-28-1915

6. Sex Female **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Waldo Barton
11. Color or Race white **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Cedar Rapids (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Lura Alice Millet
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Marysvale (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:00 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Mrs Blanch Stafford (First name) (Last name), who attended this birth Address Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Waldo Barton Signature

Hagerman, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942

(SEAL) [illegible] Notary Public, residing at Hagerman, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

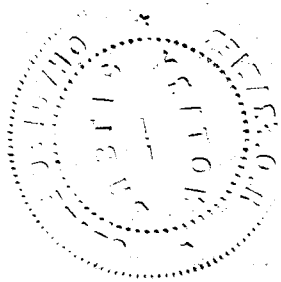
Received for filing on NOV 20 1942 by Mary F. Eldon, Registrar.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



947-203-025-285

AMENDED

United States Department of Commerce
Bureau of the Census

June 5, 1852 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361524
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Harpster
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Harpster, Idaho
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harpster

4. **FULL NAME OF CHILD** Wilma Murl Rupe

5. Date of Birth of Child (Month, day, year) July 3, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lloyd E. Rupe
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Chillicothe, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Murl Leora Shearer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Murl Leora Rupe (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Addie Shearer MXX Midwife Address Harpster, Idaho Date Nov. 18, 1942

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 28 years, and that Mrs. Addie Shearer (First name) (Last name), who attended this birth living in Harpster (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lloyd E. Rupe Signature

Harpster, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 19____.

(SEAL) Henry Telcher, County Recorder Notary Public, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 23, 1942 by Mabel F. Elder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

361524

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361524
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harpster
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Harpster

4. FULL NAME OF CHILD Wilma Murl Rupe

5. Date of Birth of Child (Month, day, year) July 3, 1914

6. Sex female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lloyd E. Rupe
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Chillothi (City or town), Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Murl Leora Shearer
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Grangeville (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by Murl Leora Rupe (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Addie Shearer M.D. Midwife Address Harpster, Idaho Date Nov. 18, 1942

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now fifty years of age, that I have known this person for 28 years, and that Mrs. Addie Shearer (First name) (Last name), who attended this birth is now living at Harpster (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lloyd E Rupe Signature

Harpster, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of November, 19

(SEAL) Henry Nelson County Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public residing at Grangeville, Idaho

Received for filing on NOV 23 1942 by Maud F Elder, Registrar.

NOV 27 1942

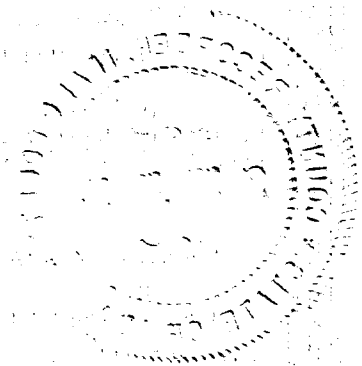
JUN 6 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 27 1942



Also, Child's birth certificate #324627 gives age as 26 in 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho }

Certificate No. 361524

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Wilma Murl Rupe (Name on Original Certificate) who Born (Was Born or Died) on July 3, 1915 (Date of Event) in Harpster, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	July 3, 1914	July 3, 1915
Father's birthplace	Chillothi, Missouri	Chillicothe, Missouri

Subscribed and sworn to before me this 24 day of May, 19 52

D. L. Summers

Notary Public, residing at Grangeville, Ida

My commission expires 10-15-52

(Seal)

Signed Lloyd Rupe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 19 52

D. L. Summers

Notary Public, residing at Grangeville, Idaho

My commission expires 10-15-52

(Seal)

Signed E. M. Shearer
(Signature of Any Credible Person)

(Street Address, City, State)

669-214-031-291

United States
Department of Commerce
Bureau of the Census

NOV 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361530
Local Reg. No. 100
Reg. Dist. No. 230

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. Village
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years 8 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. Village
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nezperce

4. **FULL NAME OF CHILD** Sylvia Valentine Wortman
5. Date of Birth of Child (Month, day, year) Feb. 14-1915
6. Sex female
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 mo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles B Wortman
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Pattersburg (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business on farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Brash
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Amerst (City or town) S Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Am. Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 1%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Rose Wortman (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dr E. Taylor M.D. (dead) Midwife Address Nezperce Idaho Date 11-6-42

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Dr Taylor (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Wortman Signature

P. O. Address

Subscribed and sworn to before me this 16 day of November, 1942

(SEAL) Perry W Mitchell Notary Public, residing at Nezperce Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 16 42 by Albert [illegible] Registrar.

NOV 21 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1976

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/8-204-026-634

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361575
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 32 years 10 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ada Ellen Dayton

5. Date of Birth of Child (Month, day, year) July 4 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilford Leo Dayton
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cedar Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Corintha Ellen Olmstead
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Woodland (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Rosanna Denning (First name) (Last name), who attended this birth Is now deceised (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Corintha Ellen Dayton Signature

34 South 3 East Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 23 day of Nov. 19 42

(SEAL) Ida M Lokkan Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mark Heller, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-228-016-719

361801

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 34 years 37 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD Nora Savage

5. Date of Birth of Child (Month, day, year) March 28/915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi M Savage
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Flagstaff (City or town) Arizona (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie M Garvin
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Albuquerque (City or town) N.M. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 a M. on the date and at the place stated above, and that personal particulars were furnished by Maggie (First name) Garcia (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Joseph Fremstead M.D. Midwife Address Burley Ida Date Nov. 22-41

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Dr. Jos. Fremstead (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1942 by Mabel F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

OCT 1 1976

JUN 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-109-101-897

361856

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

361856

1. PLACE OF BIRTH
County of Ada
City of Orchard, Ida.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Van Allen Dors (DORS

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth April 9, 1915 (Month, Day, Year)

FATHER

9. Full name George Edwin Dors (DORS)
10. Residence (usual place of abode) (If non-resident, give place and State) Orchard Ida
11. Color or race white | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Carlton Place Ontario

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 2 years

MOTHER

18. Full maiden name Flora Gertrude Higby
19. Residence (usual place of abode) (If non-resident, give place and State) Orchard, Ida
20. Color or race white | 21. Age at last birthday 21 (years)
22. Birthplace (city or place) (State or Country) Boise Idaho.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Alice Etta Higby, Midwife
Address 2504 - Fairview Ave. Boise, Ida.

Give name added from a supplemental report .....
(Date of)

Filed DEC 18 1942, 19.. Mavel F Elder
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 18 1942

316-014-005-366

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361866
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dronus Beulah Laws

5. Date of Birth of Child (Month, day, year) June 14 1915

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph H Laws
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Farmington (City or town) Washington (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Fay Cook
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Newton (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 37 years, and that T. R. McCormick (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H. Laws Signature
4018 W. EVERETT - Spokane Wn P. O. Address

Subscribed and sworn to before me this 29 day of November, 19 42

(SEAL) August Lieber Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mark Hellen, Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-201-028-863

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362059
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Id

4. FULL NAME OF CHILD Rula Murl Justus

5. Date of Birth of Child (Month, day, year) 6/1/15

6. Sex female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mr. John H. Justus
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Warren Co. Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Viola Hollingsworth
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Douglas Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 27 years, and that Mrs. Mary Eaton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie V. Justus Signature

720 Indiana Ave., Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942

(SEAL)

Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mabel Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-226-001-354

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362097
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ST. LUKES HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1619 WASHINGTON
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD LOUISE BERNICE SIMONSON

5. Date of Birth of Child (Month, day, year) JAN. 26, 1915

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME MARSHALL CANTINE SIMONSON
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace SALEM (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation MANAGING HIS RANCH
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LOUISE BERNICE LEMP
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace BOISE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Calif. } ss.
County of Los angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that DR WILLIAM F. SMITH (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Louise Simonson Signature
127 So. Mariposa Ave., Los Angeles P. O. Address

Subscribed and sworn to before me this 2 day of December, 19 42.

(SEAL) ____ Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Dec. 9, 1944

Received for filing on DEC 14 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1915-

814-113-019-251

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362105**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) May Idaho

4. FULL NAME OF CHILD William Lathrop Hammond

5. Date of Birth of Child (Month, day, year) May 13th 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME John L Hammond
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Lancaster Mo (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Raising Live Stock

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabelle Hallaran Beardsley
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Challis Idaho (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business Raising Live Stock

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Decease M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 15 years, and that (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter ~~139~~, ~~1937~~ Session Laws.

Mrs Henry Nichols Signature
Challis Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of December, 1942

(SEAL) Henry Nichols Probate Judge Notary Public, residing at Challis

(Note:-Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mark Hellen, Registrar.

DEC 15 1942

NOV 25 1960
JAN 4 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-202025-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362218
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Harrisburg

4. FULL NAME OF CHILD Opal Annette Hollingsworth
5. Date of Birth of Child (Month, day, year) Oct. 2, 1915
6. Sex F.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ernest R. Hollingsworth
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alta Fern Warner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Otsego Co. Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Alta Hollingsworth (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Kamiah Idaho Date 12/10/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 19 1942

JUN 22 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-118-003-296

363304

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 4 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey Idaho

4. **FULL NAME OF CHILD** John Fredrick Bowers Jr.

5. Date of Birth of Child (Month, day, year) Oct. 18 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Fredrick Bowers
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Louis (City or town) Missouri (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Browning
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Downey (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife at home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Dr. C. W. Pond (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Browning Bowers Signature
6224 Pala Ave Bell Calif. P. O. Address

NOTARY PUBLIC
Subscribed and sworn to before me at Los Angeles, State of California, and for the County of Los Angeles, State of California, this 14 day of December, 19 42
My Commission Expires Jan. 28, 1945 (SEAL)
W. H. Skeeta Notary Public, residing at Maywood Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DEC 21 1942

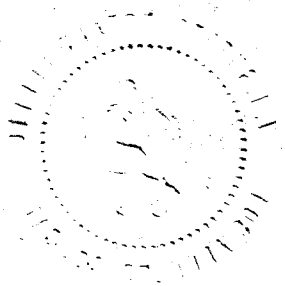
Received for filing on by Mabel H. Gilden, Registrar.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-114-006-453

363313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Pingree
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: I remained in my own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Pingree
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pingree Idaho

4. **FULL NAME OF CHILD** ALBERT HENRY ANDERSEN

5. Date of Birth of Child (Month, day, year) Aug. 14 — 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Christian Andersen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Elvira Meecham
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housekeeping on farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that Louise (First name) Hansen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elvira Andersen Cook Signature
427 South Stout Blackfoot Idaho Address

Subscribed and sworn to before me this 15 day of Dec, 1942

(SEAL) Louis Fell Notary Public, residing at Blackfoot Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1942 by Mark Fellers, Registrar.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4196-130-022-755

363356

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville

4. **FULL NAME OF CHILD** DEWARD FRANKLIN DROLLINGER

5. Date of Birth of Child (Month, day, year) July 30, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stephen Franklin Drollinger
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Pahsimari Valley (City or town) Idaho (State or foreign country)
14. Exact Occupation Pipe-fitter helper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Elenor Gee
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Ora (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Natrona } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 27 years, and that C. C. Meacham (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Geneva E. Drollinger Signature

1405 S. Jackson, Casper, Wyo. P. O. Address

Subscribed and sworn to before me this 14th day of Dec, 1942.

(SEAL) Mary Sweeney A Notary Public, residing at Casper, Wyo.

(Note: Perjury is punishable as a felony in Idaho; sec. Sec. 17-911, Idaho Code unless otherwise stated.)

MY TERM OF OFFICE EXPIRES JAN. 4th, 1943

Received for filing on DEC 21 1942 by Deputy County [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 3 194[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-211-003-294 363373 363373

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Jane Douglass
5. Date of Birth of Child (Month, day, year) August 11, 1915
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Marsh Douglass
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Downey, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Simpson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Cashe Junction, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver solution
23. Number of children of this mother: (a) At time of birth and including this child nil (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12;00 M. on the date and at the place stated above, and that personal particulars were furnished by Amelia May Benson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Amelia May Benson Midwife Address Rupert, Idaho Date 11/25/42

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 24 day of November 1942

(SEAL) Trice Sears Notary Public, Residing

Clerk of District Court in and for Minidoka County, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1942

DELAYED REGISTRATION LAW

(1927 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563-113-039-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363454
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R.F.D.#1
(e) How long has **MOTHER** lived in Idaho? 1 2/3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Theadore Vollmer

5. Date of Birth of Child (Month, day, year) Nov.13th. 1915

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Voolmer
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Odessa (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizebeth Wiesberger
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Odessa (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 8 ~~(b) Born alive and now living~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of POWER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that Dr Star (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Vollmer Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 22nd. day of December, 1942

(SEAL) [signature] Notary Public, residing at American Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1942

SEP 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-207-042-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Rogerson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Rogerson, Id.

4. FULL NAME OF CHILD Bessiee May Lewis

5. Date of Birth of Child (Month, day, year) Nov. 7, 1915

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Franklin Lewis
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Lowell (City or town) Arkansas (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Johnston
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Sherman (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that Adeline Johnston (First name) (Last name), who attended this birth is physically unable to sign (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Johnston Lewis Signature
Castleford, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

COMMISSION EXPIRES MARCH 15, 1945 (SEAL)

E. V. Lynch Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 24 1942 by Mabel F. Elder, Registrar.

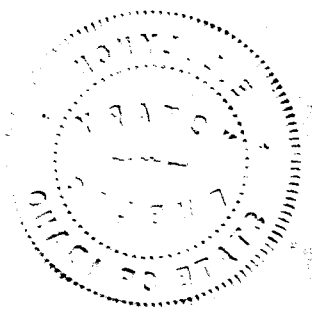
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



355-16-006-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363460
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Iona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 1/ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Iona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona Ida.

4. **FULL NAME OF CHILD** George Gerald Lee

5. Date of Birth of Child (Month, day, year) Dec 26, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ernest Lee
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Woodruff (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Louvina Longhurst
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Gardencity Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Mont
County of Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that Jno Mallon (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John E Lee Signature
St Ignatius Mont P. O. Address

Subscribed and sworn to before me this 19 day of December, 1942

(SEAL) William Wilson Notary Public, residing at St Ignatius Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Expires Aug 5 1943

Received for filing on DEC 24 1942 by Mabel Keeler, Registrar.

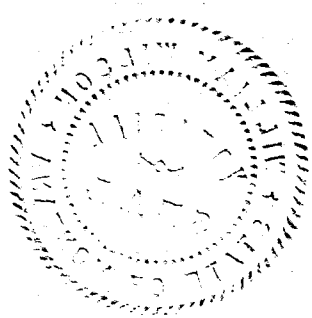
DEC 28 1942

APR 26 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed~~ in Chapter 2, Title ~~38, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



853-222030-645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Mabel Nadine Hellman

5. Date of Birth of Child (Month, day, year) March 22, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adam Hellman
11. Color or Race White
12. Age at time of THIS birth 57 yrs.
13. Birthplace Huntsville (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Luella Funkhouser
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Carson City (City or town) Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person since birth ~~for~~ years, and that Mrs. Mallum (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marcus Hellman Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 1942

(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 0 1942

APR 1 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-212-039-811

363524

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Am. Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. — —
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Ida

4. FULL NAME OF CHILD Leah Huver

5. Date of Birth of Child (Month, day, year) Mar. 12, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex Huver
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Stuzodofsk (City or town) Russia (State or foreign country)
14. Exact Occupation Labor
15. ~~Industry or Business~~ Furniture Factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Haah
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Valienean (City or town) Russia (State or foreign country)
20. Exact Occupation House wife
21. ~~Industry or Business~~

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Barbara (First name) Schultz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lena Huver Signature
3302 Sq. Cushman, Tacoma, Wn P. O. Address

Subscribed and sworn to before me this 18th day of December, 1942
(SEAL) Harland R. Bailey Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel F. Elder, Registrar.

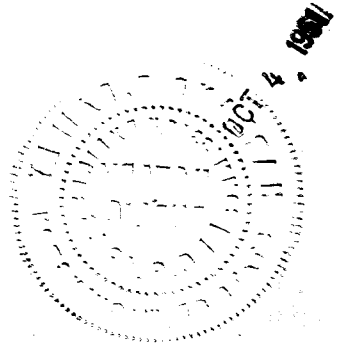
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



893-207026-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363534
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Eva Hattie Hill

5. Date of Birth of Child (Month, day, year) Nov. 7, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Fredric Hill
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ellen Call
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Willard, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at one A.M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Ellen Hill (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Ellen Call M.D. Midwife Address Rigby, Idaho Date Dec. 14, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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363557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: At own residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 44 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. ***----
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai, Idaho

4. **FULL NAME OF CHILD** William Joseph Eneas
5. Date of Birth of Child (Month, day, year) May 25, 1915
6. Sex M
7. Twin or Triplet ------ If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Eneas
11. Color or Race Indian
12. Age at time of THIS birth 34 yrs.
13. Birthplace Arrow Junc. (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm Helper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Pinkham
17. Color or Race Indian
18. Age at time of THIS birth 44 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Louise Pinkham (First name) Eneas (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 27 years, and that Dr. William (First name) Habel (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Pinkham Eneas Signature

Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) E. H. La Coure Notary Public, residing at Lapwai, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 4 1943 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 4 1943

SEP 4 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City INKOM
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City INKOM
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** RUTH ALTA RICHARDSON

5. Date of Birth of Child (Month, day, year) AUGUST 6, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ROBERT HOWARD RICHARDSON
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace NEELEY (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DORA ELIZABETH HUNT
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace DOWNEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that MRS. ELLEN BARGER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Hunt Richardson Signature

SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 14th day of DECEMBER, 1942

(SEAL) Maurice C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-201003-315

363599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs. Idaho.

3. **RESIDENCE OF FATHER** (city, state) McCammon

4. **FULL NAME OF CHILD** Bessie May Lish

5. Date of Birth of Child (Month, day, year) Aug. 1, 1915.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Lish
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Albion (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Lane.
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Webb City, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housekeeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California.
County of Los Angeles. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27 years, and that G. H. (First name) Cooper, MD, (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorenzo Lish Signature

4842 W. 119th, St, Hawthorne, California. P. O. Address

Subscribed and sworn to before me this 21st. day of December, 19 42.

My Commission Expires July 21, 1945 (SEAL) M. B. Garton Notary Public, residing at Hawthorne, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mary Peden, Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-210025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363689
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 23 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 years.

3. **RESIDENCE OF FATHER** (city, state) Kooskia, Ida.

4. **FULL NAME OF CHILD** Adeline Frona Kirtley

5. Date of Birth of Child (Month, day, year) Jan. 10, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Raborn Kirtley
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Drain, Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Adeline Fitting
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Mrs. Nora Landon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ralph Kirtley Signature
Kooskia, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1942

(SEAL) Gladys S. Moore Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mary F. Elsner, Registrar.

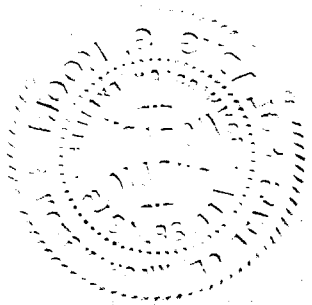
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236 231003-853

363690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: This child was born on a Claim 18 mi E of Pocatello
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address ~~or R.F.D.~~ No. Wyeth
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Sallie Virginia Scott

5. Date of Birth of Child (Month, day, year) Mar. 31- 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ord Elwood Scott
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Grain Buyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie Heller
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Near Farmer City Ill (City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sallie Scott (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 27 years, and that The Mid Wife (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sallie Scott Signature

501-Columbia Terrace Peoria Ill P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942

(SEAL) Gladys Gladden Notary Public, residing at Peoria, Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

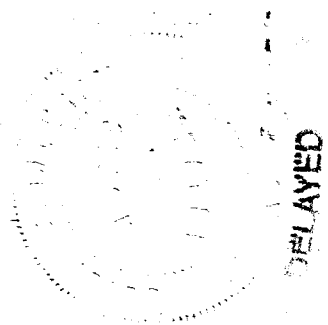
Received for filing on JAN 6 1943 by Mabel Hedden, Registrar.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1915 -

DELAYED

691 117001-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363691
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Kuna
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Oregon (b) County Hood River
(c) City Hood River
(d) Street Address or R.F.D. No. 13th & A Streets
(e) How long has **MOTHER** lived in Idaho? 0 yrs.

3. RESIDENCE OF FATHER (city, state) Hood River, Ore

4. FULL NAME OF CHILD Jerald Heartzell Wray

5. Date of Birth of Child (Month, day, year) Aug. 17, 1915

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8 1/4

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Heartzell Wray
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Dayton, Ohio (City or town) (State or foreign country)
14. Exact Occupation fruit worker
15. Industry or Business laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Kitty Pearl Smith
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Spencer, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon } ss.
County of Hood River }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that doctor (name unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Kitty Pearl Smith Camp Signature

..... P. O. Address

Subscribed and sworn to before me this 31st day of December, 1942

(SEAL) John T. Mohr Notary Public, residing at Hood River, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mark Fielder, Registrar.

JAN - 7 1943

AUG 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1915-37716

DELAYED

263-205039-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363692
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 Mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mathilda Anna Boldt

5. Date of Birth of Child (Month, day, year) Oct. 5, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Frank Boldt
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bingham Lake Minn. (City or town) (State or foreign country)
14. Exact Occupation Carpenter Work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Friesen
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Mountain Lake Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Merced } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother in law (~~Mother, etc.~~) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 27 years, and that Dr Schiltz (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank R Friesen Signature
410-2nd St Rupert Ida P. O. Address

Subscribed and sworn to before me this 25 day of November, 1940

(SEAL) W H Osborn Notary Public, residing at Atwater Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) W H Osborn

Received for filing on JAN 6 1943 by Mary F Fedders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-211035-816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363695
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 6 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac Ida

4. **FULL NAME OF CHILD** Marie Frances Walters

5. Date of Birth of Child (Month, day, year) Jan. 11, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Homer Wilford Walters
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Repairing Watches
15. Industry or Business Jewelry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Frances Hawley
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Mound City (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ruth Walters (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ella Hawley M.D. Midwife Address St Maries, Ida. Date Dec. 31st 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by JAN 6 Mabel Helper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

246-115083-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363697
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Mink Creek Idaho

4. FULL NAME OF CHILD Darwin Felix Smout

5. Date of Birth of Child (Month, day, year) March 15tj, 1915.

6. Sex male **7.** Twin or Triplet single If so—born 1st, 2nd, 3rd 4 **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Ward Smout
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Slaterville, Utah. (City or town) (State or foreign country)
14. Exact Occupation farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Josephine Petersen.
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Smithfield, Utah. (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont. know.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Hannah Keller (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ina P. Smout Signature
Rigby, Idaho. P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 43

(SEAL) Rachel Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel Weldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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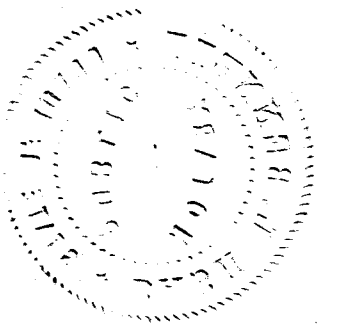


353/22-035-853

363744

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD John Lowell Lettenmaier

5. Date of Birth of Child (Month, day, year) Sept. 22 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Joseph Lettenmaier
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Arlington Minn. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Cordelia Hellow
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

X ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John E Hoyt M.D. ~~Midwife~~ Address Spokane Wn. Date 11-17-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ... } ss.
County of ... }

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 1943

(SEAL) W. N. Anderson Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by ..., Registrar.

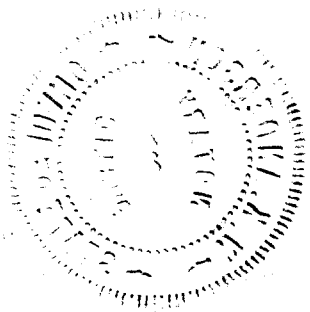
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau~~ of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-205007-336

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363799
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Since 1901 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rachel Bessie Spencer

5. Date of Birth of Child (Month, day, year) Jan 5 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Theodore Spencer
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Richmond Ky U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Rancher & Sheep Tender
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Retta Lloyd
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kansas. (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Picabo Jan 5 1915 M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A Lloyd (First name) (Last name), who is related to this child as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature Sarah A Lloyd M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Sarah A. Lloyd (First name) (Last name), who attended this birth Signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Retta Bonner Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 43

(SEAL) [signature] Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-206029-763 364009

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364009
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~: 5 MILES NORTH OF MOSCOW
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address or~~ R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Grace Alma Bass

5. Date of Birth of Child (Month, day, year) July 6. 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Roy Bass
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace Missouri (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer & Dairying
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Pollin
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace Lowden (City or town) Illinois Tallington (State or foreign country)
20. Exact Occupation Farmer's wife Help
21. Industry or Business mate

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and ~~including~~ this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 1 45 M. on the date and at the place stated above, and that personal particulars were furnished by Grace (First name) Bass (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Mrs. J. W. Clark (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Grace Pollin Bass Signature

P. O. Address

Subscribed and sworn to before me this 25th day of January, 19 43

(SEAL)

Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Mary F. Elder, Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134 212 001 127 364015

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. BOISE-BENCH
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. BOISE-BENCH
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** MARIE LOUISE ALDAPE
5. Date of Birth of Child (Month, day, year) DEC. 12, 1915
6. Sex FEMALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FELIPE ALDAPE
11. Color or Race BASQUE WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace BERIZ (City or town) SPAIN (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIA-JOSEFA-ASPIRI
17. Color or Race BASQUE WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace LEQUEITIO (City or town) - SPAIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Maria (First name) Aldape (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Petra Aldape Midwife Address Route 1 - Meridian Idaho Date 1-25-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

951-206 042 951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Hollister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hollister
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Liv 9mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Hollister Ida

4. **FULL NAME OF CHILD** MARY JULIA REAMS

5. Date of Birth of Child (Month, day, year) April 6 - 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Sherman Reams
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Albia, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Lauretta Reams READ
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Shelby Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Dr Parrott (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada L. Reamer Signature

Rt 4 Buhl, Ida P. O. Address

Subscribed and sworn to before me this 13th day of January, 1943

(SEAL)

H C Byrne Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-104 029864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364090
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee, Ida.
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee, Idaho, R. F. D. 1
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida

4. **FULL NAME OF CHILD** Glen Livingston Jones

5. Date of Birth of Child (Month, day, year) July 4, 1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Benton Jones
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace North Platte, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Jane Young
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Caplinger's Mill, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Mrs. Phoebe (First name) Wilson (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Young Jones Signature

Route 1, Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of January 1943.

(SEAL) BESSIE BABCOCK, Ex-officio/~~Notary Public~~ Auditor and Recorder, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Rose E. Rawson Deputy.

Received for filing on JAN 19 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-22007419

364156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 3
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 2 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Ida

4. FULL NAME OF CHILD Avon Marie Sowers

5. Date of Birth of Child (Month, day, year) October 22, 1915

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Emphield Hiram Sowers
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace Frankford (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Mae Martin
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Picabo (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Christina Sowers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Mrs Roda Freeman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Christena M. Sowers Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this 14th. day of January, 19 43

(SEAL) R. A. McCoy Notary Public, residing at Hailey, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1943 by Robert H. Wright, Registrar.

JAN 19 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-120025-419

364194

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Harrisburg, Idaho

4. FULL NAME OF CHILD Omer Jesse Harvey

5. Date of Birth of Child (Month, day, year) June 20, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ora Jesse Harvey
11. Color or Race Amer.
12. Age at time of THIS birth 30 yrs.
13. Birthplace Galena (City or town) Kansas (State or foreign country)
14. Exact Occupation Woods work
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Louise Martin
17. Color or Race Amer.
18. Age at time of THIS birth 25 31 yrs.
19. Birthplace Moscow (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Mrs Lillian Harvey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. V. Bryan M.D. ~~Midwife~~ Address Kamiah Date 1/27/43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 194?

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. .....
County of Clearwater } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Omer Birth-Harvey (BIRTH OR DEATH)
for Omer Jesse Harvey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 20, 1915 (DATE OF EVENT)
in Harrisburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by birth certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 21 - 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's age at time of this birth	Age at time of this birth 31 yrs	Age at time of this birth 23 yrs.

Subscribed and sworn to before me this 20th day of April 1944

Samuel F. Swayne

Notary Public, residing at Orofino, Idaho

My commission expires Nov 17, 1944
(SEAL)

Signed Mrs Lillian Harvey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Orofino, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of May 1944

E F Cleveland

Notary Public, residing at Kooskia Idaho

My commission expires May 1, 1945
(SEAL)

Signed x Yettie E Hollingsworth
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kooskia Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 1 2 1964

255-125029-239

365251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365251
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy, Ida
(c) Street Address or R.F.D. No. No 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Olaf Alfred Benson

5. Date of Birth of Child (Month, day, year) Oct. 25th 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Severt Benson

11. Color or Race White

12. Age at time of THIS birth 52 yrs.

13. Birthplace Malmo (City or town) Norway (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Stivland

17. Color or Race White

18. Age at time of THIS birth 44 yrs.

19. Birthplace Lowry (City or town) Minnesota, U.S.A. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Clara M. Koidal (First name) (Last name), who is related to this child as sister (Mother, etc.)

25. Attendant's **OWN** signature Clara Mathilda Benson M.D. Midwife Address Troy, Ida Route 2 Date Dec. 24

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of .....
County of ..... } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel McClain, Registrar.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

895127-001-663 365360

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365360
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1608 no 19st
(d) Name of Hospital or Maternity Home: St Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ada years 9 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1608 no 19
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) 39

4. FULL NAME OF CHILD George Christopher Hiester

5. Date of Birth of Child (Month, day, year) 1915-6-27

6. Sex Boy 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Alexander Hiester
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Wyandot (City or town) Kansas (State or foreign country)
14. Exact Occupation Locomotion Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Hoesker
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Ishpeming (City or town) Mich (State or foreign country)
20. Exact Occupation House Wife Nov 4 1882
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum nonnonal
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Dr Hally dead

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 27 years, and that Dr. (First name) Hally (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A Hiester Signature
Home Hotel Boise Idaho P. O. Address

Subscribed and sworn to before me this 1st day of February, 1943

(SEAL) Fred N Bagley Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-206024-331

365372 365372

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gooding (b) City Bliss

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gooding

(c) City Bliss

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lucy Amanda Palmer

5. Date of Birth of Child (Month, day, year) Feb. 6, 1915

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Elmer Palmer

11. Color or Race W **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Fairmount (City or town) Clark Co. Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennett Ethel Clark

17. Color or Race W **18.** Age at time of THIS birth 31 yrs.

19. Birthplace Freemont, (City or town) Graham Co. Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Mrs. (First name) Guthridge (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennett Ethel Palmer Signature

Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of February, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison Lane
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Howe, Idaho

4. FULL NAME OF CHILD Bernice Mae Downie (Lee)

5. Date of Birth of Child (Month, day, year) 1/15/1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charlie N. Downie
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace New Agyo, Michigan (City or town) (State or foreign country)
14. Exact Occupation Sawmill operator
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lemarr Abel
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Eagle Creek, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Tillamook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Mrs. Cora Ward (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ethel Lemarr Downie Signature
Wheeler, Oregon P. O. Address

Subscribed and sworn to before me this 23 day of Jan, 1943
(SEAL) G.B. Nunn Notary Public, residing at Wheeler, Oreg.
Notary Public for Oregon
My commission expires Jan. 6, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1943 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Soda Springs
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address (For registration notice):
Soda Springs
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city State) Soda Springs

4. FULL NAME OF CHILD Homer James Woodall

5. DATE OF BIRTH (Month, day, year) June 22, 1915

6. Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Homer William Woodall

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Idaho, Soda Springs
(City or Town) (State or foreign country)

14. Exact Occupation rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dolly Watson

17. Color or Race W

18. Age at time of THIS birth 24 yrs.

19. Birthplace Idaho, Soda Springs
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9P M. on the date and at the place stated above, and that personal particulars were furnished by Homer Woodall (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) JAN 28 1943 (Date received) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M. D. (D. O., Midwife, etc.)
Ellis Hackley, M.D.
and address Soda Springs Date 11/26.42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 29 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

OCT 3 - 1951

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

DELAYED

(e) Signature of Physician:

_____

156-206026-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365598
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** GENEVIEVE JEFFS

5. Date of Birth of Child (Month, day, year) April 6, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOHN HENRY JEFFS
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Riverton (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA ELLSWORTH
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, Stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Edwina (First name) Ellsworth (Last name) who is related to this child as Grandmother (Mother, etc.). Also my own records. EDWINA

25. Attendant's **OWN** signature Ray H. Fisher M.D. ~~Midwife~~ Address 3588 Fruitvale Ave. Oakland, Calif. Date 2-1-43.

State of Idaho
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 28 years, and that ~~[illegible]~~ (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Ed Ellsworth Signature

2205 Harrison Boulevard, Boise, Idaho P. O. Address

Subscribed and sworn to before me this day of January, 1943

(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Glencoe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Glencoe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lois Lovenia Peterson

5. Date of Birth of Child (Month, day, year) 11/6/15

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Enoch Peterson
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lovenia Christena Erickson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that Mrs. Beckstead (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovenia Christena Erickson Peterson Signature

P.O. Box #84, Grace, Idaho P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 3 1949 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 105 033 864

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365600

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County MADISON (b) City REXBURG
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: A HOME of Fred Crabtree
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City IDAHO, FALLS
   (d) Street Address or R.F.D. No. 8 A'al that time
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Ida

4. **FULL NAME OF CHILD** KENNETH, BLAIR, CRABTREE

5. Date of Birth of Child (Month, day, year) July 5, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Aston Crabtree

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Providence Utah (City or town) (State or foreign country)

14. Exact Occupation Meat cutter

15. Industry or Business Butcher shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosella Young

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Rexburg Idaho (City or town) (State or foreign country)

20. Exact Occupation Wife & mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that a Dr. Walker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this ~~birth~~ recorded under Chapter 139, 1937 Session Laws.

Fredrick A Crabtree Signature

Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of January, 1943

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mark Keeler, Registrar.

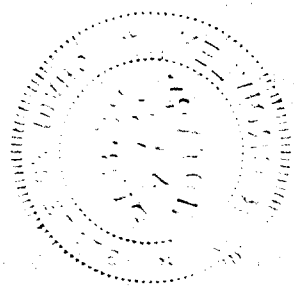
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816-201-007-275

365646 365646

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365646

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jerome
   (c) City Jerome
   (d) Street Address or R.F.D. No. Rt. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Alice Hawley

5. Date of Birth of Child (Month, day, year) July 1, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Lee Hawley
11. Color or Race Wh
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bluefield, West Virginia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Maude Spencer
17. Color or Race Wh
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Jerome } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Adopted Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 21 years, and that Alic Stinson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Lee Hawley Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1943

(SEAL)

Notary Public, residing at Jerome

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1943 by Mary M. Cluff, Registrar.

MAR 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819/130-035-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365647
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nex Perce (b) City Lapwai
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born in the home
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years x months x days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nex Perce
(c) City Lapwai
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? Five yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above.

4. **FULL NAME OF CHILD** GEORGE VERNON HARDIN.

5. Date of Birth of Child (Month, day, year) March 30, 1915.

6. Sex Male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Hardin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lincoln (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Goss.
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Viny Grove (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer's wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at six A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

No one present but the father.

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington,
County of Walla Walla. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Martha Jane Hardin Signature

Rfd #4, Walla Walla, Washington. P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1943.

(SEAL)

Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 8 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

244-227-240-693

365919

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No. Enaville, Ida.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Of Enaville, Ida.

4. FULL NAME OF CHILD Olive Genevieve Smith

5. Date of Birth of Child (Month, day, year) Dec. 27-1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd Third **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Smith
11. Color or Race White **12.** Age at time of THIS birth yrs.
13. Birthplace Oklhoma (City or town) U.S.A. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wilhelmina Wilson
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Finland (City or town) Foreign (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Sipola M.D. Midwife Address Enaville, Ida Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth ~~of~~ a child born prior to the effective date of Chapter ~~101, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451-119-008-693 366012

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Rosebery
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Rosebery
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Owen Kenneth Meador

5. Date of Birth of Child (Month, day, year) Nov. 19, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Manfred Edwin Meador
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Berry County Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margret Blanche Williams
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Adrein County Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of New Mexico
County of Colfax } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that No doctor (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margret Blanche Meador Signature
Maxwell R.R. #1 N. Mex. P. O. Address

Subscribed and sworn to before me this 15th day of Feb., 1943

(SEAL) Ignacio Lopez Notary Public, residing at Maxwell, N.M.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 1[illegible] Idaho Code Annotated.)

My Commission expires July 20, 1943

Received for filing on FEB 24 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

E43-2 -002-235

366039

366039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366039
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No. (rural
(d) Name of Hospital or Maternity Home:
at parents' home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Near Indian Valley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Louise Hutchison

5. Date of Birth of Child (Month, day, year) July 1915

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amasa L. Hutchison
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cassia County, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Argie V. Steward
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Polk County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Mrs. Mattie Gray (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Imo Hutchison Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of December, 19 42

(SEAL) [illegible] Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mabel F Elder, Registrar.

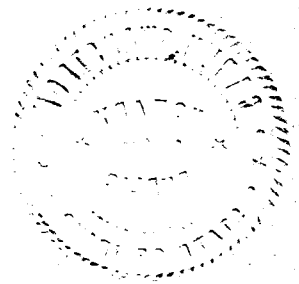
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED HOLD BIRTH DATE



512-48-0028-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366085
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 7th & Sherman
(d) Name of Hospital or Maternity Home: Reed Maternity Busby Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1309 Front
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address 1309 Front
3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Mildred Luella Egbers
5. Date of Birth (Month, day, year) July 15, 1915
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Miles Fenton Egbers
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ritzville, Adams County, Washington
(City or town) (State or foreign country)
14. Exact Occupation law student
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Feastil Davis (Egber
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace Armstrong, Howard County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 22 1943 (Date received) (b) Mabel Egbers (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Miles F. Egbers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mildred Luella Egbers (Name of person on certificate above) as her father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Miles F. Egbers ..... Name
Route 1 Athol, Idaho ..... P. O. Address

Subscribed and sworn to before me on this 1st day of October, 1943.
(SEAL) Earl Miles ..... Notary Public, residing at Coeur d'Alene.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

386-220035-675

367153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367153
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nesperce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nesperce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mary Alice Thompson

5. Date of Birth of Child (Month, day, year) July 20, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Earl Thompson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Jonesburg (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Finnel
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 5-6 years of age, that I have known this person for 27 years, and that Mary Alice Thompson (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my commission expire 7-31-44 Mrs Esther Platt Signature

Shingle Creek P. O. Address

Subscribed and sworn to before me this 12th day of February, 1943

(SEAL) H. Wilhelm Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 25 1943 by [illegible], Registrar.

FEB 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 108043 243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367163
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Harrison Howard Meador

5. Date of Birth of Child (Month, day, year) Aug 8 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Harrison Meador
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Cassville (City or town) Missouri (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Bulley
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Meridian (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Emma Meador (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 27 years, and that Emma Stradder (First name) (Last name), who attended this birth is Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma J. Meador. Signature

Donnelly - Idaho P. O. Address

Subscribed and sworn to before me this 19 day of February, 1943

(SEAL) Blair G Anderson Notary Public, residing at Donnelly - Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary F Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1943

SEP 23 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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023-219

367165

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Rt #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Rt #1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Frances Marie Newman

5. Date of Birth of Child (Month, day, year) April 7, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank William Newman

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Middleton (City or town), Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Agnes Barnard

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Junction City (City or town), Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank W Newman (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature B O Clark M.D. ~~Midwife~~ Address Vet. adm. Boise Date 2-23-43

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that B O (First name) Clark (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank W Newman Signature

6314 S.E. 80th Ave Portland Ore. P. O. Address

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 8, 1943

Subscribed and sworn to before me this 24 day of February 1943

(SEAL) Alice L. Newman Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 19[illegible]

MAY 1 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census Cassia

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367186

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ~~Cashie~~ (b) City Yale

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County ~~Cashie~~

(c) City Yale Cassia

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Dill

5. Date of Birth of Child (Month, day, year) 11/7/1915

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Dill

11. Color or Race white **12.** Age at time of THIS birth 38 yrs.

13. Birthplace (City or town) Russia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathryn E. Walter

17. Color or Race white **18.** Age at time of THIS birth 39 yrs.

19. Birthplace (City or town) Russia (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 28 years, and that cannot remember name of (First name) attendant (Last name), who attended this birth is not deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Dill Fawne Signature

Route #4, Walla Walla, Washington P. O. Address

Subscribed and sworn to before me this 17th day of February, 1943

(SEAL)

Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1943 by Mary F Elder, Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849-105003 613

367370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Swan Lake

4. FULL NAME OF CHILD IVAN NEAL QUIGLEY

5. Date of Birth of Child (Month, day, year) Oct. 5, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert George Quigley
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Swan Lake (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Walker
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Clarkston, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 27 years, and that Elizabeth Kendall (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Quigley Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 43

(SEAL) ____ Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary E Felger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

AUG 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

968-219033667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367387
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. Route #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Thelma Roylance

5. Date of Birth of Child (Month, day, year) 4/19/15

6. Sex Female

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wallace Roylance
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Springville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Edith Fogg
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No, 17

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John W. (First name) Roylance (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Dr Joseph Walker M.D. ~~Midwife~~ Address Rexburg, Ida Date 4/19/15

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Dr. Joseph Wlaker (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Edith Roylance Signature

Rexburg, Idaho R.F.D. #2 P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942

(SEAL) J. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1948

APR 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663 220-040-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367479
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Cowles & Papesh Add. (at home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Julia Agnes FoltZ

5. Date of Birth of Child (Month, day, year) August 29 1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME FranK BennetT FoltZ
11. Color or Race whiTe **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Lebanon (City or town), Indiana (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business U.S. Mail

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche LeTo MarTin
17. Color or Race whiTe **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Lincoln (City or town), NebraskA (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Blanche (First name) FoltZ (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 1/2 years, and that Dr George Lesher (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Blanch Foltz. Signature

Greenacres, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1943

(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Maud F Felder, Registrar.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Almo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Almo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho

4. **FULL NAME OF CHILD** Faith D. Belnap

5. Date of Birth of Child (Month, day, year) March 8, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Belnap
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Teacher and Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Loveland
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Calls Fort (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Annie Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida L. Belnap Signature
Almo, Idaho. P. O. Address

Subscribed and sworn to before me this 26 day of March, 19 42

(SEAL) J. Henry Thompson Notary Public, residing at Malta, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mark F. Elder, Registrar.

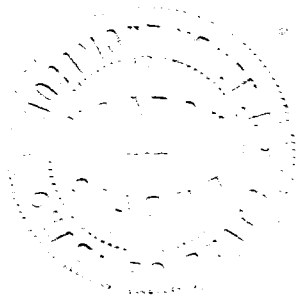
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-223-010-395

367629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

MAR - 8 1943 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Idaho Falls Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years — months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Spencer
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Spencer, Ida.

4. FULL NAME OF CHILD Ruth Eleanor Barlow

5. Date of Birth of Child (Month, day, year) April 23, 1915

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Barlow
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Waupaca (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Teaching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Linn
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace North Platte (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Barlow (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Idaho Falls, Ida. Date Mar 5-43

State of Wisconsin
County of Waupaca } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 27 years, and that Dr (First name) Cline (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Linn Barlow Signature
Waupaca, Wis. Route 2 P. O. Address

Subscribed and sworn to before me this 19th day of Feb, 1943

(SEAL) Harold Petersen Notary Public, residing at Waupaca
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 11-19-44

Received for filing on MAR - 8 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1943

AUG 9 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

544-104-026-544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367649
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Labelle
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: No hospital.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City LaBelle
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Stephen Eddie Eddins

5. Date of Birth of Child (Month, day, year) Sept. 4, 1915

6. Sex male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Numen Acle Eddins
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Draper, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janet Nellie Eddie
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Tologa (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum [redacted] Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Janet Eddins (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby, Idaho Date Mar 7, 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for since birth years, and that Dr. H. A. Anderson (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Janet Nellie Eddins Signature
801 Ohio St., Caldwell, Idaho Address

Subscribed and sworn to before me this 27th day of February, 19 43.

(SEAL) Emma E. Thompson, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-231-004-314

367693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Elaine La Rue Lautry

5. Date of Birth of Child (Month, day, year) May 31, 1915

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lautry
11. Color or Race White
12. Age at time of THIS birth 60 yrs.
13. Birthplace St. Lawrence, New York (City or town) (State or foreign country)
14. Exact Occupation R. R. Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Iola Lauce
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Lehigh, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28 years, and that Dr. Ashley (First name) (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen I Lautry Signature
6011, So. Van Ness ave P. O. Address

Subscribed and sworn to before me this 9 day of March, 1943

(SEAL) Geo. E. Clark Notary Public, residing at 3330 W Florence Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission Expires March 24, 1943

Received for filing on MAR 12 1943 by Mary F Elder, Registrar.

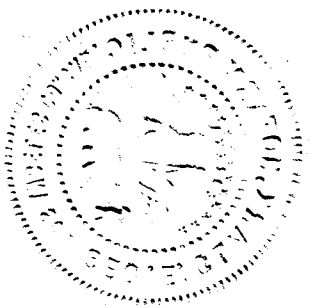
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-130-022-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367701
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lamont Idd.
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county X 7 years X 8 months X 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Lamont
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? X 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lamont Ida.

4. **FULL NAME OF CHILD** LaVon Gardner

5. Date of Birth of Child (Month, day, year) Nov. 30, 1915

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elias Harvey Gardner
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. [redacted] Central (City or town) Utah (State or foreign country)
14. [redacted] Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Matilda Hockstader
17. Color or Race White
18. Age at time of THIS birth X 32 yrs.
19. Birthplace Antimony (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.).

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty years of age, that I have known this person for all his life years, and that Dr. Price, (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Matilda Gardner Signature
135 College, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943.

(SEAL) [signature], Notary Public, residing at Idaho Falls,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-212-od-719

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367754
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. Route #2
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City R #2, Meridian
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Unknown yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD** Zella Viola Moore

5. Date of Birth of Child (Month, day, year) Mar. 12, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Moore
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Malvern, (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Orr Parks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon, County of Crook. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 28 years, and that Dr. Neal (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Moore-Spielman Signature

Prineville, Oregon P. O. Address

Subscribed and sworn to before me this 13th day of March, 1943.

(SEAL) A. W. Battles, Notary Public, residing at Prineville, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mabel Felder, Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother ~~of the child is living or accessible, of the nearest of kin or guardian, or some~~ person having direct knowledge in the premises.

259-207-006-231

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 36765
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. [illegible]
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Bozena Bernat

5. Date of Birth of Child (Month, day, year) July 7, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Bernat
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Visnova (City or town), Czechoslovakia (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Blazek
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Maly-Vevre (City or town), Czechoslovakia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1 P. M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Bernat (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Illinois
County of Cook } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Midwife (First name) Battvy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Bernat Signature

2314 So. Homan Avenue, Chicago, Illinois P.O. Address

Subscribed and sworn to before me this 13 day of March 1943

(SEAL) Joseph Bender Notary Public, residing at Cook County Illinois

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Mary Fehr Registrar

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DLAP 26 1913 - 32553

462-229-025-415

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367867
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of James Davis
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lorena Belle Hobart

5. Date of Birth of Child (Month, day, year) Aug. 29-1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Mark Hobart
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Roseburg (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Marie Davis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Moscow (City or town) Idaho. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a. M. on the date and at the place stated above, and that personal particulars were furnished by Josephine (First name) Davis Hobart (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. S. Bryan M.D. ~~Midwife~~ Address Kamiah Ida Date 3/18/43

State of —
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mabel F. Elgin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1972

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

545-22-040-343

367870

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Hoshone (b) City Kingston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Hoshone
   (c) City Kingston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Hazel Loraine Hunt

5. Date of Birth of Child (Month, day, year) 3/22/1918

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert William Hunt
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Colfax Co. Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Tucker
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oregon City Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 28 years, and that Robert W. Hunt (First name) (Last name), who attended this birth Mrs. W. W. Hunt (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert W. Hunt Signature
R. 1, Box 374 Kirkland Wash. P.O. Address

Subscribed and sworn to before me this 4th day of March, 19 43

(SEAL) J. H. Magnussen, Notary Public, residing at Redmond

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maud Fidler, Registrar.

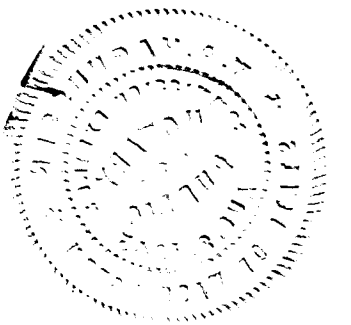
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



357-021-040-355

367887

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Murray
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Murray
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Pauline Hermelene Legault

5. Date of Birth of Child (Month, day, year) Dec. 21, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Felix O. Legault
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace St. Hermas (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Leverne
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 a.m. on the date and at the place stated above, and that personal particulars were furnished by Mary Anne (First name) Legault (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 27 years, and that May (First name) Melroy (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anne Legault Signature

Enaville Idaho P. O. Address

Subscribed and sworn to before me this 31 day of Dec., 19 42

Commission expires July 20, 1945. Mary M. Stout Notary Public, residing at Kellogg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1943 by Registrar.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or ~~midwife, or by~~ Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-217.0242-219

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369018
Local Reg. No.
Reg. Dist. No.

MAR 22 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 421-3rd Ave East
   (d) Name of Hospital or Maternity Home: None
   Born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Life years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No 421-3rd Ave East
   (e) How long has **MOTHER** lived in Idaho? For Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida.

4. **FULL NAME OF CHILD** Mercedes Lydia Claussen

5. Date of Birth of Child (Month, day, year) August 17, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Claussen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Beresford, South Dakota (City or town) (State or foreign country)
14. Exact Occupation Groceryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Ellen Barry
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ketchum, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3 1%
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Nellie Claussen (First name) (Last name), who is related as mother. (Mother, etc.)

25. Attendant's **OWN** signature John H Claussen M.D. ~~Midwife~~ Address Twin Falls, Idaho Date March 17, 1943.

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mark F Elder Registrar.

MAY 6 1952

MAR 2 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not ~~been recorded~~, or ~~in case of~~ failure ~~to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

811-216-032-618

369082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. RFD ?
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No. RFD ?
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Mildred Gladys Haase

5. Date of Birth of Child (Month, day, year) May 16, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gottfried Haase
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kulm, Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Wahl
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Tripp, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of ~~birth~~ and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Mrs. C Grow (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Amelia Wahl Haase Signature

Odessa Wn P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL)

Gladys G. White, Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 4-26-46

Received for filing on MAR 26 1943 by Mary F Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

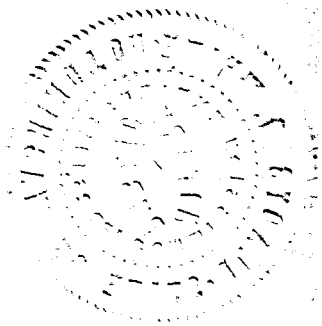
MAY 17 1966

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-208-025-958 369131 369131

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 16 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ida. (b) City Stites
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 12 months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Stites, Ida.

4. **FULL NAME OF CHILD** Zola Irene Packer
5. Date of Birth of Child (Month, day, year) 8-8-15
6. Sex F
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 2
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Manly Arthur Packer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace So. Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tillie Anna Reynolds
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pomeroy, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Tillie (First name) Packer (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. W. Wentworth M.D. Midwife Address Stites Ida Date Mar 23/43

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Dr. W. H. Wentworth (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tillie Reynolds Packer Signature
Bonners Ferry Idaho P. O. Address

Subscribed and sworn to before me this 13th day of March, 1943

(SEAL) J W Reid Notary Public, residing at NOTARY PUBLIC RESIDING AT BONNERS FERRY, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Code Annotated.) MY COMMISSION EXPIRES SEPT. 20th 1944

Received for filing on MAR 29 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1968

MAR 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-12-009-243

369156

369156

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City ~~Sandpo~~ Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Joseph James Deroshia

5. Date of Birth of Child (Month, day, year) Nov. 24, 1915

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 6th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Wallace Deroshia
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Piledriver
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Angeline Bullock
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace S. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Mrs. Swanson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Angeline Deroshia Signature
Sagle, Idaho P. O. Address

Subscribed and sworn to before this 24th day of March, 1943.

(SEAL) Francis J. Long Probate Judge ~~Notary Public~~, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 5 1943 by Mary E Edgar, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1943

APR 24 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

645-106-642-365

369rnf

369224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Murtaugh
   (c) Street Address or R.F.D. No. R.F.D. 3
   (d) Name of Hospital or Maternity Home: home birth
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Murtaugh
   (d) Street Address or R.F.D. No. R.F.D. 3
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Spokane, Wash.

4. **FULL NAME OF CHILD** Leonard Long Frederick

5. Date of Birth of Child (Month, day, year) 12-6-1915

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Elliot Fredericks
11. Color or Race whie
12. Age at time of THIS birth 40 yrs.
13. Birthplace Belmond (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vina Long
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Stillwater (City or town) Oklahoma (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~ ----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of Chelan } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 27 years, and that Mrs. Arson Strong (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Vina Worley Signature

Box 84, Entiat, Washington. P. O. Address

Subscribed and sworn to before me this 15th day of April, 1943.

(SEAL) ..... Notary Public, residing at Wenatchee, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Maud F Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396-121-025-964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369288
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Five years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Five yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** MATTHEW MORROW CROSS

5. Date of Birth of Child (Month, day, year) Aug. 21-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lara Stewart Cross

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Aledo (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Rode

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Cable (City or town) Illinois (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Kern } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 27 years, and that Dr. Warner (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Luella Cross Signature

530 Goodman St., Bakersfield, Cal. P.O. Address

Subscribed and sworn to before me this 24th day of March, 19 43.

(SEAL) Verna Irene Kelly, Notary Public, residing at Bakersfield, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States 238-208-042-453-
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369305
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 514 - 3 ave West
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: Since Sep. 1912
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 514 - 3rd West
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Do

4. FULL NAME OF CHILD Phyllis Natalie Schlichting
5. Date of Birth of Child (Month, day, year) July 8, 1915
6. Sex - girl
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John August Schlichting
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lake City, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma E. Melcher
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Random Lake, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 27 years, and that Dr. Duncan Alexander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. Schlichting Signature
2000 E. Bingden Road Pasadena P. O. Address

Subscribed and sworn to before me this 17 day of March 1943

(SEAL) Jay L. Hines Notary Public, residing at Pasadena Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ..... Registrar.

APR 1 1943

Mavel F. Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-228-0.10-791

369464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) ~~Street Address~~ or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) ~~Street Address~~ or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Mary Jane Phillips

5. Date of Birth of Child (Month, day, year) October 28, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phillips Morgan Phillips
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Marsh Valley, Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer and stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Pratt
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Kaysville, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above and that personal particulars were furnished by Dora Phillips (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jean O'Mellard M.D. Midwife Address Idaho Falls, Ida. Date Oct 28 1915

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary F Elders, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

549-109-039-993

369563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mennonite Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leslie Hoover Emigh

5. Date of Birth of Child (Month, day, year) Aug. 9, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roy Emigh
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Irene Rice
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Conant (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 27 years, and that Richard (First name) Noth (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Irene Rice Emigh Signature

Freewater, Oregon P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 43.

(SEAL) M E Blackler, Notary Public, residing at Freewater

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 6/3-46

Received for filing on APR 15 1943 by Mark H Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 0 1973

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-202-022-219

369638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369638
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Drummond
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Drummond, Ida

4. **FULL NAME OF CHILD** Mildred Irene Gaines

5. Date of Birth of Child (Month, day, year) Nov. 2, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Emmett Gaines
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mound City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie E. Barrickman
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dillsboro Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of ~~this mother~~: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 27 years, and that Dr. C. C. Meacham (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. A. Gaines Signature
Drummond Idaho P. O. Address

Subscribed and sworn to before me this 14th day of April, 1943

(SEAL)

Notary Public, residing at Ashton, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-904, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-115-003-536

United States
Department of Commerce
Bureau of the Census Amended 9-30-77

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369641
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Dempsey
   (c) Street Address or R.F.D. No. no
   (d) Name of Hospital or Maternity Home: no
   (e) Mothers stay **BEFORE** delivery: In **THIS** county three years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Dempsey
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? three yrs.

3. **RESIDENCE OF FATHER** (city, state) Dempsey Ida

4. **FULL NAME OF CHILD** George Earl Bell

5. Date of Birth of Child (Month, day, year) November 15 1913

6. Sex male Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Fredrick Bell
11. Color or Race White
12. Age at time of THIS birth 2527 yrs.
13. Birthplace unknown Western Ida (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Elwell
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Nebraska. Ponca. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P.M. M. on the date and at the place stated above, and that personal particulars were furnished by Dr (First name) Smith. (Last name), who is related as M.D. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Sutter } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 27 years, and that Cornelia Elwell (Mason) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Elwell (Mrs.) (Berry) Signature
832 "H" St., Marysville, Calif. P. O. Address

Subscribed and sworn to before me this 13 day of April, 1943.

(SEAL)

Charles G. Seward, Notary Public, residing at Yuba City, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 27 2 37 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 369641

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for George Earl Bell (Name on Original Certificate) who was born (Was Born or Died) on November 15, 1915 (Date of Event)

in Dempsey (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Female	Male

Subscribed and sworn to before me this 21st day of September, 19 77

Notary Public, residing at Yuba City, CA 95991

My commission expires 9/25/79

(Seal)

OFFICIAL SEAL
WILFRED P. GENIELLA
NOTARY PUBLIC - CALIFORNIA
SUTTER COUNTY
My comm. expires SEP 25, 1979

Signed David Carl Guthrie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1210 Stafford Way Yuba City 95991
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 9-12-77 nm (B) returned old copy fc

Statement regarding family records gives name as George Earl Bell Elwell born November 15, 1915 in Dempsey, Idaho Male Sex , to Earl Frederick Bell and Mary Ann Elwell. Record dated April 13, 1943.
Viewed by V.S.

Court Order of Adoption issued by the Probate Court of Bannock County, State of Idaho gives name as George Bell, adopted by G. N. Elwell and Mary Ann Elwell. Dated December 7, 1917 by William A. Hyde, Probate Judge.
Viewed by V.S.

OFFICIAL SEAL
WINIFRED R. GENIELLA
NOTARY PUBLIC - CALIFORNIA
SUTTER COUNTY
My comm. expires SEP 25, 1979

470 Del Norte Ave., Yuba City, CA 95991

265-224-018265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369654
Local Reg. No. 49
Reg. Dist. No. 210

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida.

4. **FULL NAME OF CHILD** Ethelyn Marguerite Bonner

5. Date of Birth of Child (Month, day, year) Oct. 24, 1915

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wade Bonner
11. Color or Race W.
12. Age at time of THIS birth 34 yrs.
13. Birthplace Mary Parke, (City or town) West Virginia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Bonner
17. Color or Race W.
18. Age at time of THIS birth 17 yrs.
19. Birthplace Caldwell, (City or town) Ida. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Lula Bonner (First name) (Last name), who is related as Mother (Mother, etc.).

25. Attendant's **OWN** signature Cora L Bonner ~~M.D.~~ Midwife Address Caldwell, Ida. Date April 5. 1943.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4/10/43 by Chloie A. Bacharach, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-209-033-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370824
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. 233 East Main St
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. 233 East Main St
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace West Parkinson

5. Date of Birth of Child (Month, day, year) April 9, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edmund Smart Parkinson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada West
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Deceased. Sept 13th 30

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.) Mrs James Ricks "

25. Attendant's **OWN** signature M.D. Midwife Address "Deceased" Date

AFFIDAVIT

State of Idaho
County of Madison } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 28 years, and that Mrs James (First name) Ricks (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund S Parkinson Signature

P. O. Address

Subscribed and sworn to before me this 16th day of April, 1943

(SEAL)

George E. Liljenquist, Notary Public, residing at Ryburg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Mary F Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 0 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-203022431

370877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lamont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Lamont, Idaho

4. FULL NAME OF CHILD Zetta Helen

5. Date of Birth of Child (Month, day, year) Jan. 3, 1915

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Helm
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace North Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cloa Malinda McArthur
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Indianola (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 27 years, and that Zetta Lucelia Helm White (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cloa Malinda McArthur Helm Signature
6207 Middleton St. Huntington Park Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of April 1943

(SEAL) G. A. Baker Notary Public, residing at Huntington Park Calif.

(Note: Perjury is punishable as a felony in Idaho. Sec. 18-5401 Idaho Code Annotated.)

NOTARY PUBLIC in and for the County of Los Angeles, State of California.
My Commission Expires June 24, 1945

Received for filing on APR 28 1943 Registrar.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437 209 003 599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376924
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 836 So. Arthur St.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 836 So. Arthur St.
   (e) How long has **MOTHER** lived in Idaho? 28 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Virginia McPherson

5. Date of Birth of Child (Month, day, year) April 9 1915

6. Sex ~~Not~~ Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Colin Campbell McPherson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montreal (City or town) Canada (State or foreign country)
14. Exact Occupation Dry-goods clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Marie Erickson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Dr. A Smith Wooley (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice M. McPherson Signature
956 W. W yeth P. O. Address

Subscribed and sworn to before me this 26 day of April, 19 43

(SEAL) S. L Stowell, Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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718-206-022-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 3 1943

State File No. 371014
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City SQUIRREL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City SQUIRREL
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) SQUIRREL IDA

4. **FULL NAME OF CHILD** Vadys Arline Payne

5. Date of Birth of Child (Month, day, year) Sept 6 1916

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar E. Payne

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace WALDRON (City or town) ARKANSAS (State or foreign country)

14. Exact Occupation LABORER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA LAURA POSS

17. Color or Race WHITE

18. Age at time of THIS birth 20 yrs.

19. Birthplace MARCUS (City or town) SOUTH DAKOTA (State or foreign country)

20. Exact Occupation BEAUTY OPERATOR

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and ~~that~~ personal particulars were furnished by Anna Payne (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E L Boyer M.D. Midwife Address Ashton Idaho Date 1-30-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Mary F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-210028-263

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371074
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KooTENAI (b) City COEUR D'ALENE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 7 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City COEUR D'ALENE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE, IDA

4. **FULL NAME OF CHILD** Rose Kolbar

5. Date of Birth of Child (Month, day, year) Feb. 10, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Kolbar
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Hungary. (City or town) (State or foreign country)
14. Exact Occupation Mill hand.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kolesar.
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hungary (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho. } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 28 years, and that Dr (First name) Dunger (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Kolbar Signature
914 Emylie St. Coeur d'Alene P. O. Address

Subscribed and sworn to before me this Third day of May, 19 43. Ida.

(SEAL)

E. F. Milan U.S.C. Notary Public, residing at Coeur d'alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 - 1943 by Maud F. Elder, Registrar.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-21202-122

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 10 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371141
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Mapleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Mapleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilma Selma Gregory

5. Date of Birth of Child (Month, day, year) Nov 12 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wm Gregory
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Cove Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Abbiston
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Franklin Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mildred G. Sharp (First name) (Last name), who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Franklin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 28 years, and that Dr. Quick (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred G Sharp Signature

Preston, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 43.

(SEAL)

Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Mavel H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-215029-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371158
Local Reg. No.
Reg. Dist. No.

MAY 1 2 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Park
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years ✓ months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Park
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Park Idaho

4. **FULL NAME OF CHILD** Flora Matilda Perry

5. Date of Birth of Child (Month, day, year) 1/15/1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Perry
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace unknown (City or town) Indiana (State or foreign country)
14. Exact Occupation Store keeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia A. Garner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace unknown (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce Co } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 28 years, and that Dr. Rothwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

C. J. Perry Signature
Southwick Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 1943

(SEAL) W K Anderson, Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 2 1943 by Jacob F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report ~~may be~~ received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-128-003-392

United States Department of Commerce Bureau of the Census

MAY 10 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371161
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years 0 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs. at Birth

3. **RESIDENCE OF FATHER** (city, state) McCammon - Ida.

4. **FULL NAME OF CHILD** Dell Albert Norton

5. Date of Birth of Child (Month, day, year) Oct. 28, 1715

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lemuel Norton
11. Color or Race White American
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer at birth. Plumber Now.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive May Lish
17. Color or Race White American
18. Age at time of THIS birth 27 yrs.
19. Birthplace Albion (City or town) Idaho. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah, County of Salt Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that Althea (First name) Lewis (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive May Norton Signature

2759 South State St P. O. Address Salt Lake City, Utah

Subscribed and sworn to before me this 29th day of April, 1943.

(SEAL) Elmalueth Strangeway Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Sept. 19, 1946

Received for filing on MAY 10 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 1 3 1943

818-212030-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371296
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City LEADORE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City JUNCTION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** DOROTHY JANE HAYS.

5. Date of Birth of Child (Month, day, year) 6-12-1915

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** JACOB ALBERT HAYS
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace JUNCTION (City or town) IDAHO (State or foreign country)
14. Exact Occupation RANCHING
15. Industry or Business RANCHER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSELLA PROULX
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace BANNISTER (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including~~ this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the GRANDMOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 27 years, and that MRS ROSELLA DISHNEAU (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Proulx Signature
Leadore Ida. P. O. Address

Subscribed and sworn to before me this 11 day of May, 1943.

(SEAL) Mary V. Stone, Notary Public, residing at Leadore Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1943 by Mark F Eldredge, Registrar.

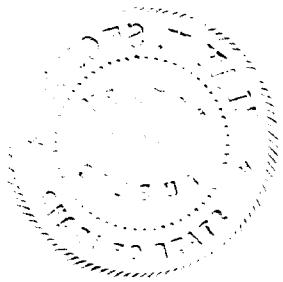
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JR 249-205075-693

372343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Webb
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 1 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Webb
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac Ida

4. **FULL NAME OF CHILD** Cleo Surry

5. Date of Birth of Child (Month, day, year) Dec 5 - 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John W Surry
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cedar Point Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith M Williams
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Corrigan Texas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at 12-35 A M. on the date and at the place stated above, and that personal particulars were furnished by John W Surry (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature John W Alley M.D. Midwife Address Lewiston Ida Date May 5 1943

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Mark F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-121-006-275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372385
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bigham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bigham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** WILLIAM SPEAS BOICE

5. Date of Birth of Child (Month, day, year) Dec. 21, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Arnold Boice
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Brownville, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Bilding
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Speas
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Audubon, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Iowa } ss.
County of Audubon }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 27 years, and that C. A. Hoover (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geneva Boice Signature

Phoenix, Arazona P. O. Address

Subscribed and sworn to before me this 13th day of May, 1943.

(SEAL) John D. Green Clerk Dist. Court, Notary Public, residing at Audubon, Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1943 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-217-021-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372460
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dora Anna Davis
5. Date of Birth of Child (Month, day, year) Oct 17, 1915
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David E Davis
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Mapleton Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Nelson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Preston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by Annie Davis (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address [illegible] Date May 15-43

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1943 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-210-006-691

United States Department of Commerce
Bureau of the Census

MAY 27 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No. R. F. D. 5
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anna Kralik,

5. Date of Birth of Child (Month, day, year) July 10, 1935

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stephen Kralik
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Snaznica (City or town) Budatin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ozancin
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Plata Kisut Ujhel (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho Oregon
County of Bonneville Malheur ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for her life years, and that Mrs. Ed Good (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Stefan Kralik Signature
Ontario, Oregon, Route 1. P. O. Address

Subscribed and sworn to before me this 19 day of March May, 1943

(SEAL) Jessie M. Fraser Notary Public, residing at Ontario, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. Ex. Oct 20, 1944

Received for filing on MAY 27 1943 by Mabel F. Elden, Registrar.

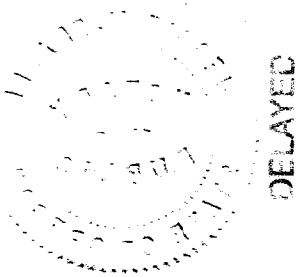
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-115-006-113

United States
Department of Commerce
Bureau of the Census

JUN 1 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 372491
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years 5 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Idaho

4. **FULL NAME OF CHILD** Courtney Burt Camblin

5. Date of Birth of Child (Month, day, year) Dec. 15, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Burton Camblin
11. Color or Race white
12. Age at time of THIS birth about 35 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber Shop. Shelley

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate J. Jacobson
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Shelley (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business At home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 9:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Kate J. Camblin (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley, Ida. Date 5-29-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 27 years, and that Dr. Edwin (First name) Cutler (Last name), who attended this birth lives in Shelley, Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) ....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1943 by Maud F Elder, Registrar.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-202-531-24

372500

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida

4. FULL NAME OF CHILD Sylvia Kolmorgan

5. Date of Birth of Child (Month, day, year) July 2 - 1910

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Leo Richard Kolmorgan
11. Color or Race white **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanch Kidder
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Montana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Cargyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 M. on the date and at the place stated above, and that personal particulars were furnished by my records (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature C S Bryan M.D. ~~Midwife~~ Address Kamiah, Ida. Date 11/25/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 2 1943 by Maud Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155 - 207 216 - 154

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372527
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassa (b) City Almo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Casia
   (c) City Almo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Elvira Jensen

5. Date of Birth of Child (Month, day, year) Nov 7 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** A.B.C.Jensen
11. Color or Race white
12. Age at time of THIS birth 54 yrs.
13. Birthplace [illegible] (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Christena Andreasen
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Bear River City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5. P.M. M. on the date and at the place stated above, and that personal particulars were furnished by A.B.C.Jensen (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 26 years, and that Mrs. Green (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A B C Jensen Signature

Preston Ida P. O. Address

Subscribed and sworn to before me this 18 day of May, 1943

(SEAL) [illegible], Notary Public, residing at Preston Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 3 1943 by [illegible], Registrar.

JUN 3 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-102-013-719

372673

372673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372673
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Camas (b) City Hell City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Camas
   (c) City Hell City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** Gordon Parks Burnet

5. Date of Birth of Child (Month, day, year) Mar 2 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Fred A. Burnet
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Shenandoah (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer + stock raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence T. Parks.
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hell City (City or town) Idaho. (State or foreign country)
20. Exact Occupation farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Camas }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that Dr Bloom (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence Burnet Signature

Mountain Home Ida P. O. Address

Subscribed and sworn to before me this 6th day of July, 1943.

(SEAL)

Pauline Andrews, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 6 - 1943 by Mabel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-108.001-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

372679 State File No. 372679
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Eagle
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Eagle
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilbur Wesley McPherson
5. Date of Birth of Child (Month, day, year) Sep. 8. 1915
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Wilbur McPherson
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Centerville (City or town) Iowa (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Geneva Adams
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace farm (City or town) Washington Co. (State or foreign country)
20. Exact Occupation farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of } ss.
County of }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 27 years, and that Mrs Mary Addington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. G. W. McPherson Signature
Eagle Idaho R.I. P. O. Address

Subscribed and sworn to before me this 8th day of July, 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 7-1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-123-022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home:
xxx
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 5 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. XX
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Dale Rolland Strong

5. Date of Birth of Child (Month, day, year) 10/23/15

6. Sex male

7. Twin or Triplet XX

If so—born 1st, 2nd, 3rd XX

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Harvey Strong
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lansing, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Elizebeth Anderson
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gunnison, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive-stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alfred (First name) Strong (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. ~~Midwife~~ Address Ashton Idaho Date 6-3-43

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1943

JUN 15 1943

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

98-108-025-289

372721

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City P O Canfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 13 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City P O Canfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lawrence Bernet Ryan

5. Date of Birth of Child (Month, day, year) April 8 1915

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Groney Clarence Ryan
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Galva (City or town) Illinouse (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flecie Shinn
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace (City or town) Nebraska (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Georgia Shinn (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flecie Ryan Signature
6 "F" St. S. E., Auburn, Wash. P. O. Address

Subscribed and sworn to before me this 5th day of June, 19 43

(SEAL) Notary Public, residing at Auburn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-218-028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372729
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
~~In Hosp. or Mat.~~ Home days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Route #1
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Coeur d'Alene Ida.

3. RESIDENCE of FATHER (city, state): Coeur d'Alene Ida.

4. FULL NAME OF CHILD Harriett Ina Matheson
5. Date of Birth (Month, day, year) January 18, 1915
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Samuel Matheson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dundas Prince Edward Island (City or town) (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Florence Bittlestone
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kirkwille Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Ina Florence Matheson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUN 15 1943 (Date received) (b) Maud [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M E Bittleston M.D. (D.O., Midwife, etc.)
and address 1309 5th Coeur d'Alene Idaho

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

196-707-043-616

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372850

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Valley (b) City McCall.

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Valley

(c) City McCall.

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) McCall.

4. FULL NAME OF CHILD Ida Josefiina Arola

5. Date of Birth of Child (Month, day, year) Mar. 7-1915

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Arola

11. Color or Race White **12.** Age at time of THIS birth 40 yrs.

13. Birthplace Oulu (City or town) Finland (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alina Josefiina Ojala

17. Color or Race White **18.** Age at time of THIS birth 34 yrs.

19. Birthplace Vaasa (City or town) Finland (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for years, and that Ida (First name) Maki (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alina Josefiina Ojala Signature

McCall Ida P. O. Address

Subscribed and sworn to before me this 18 day of May, 1943

(SEAL) Lorraine McWhite Notary Public, residing at McCall

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

JUN 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-125-201-243

372867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** JACKSON WILLIAM CONNER

5. Date of Birth of Child (Month, day, year) Sept. 25, 1915

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George William Conner
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Rockport, (City or town) Missouri (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business own shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Butler
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Sadalia, (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the older sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for nearly 28 years, and that Dr. (First name) O. W. Hall (Last name), who attended this birth, is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Delpha Sturgeon Signature

Wilder, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1943.

(SEAL) Thomas Daugherty, Notary Public, residing at Wilder, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1948

JUN 29 1948

APR 22 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such~~ report may ~~be~~ received and ~~filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-222-016 213

United States
Department of Commerce
Bureau of the Census

JUN 23 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Almo
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Almo
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 1 yr 4 mos.

3. **RESIDENCE OF FATHER** (city, state) Almo, Idaho

4. **FULL NAME OF CHILD** Ruby Berniece Richards

5. Date of Birth of Child (Month, day, year) Sept. 22, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Charles Richards
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace West Jordan (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Ranch Owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Olive Bacon
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Georgetown (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Clara O. (First name) Richards (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 27 years, and that Mrs. James (First name) Green (Last name), who attended this birth, is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Olive Bacon Richards Signature

R. D. #1, Midvale, Utah P. O. Address

Subscribed and sworn to before me this 21 day of June, 1943.

(SEAL)

Esther Peterson, Notary Public, residing at Midvale, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1943 by Maud Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to ~~such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349 1/12003-867

374184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Milton Hogan Curtis

5. Date of Birth of Child (Month, day, year) March 12 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Milton Curtis
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Springville Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Lovina Hogan
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Doctor (First name) Cooper (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clifford Curtis ✓ Signature

Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 21 day of June, 1943

(SEAL) F. E. Hammon, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Mavel F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-112-019-544

374200

United States
Department of Commerce
Bureau of the Census JUN 28 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 42
Local Reg. No. 42
Reg. Dist. No. 82

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Ida ho.

1. **PLACE OF BIRTH:**
   (a) County Custer (b) City Darlington
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Custer
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice):
   Darlington Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Darlington Ida

4. **FULL NAME OF CHILD** Harold Eugene Smith

5. **DATE OF BIRTH** (Month, day, year) Oct 12 1915

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Franklin Smith

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Darke Co Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Jane Emmons

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Darke Co Ohio
(City or Town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 12 P.M. on the date and at the place stated above, and that personal particulars were furnished by Irene Jane Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

Father

25. Attendant's **OWN signature** Lewis F. Smith M.D.
(D.O., Midwife, etc.)
and address Darlington Date April 11 1943

26. (a) ..... (b) .....
(Date received) (Registrar's signature)

27. Given name added on ..... by .....
(Registrar's signature)

AUG 25 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

319-230 005-652

United States Department of Commerce
Bureau of the Census

JUN 30 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Plummer
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Plummer
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plummer, Idaho

4. **FULL NAME OF CHILD** MARGARET CAROTHERS

5. Date of Birth of Child (Month, day, year) Sept. 30, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William J. Carothers
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
14. Exact Occupation Woodsman (Scaler)
15. Industry or Business Logging

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Mary Weber
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Salisbury, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Contra Costa } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 27 years, and that (unknown) (First name) (unknown) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Carothers Signature
Co. A. 84th Inf Trng Bn, Camp Roberts, Calif. P. O. Address

Subscribed and sworn to before me this 27 day of June, 1943

(SEAL)

E L Ward, Notary Public, residing at Atascadero

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires Feb 10th 1947

Received for filing on JUL 1 - 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-211 009-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374364
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Valley
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Valley
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Virginia Mae Jackson
5. Date of Birth of Child (Month, day, year) November 11th 1915
6. Sex Femail
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Thompson Jackson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Perth Amboy (City or town) New Jersey (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Formanko
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Odessa (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Dr. Williams (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chas T Jackson Signature
2448 Otis Drive Alameda P.O. Address

Subscribed and sworn to before me this 7th day of June, 1943 Calif.

(SEAL) Jodo, Notary Public, residing at Alameda Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

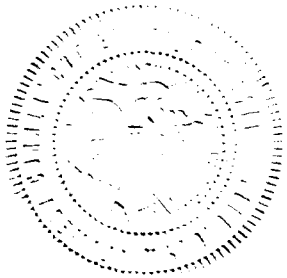
Received for filing on JUL 8 - 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded,~~ or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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374368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Marion Calabretta

5. Date of Birth of Child (Month, day, year) Dec. 2, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paul Calabretta
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Maroni (City or town) Italy (State or foreign country)
14. Exact Occupation sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Angeline Muzzi
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Maroni (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:20 A. M. on the date and at the place stated above, and that personal particulars were furnished by Angeline Calabretta (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 27 Yr 6mo years, and that Anna (First name) Domijan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angeline Calabretta Signature
562 Mission Ave- Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 7 day of July, 19 43.

(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho

Commission expires July 30, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 - 1943 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-215031-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ruth Isabelle Headrick

5. Date of Birth of Child (Month, day, year) July 15-1915

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Isaac Headrick
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie Olga Elizabeth Goss
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Athens (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by James Isaac Headrick (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Mary M. Goss M.D. Midwife Address Deary, Idaho Date June __, 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Mary Goss (First name) (Last name), ~~was~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. No physician was present at the time of the birth.

Signature

P. O. Address

Subscribed and sworn to before me this 25th day of June, 19 43

(SEAL)

Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-222-028-669

United States
Department of Commerce
Bureau of the Census

JUL 15 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374494
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Belmont (PO)
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Farm home of family.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Belmont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 mo. 22 da.

3. **RESIDENCE OF FATHER** (city, state) Belmont, Idaho.

4. **FULL NAME OF CHILD** Elizabeth Ann Carter

5. Date of Birth of Child (Month, day, year) July 22nd 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Louis Edward Carter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Baltimore (City or town) Maryland (State or foreign country)
14. Exact Occupation Dairy Farmer.
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Annabel Forbes
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Elgin (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillbirth~~) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Grace A. Carter (First name) (Last name), who is related as Mother (Mother, ~~stud~~)

25. Attendant's **OWN** signature Louis E. Carter ~~M.D.~~ ~~Midwife~~ Address 5732-17th Av. N.E. Seattle, Wa. Date June 1943.

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Louis Edward Carter (Father) (First name) (Last name) who attended this birth, which was premature, ~~(Is now deceased)~~ or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace A. Carter Signature
5732-17th Av. N.E. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this Tenth day of July, 1943

(SEAL) M. L. Kinnon, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1943 by Mary F. Elder, Registrar.

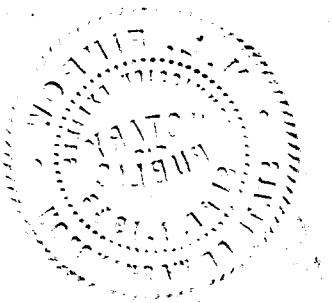
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar~~ for record in the Bureau of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



JUL 19 1949

845-110-023 415

JUL 9 1943

374504

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Ola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Ola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** Archie Willard Query

5. Date of Birth of Child (Month, day, year) June 10, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry James Query
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Greeley (City or town) Colorado (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Clara Davis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Walla Walla (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Query (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Emma Davis Midwife Address Ola Idaho Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1962

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-227 · 039-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375627
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Beulah Mae Hammond

5. Date of Birth of Child (Month, day, year) 10-23-1915

6. Sex Female

7. Twin or Triplet Neither — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? Yes Y

FATHER OF CHILD

10. **FULL NAME** Elmer Hammond
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace PEOLA WASH (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Elizabeth Garrett
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace STARBUCK WASH (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1 yrs

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Wash
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that ____ (First name) ____ (Last name), who attended this birth, Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Hammond Signature
Plaza Wash P. O. Address

Subscribed and sworn to before me this 9 day of July, 1943.

(SEAL)

D B Dorsey, Notary Public, residing at Rosalia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1943 by Mary Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1169-221-210-736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375647
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Ida. Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Finley Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 428 - 12 St.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Ida

4. **FULL NAME OF CHILD** Rosemary Morrissey

5. Date of Birth of Child (Month, day, year) 10-21-1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Francis Morrissey
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Platt Center (City or town) Nebraska (State or foreign country)
14. Exact Occupation Professional athlete
15. Industry or Business Boxer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Stone
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Vernal (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif. } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty years of age, that I have known this person for 27 years, and that Dr. Coulthard. (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Olive S. Morrissey Signature
3622 Virginia, Lynwood Calif. P.O. Address

Subscribed and sworn to before me this 17th day of July, 1943.

(SEAL)

E. S. CAVANAUGH
Notary Public, residing at Lynwood
My Commission Expires February 14, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 23 1943 by Maud E. Elder, Registrar.

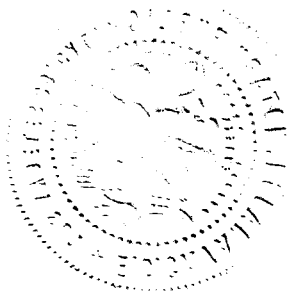
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Dup. of 1915-34142

893-209-029-713

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375751
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City FARMINGTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Farmington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Farmington - Idaho

4. **FULL NAME OF CHILD** GLATHA LOETA HICKMAN

5. Date of Birth of Child (Month, day, year) Jan. 9 - 1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy NINE

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HEZ C. HICKMAN
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace MARTINSTOWN (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JESSIE MAY PALMER
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace PENDLETON (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Whitman }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that Katie Palmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie May Hickman Signature
Farmington Wash. P. O. Address

Subscribed and sworn to before me this 26th day of July, 19 43

(SEAL)

Notary Public, residing at Farmington, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1943 by Mabel F. Elder, Registrar.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-208-035-955

375791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lenore
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lenore
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenore, Idaho

4. **FULL NAME OF CHILD** Bonnie Muriel Schetzle

5. Date of Birth of Child (Month, day, year) June 8, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Fredrick Edward Schetzle
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Anstone, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Myrtle Reeves
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Buncombe County, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Dr. (First name) Stonehurner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fredrick Edward Schetzle Signature
21 11 S E. 19 Ave Portland P. O. Address

Subscribed and sworn to before me this 28 day of July, 1943 Ore

(SEAL) ....., Notary Public, residing at Portland Oregon My Commission expires 11/14/45

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 2 1943 by Mary F Elder, Registrar.

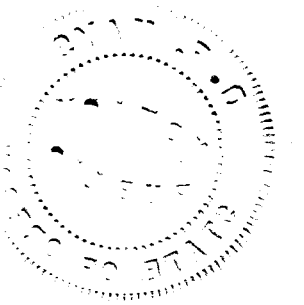
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 - 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of ~~a child~~ born ~~prior to the effective~~ date ~~of~~ Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-130-004286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375826
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   Home. Montpelier, Idaho.
   (e) Mothers stay **BEFORE** delivery:
   In **THIS** county 20 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Edward Harry Bucher
5. Date of Birth of Child (Month, day, year) June 30, 1915
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ferdinand Frederick Bucher
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bern Switzerland. (City or town) (State or foreign country)
14. Exact Occupation Boiler Maker
15. Industry or Business Railroad. Boiler Maker/

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Short.
17. Color or Race White.
18. Age at time of THIS birth 29 yrs.
19. Birthplace London. England. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at IOA. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature J. H. Lynn M.D. [redacted] Address Pocatello. Idaho. Date 4-23-43

State of ..... } ss.
County of .....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1943 by Maud F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-111-016-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375839
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City Sublet, Idaho
   (c) Street Address or R.F.D. No. Country Ranch
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years three months six days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Sublet
   (d) Street Address or R.F.D. No. no street address
   (e) How long has **MOTHER** lived in Idaho? 8 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublet, Idaho

4. **FULL NAME OF CHILD** Loill Edwin Roberts

5. Date of Birth of Child (Month, day, year) Dec. 11, 1915

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Albert Roberts
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Danbury (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Florence Barker
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace McCool (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business in 1918 nov. she died

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the grand mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now seventy three years of age, that I have known this person for twenty eight years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sertie Florence Barker Signature

343 Magnolia Ave Long Beach California P. O. Address

Subscribed and sworn to before me this 29th day of July, 1943.

(SEAL) Al Brydonjack, Notary Public, residing at 500 W. Broadway Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5 19[illegible]

APR 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-224-044-291

375910

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Pauline Ruth Harryman

5. Date of Birth of Child (Month, day, year) Aug. 24, 1915

6. Sex F

7. Twin or Triplet X

If so—born 1st, 2nd, 3rd 6

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hezekiah Harryman
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Patridge, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Bradshaw
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Washington } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that none (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Harryman Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of July, 19 43

(SEAL) Ed R Loucks, Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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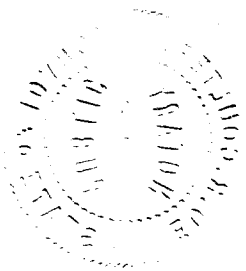

239-21-025-253

375928

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375928
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lizzie May Klinger

5. Date of Birth of Child (Month, day, year) May 11, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Henry Klinger
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stevensville (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anna E.F.Kelley
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rural (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Snohomish }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Lulia (First name) Rose (Last name), who attended this birth Can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah anna Klinger Signature

R 3 Arlington, Wash. P. O. Address

Subscribed and sworn to before me this 7 day of August, 1943.

(SEAL) W.H. Fowler, Notary Public, residing at Arlington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1943 by Mary E. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 12 1943

AUG 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED

DUP OF 15-30573

468-214-025-685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 275976
Local Reg. No.
Reg. Dist. No.

AUG 14 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City St. Marys
   (c) Street Address or R.F.D. No. St. Marys, Idaho
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County St Marys
   (c) City St Marys
   (d) Street Address or R.F.D. No. St Marys, Idaho
   (e) How long has **MOTHER** lived in Idaho? Two yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Theresa Jean. Dwyer

5. Date of Birth of Child (Month, day, year) 2-14-1915

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Alysious. Dwyer
11. Color or Race white. 12. Age at time of THIS birth 34 yrs.
13. Birthplace Wilksborough, Pa (City or town) (State or foreign country)
14. Exact Occupation Barber- Self.
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Wheatherly
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace St Marys, Idaho (City or town) (State or foreign country)
20. Exact Occupation Clerk
21. Industry or Business -/?

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Pennsylvania } ss.
County of Philadelphia, }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Birth years, and that Elizabeth Wheatherly- (Mother) (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES MARCH 7, 1947

X Joseph A. Dwyer Signature
2327 Rhawn Street, Phila-15- Pa Address

Subscribed and sworn to before me this 29th day of July, 19 43

(SEAL) ____ Notary Public, residing at Phila, PA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on AUG 14 1943 by Mary E Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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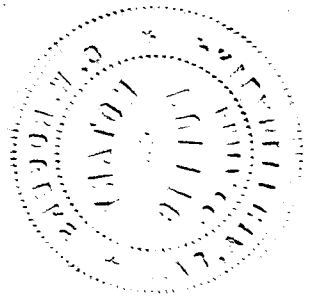

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 376023
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Fort Sherman Dock
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 2 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Fort Sherman Dock
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Esther Josephine Lagstrom

5. Date of Birth of Child (Month, day, year) April 29, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Lagstrom
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Sanda (City or town) Sweden (State or foreign country)
14. Exact Occupation Boat builder
15. Industry or Business Boat factory

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Bengston
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Boras (City or town) Swedin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Snohomish }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Mrs. (First name) Brown (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Lagstrom Signature
Route #1, Everett, Wash P. O. Address

Subscribed and sworn to before me this 14 day of August, 19 43.

(SEAL) ..... Notary Public, residing at Everett, Wash

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1943 by Mabel F Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

15-111-006-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37171
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marion Rex Jensen

5. Date of Birth of Child (Month, day, year) Aug 11 1915

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Mons Lernael Jensen.
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Shelley (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Stoddard.
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Shelley (City or town) Idaho (State or foreign country)
20. Exact Occupation Farming.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sil Arg No 3
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature J E Roberts M.D. ~~Midwife~~ Address Shelley Ida Date June 14 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1943

JAN 25 1962

MAR 29 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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994-108014-289

377 W7

377287

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Middleton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Middleton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wesley Leo Zimmerman

5. Date of Birth of Child (Month, day, year) Apr. 8, 1915

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo I. Zimmerman
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Phillips
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for life years, and that Dr. Hamer (First name) [illegible] (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Lucy Zimmerman Signature

421 Thatcher Boise P. O. Address

Subscribed and sworn to before me this 30 day of August, 1943

(SEAL) [illegible], Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 30 - 1943 by Mabel Telger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/4-229-023-522

377292

377292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 3 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Sweet
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet, Idaho

4. **FULL NAME OF CHILD** Louise Josephine Campbell

5. Date of Birth of Child (Month, day, year) Aug 29-1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Campbell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cumberland (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Charlotte Ekstrom
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Mendon, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Dr. Vadney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth C. Campbell Signature
Emmett Idaho - R.D. 1 P. O. Address

Subscribed and sworn to before me this 20 day of Sept., 1943

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1943 by Mabel Felder, Registrar.

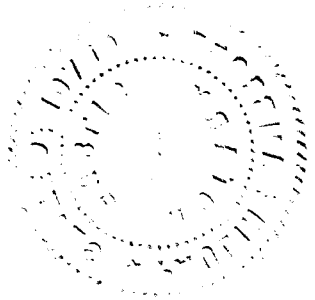
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 20 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED DUP OF 1915-33488

Dup of 1915-3348

918-104-026-231

377320

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Terreton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Terreton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Terreton, Idaho

4. **FULL NAME OF CHILD** Charles Everett Rahr

5. Date of Birth of Child (Month, day, year) Oct. 4, 1915

6. Sex Male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charlie Rahr
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Germany- town unknown (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lowvicy Staley
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Chihuahua, Mexico (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 27 years years, and that Mrs. Krucher (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lowvicy Staley Stept Signature
Gen. Delivery, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of August, 1943

(SEAL) Olga Chettoff Clerk of Probate Court Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-115-016-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. R.F.D. 2
   (d) Name of Hospital or Maternity Home: out on the ranch
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. R.F.D. 2
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hugh Jensen

5. Date of Birth of Child (Month, day, year) Feb. 15 1915

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ike Jensen
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Dunsilla Pratt
17. Color or Race White
18. Age at time of THIS birth [illegible] yrs.
19. Birthplace Liberty (City or town) Idaho (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for her lifetime years, and that ~~Hugh~~ (First name) Dr. Munter (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ike Jensen Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of August, 1943

(SEAL)

Eli Nielson, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 30 1943 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1976

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

952-222 1031-719

377409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEWIS (b) City Kamiah
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 5 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEWIS
   (c) City NEZ PERCE
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) NEZ PERCE-IDA.

4. **FULL NAME OF CHILD** MABEL LOUISE REKDAHL

5. Date of Birth of Child (Month, day, year) MAR 22, 1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ENGLE OLIVER REKDAHL
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace GENESEE (City or town) IDAHO (State or foreign country)
14. Exact Occupation SAWMILL WORKER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BLANCHE JOSEPHINE GARVIN
17. Color or Race WHITE
18. Age at time of THIS birth 16 yrs.
19. Birthplace SPOKANE (City or town) WASH. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. ~~Number of children of this mother:~~ (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [illegible] (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature [illegible] M.D. ~~Midwife~~ Address [illegible] Date [illegible]

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 28 years, and that Dr Charles Bryant (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche Josephine Wells Signature
9150-41st Milwaukie Ore. P. O. Address

Subscribed and sworn to before me this 4th day of August, 1943.

(SEAL) H. E. Sellwood, Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES APRIL 29, 1944

Received for filing on SEP 4 1943 by Mabel Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-203-039-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377484
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home: Born at home on the farm.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Florence Leah Bolton

5. Date of Birth of Child (Month, day, year) May 3, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ross Lee Bolton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Mendon, (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elda Rowe
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Groton, (City or town) South Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Power }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr. R. F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ross Lee Bolton Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of September, 19 43.

(SEAL) W. C. Roofbourrow, Notary Public, residing at American Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-218-022-281

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 37409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City near Ashton
(c) Street Address or R.F.D. No. Felt P. O.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City near Ashton
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Id.

4. FULL NAME OF CHILD Velma Ellen Bacon

5. Date of Birth of Child (Month, day, year) March 18, 1915

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Albany Bacon
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Southwest City, (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Della Shannon
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Eureka Springs, (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Mrs. Talley, Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I Della Bacon Signature

1816 E. 124th St., Compton, California P. O. Address

Subscribed and sworn to before me this 4th day of September, 1943

(SEAL) My Commission Expires June 12, 1946 Isabel J. Mitchell Notary Public, residing at Compton, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1943 by Mabel Fidler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-219 014-455

378765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No. Route #3
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county all life months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. Route #3
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** Blanche Olive Sayre

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George S. Sayre
11. Color or Race A/W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Cowley Co. (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inise G. Deel
17. Color or Race A/W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Butler Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living same

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all life years, and that Blanche Olive Sayre (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inise G. Sayre, Signature

Box 525, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of September, 19 43

(SEAL)

Inez L. Shaffer Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

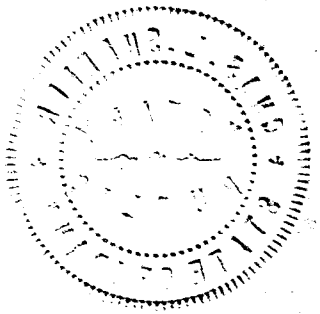
DEC 29 1943

SEP 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-102039-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378814 (378814)
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Powers (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mennonite Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Powers
   (c) City American Falls
   (d) Street Address or R.F.D. No. R 2 1 D
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Donald Eliot Stier

5. Date of Birth of Child (Month, day, year) Feb. 2, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Whitmore Stier
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Glenwood (City or town) Maryland (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Wallis Stier
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Forest Hill (City or town) Maryland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Claude Whitmore Stier (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 28 years, and that Richard Roth (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude Whitmore Stier Signature
818 Everett St Caldwell Ida. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1943

(SEAL)

A. L. Murphy Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1943 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-217043-795 378865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378865
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City Mc Call
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 10 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City Mc Call
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? -4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mc Call, Idaho

4. **FULL NAME OF CHILD** Frieda Heinrich
5. Date of Birth of Child (Month, day, year) 8-17-15
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Ernest Heinrich
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Boossen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Grewing
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Greenbay (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 28 years, and that Mrs. Henry (First name) Bennett (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Heinrich Signature
Lake Fork, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of Oct, 1943

(SEAL) Herman H White, Notary Public, residing at Mc Call
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Expire Jan 24 1947

Received for filing on OCT 27 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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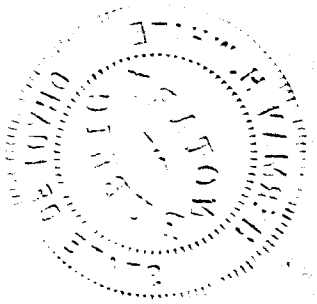

366-208-032-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378953
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** DOROTHY BELLE COOLEY

5. Date of Birth of Child (Month, day, year) Sept. 8, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Benjiman Cooley
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Oskoloosa (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Mae Thorp
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Floresen (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 5%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone Ida. Date Oct 5/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ____
County of ____ } ss.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632-111016-869

378981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Sublett
   (c) Street Address or R.F.D. No. Gen D
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Sublett
   (d) Street Address or R.F.D. No. Gen D
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett, Ida

4. **FULL NAME OF CHILD** Arnold Daniel Olson

5. Date of Birth of Child (Month, day, year) Aug. 11, 1943

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arnold Richard Olson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Snowville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavera Horn
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Sublett (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:39A M. on the date and at the place stated above, and that personal particulars were furnished by Arnold Olson (First name) (Last name), who is related as Farther (Mother, etc.)

25. Attendant's **OWN** signature C. J. Sater M.D. Midwife Address Albion, Ida. Date 9/26/43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1943 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253 215035-335

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379037
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD Emily Ann Keller

5. Date of Birth of Child (Month, day, year) Aug. 15 - 1915

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Best Keller
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Peru (City or town) Illinois (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Retail-Drugs.

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Esther Cleary.
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Midland (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 62 years, and that H. N. Gregg (First name) (Last name), who attended this birth, is now Deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William B. Keller Signature
Culdesac Ida. P. O. Address

Subscribed and sworn to before me this 11th day of Oct, 1943
(SEAL) [illegible] Notary Public, residing at Culdesac Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by [illegible], Registrar.

OCT 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134128001-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 379091
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 212 E. Idaho
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 307 E. Bannock
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Basil Aldecoa

5. Date of Birth of Child (Month, day, year) Feb 28, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Domingo Aldecoa
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ea (City or town) Spain (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Pagoaga
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Motrico (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that George Collister, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Aldecoa Signature

212 East Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 19 43

(SEAL) Jesse B. Jones, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

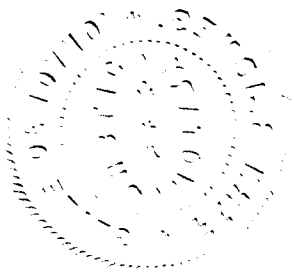
Received for filing on OCT 19 1943 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695 209 028 458

[redacted]9

State File No. 380399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Hayden Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Hayden Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elinore J. Freeholm

5. Date of Birth of Child (Mon[redacted]) Nov. 9, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnan[redacted]

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Freeholm (1/28/1884

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Sweden (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Construction work

MOTHER OF CHILD

16. **FULL MAIDEN NAME** [redacted] Mable Bernardeen Meyers

17. Color or Race white

18. Age at time of THIS birth 17 yrs.

19. Birthplace Spokane, Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of }
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mable B. Olson Signature

4060 S.E. 91st. Ave. P. O. Address

Subscribed and sworn to before me this [redacted] day of [redacted], 1943

(SEAL) MY COMMISSION EXPIRES JAN. 7, 1946

John P. Leach, Notary Public, residing at Portland Or.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by [redacted], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-231010-547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Rt. #3
   (d) Name of Hospital or Maternity Home: Born in Home at Hamman
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. Rt. #3
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Sarah Peterson
5. Date of Birth of Child (Month, day, year) March 31, 1915
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. ~~No. months~~ of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Antone L. Peterson
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Ephraim (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl L. Empey
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Idaho Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Arg prot 20%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Fenton Woolf (First name) (Last name), who is related as Aunt (Mother, etc.)
25. Attendant's **OWN** signature Joher O Mellor M.D. Midwife Address Idaho Falls, Ida Date Mar 31 1915

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 12 1943

DELAYED REGISTRATION LAW

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595-118031-259

29472

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No. none at time of birth
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 4 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. none at time
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Earl Quentin Lind

5. Date of Birth (Month, day, year) 3/18/1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Theodore Erick Lind
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Gnarp, Sweden (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Kamiah Laundry

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Louise Bergman
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Stanchfield, Minn. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 1 1943 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen B. Lind, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Earl Q. Lind (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Warren McMann (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Helen Lind Signature
2137 N. 128th St - Seattle P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1943

(SEAL) Edith E Hopkins Notary Public, residing at Seattle

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-103040-851

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380496
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner Idaho

4. **FULL NAME OF CHILD** Delbert Paul Garcelon

5. Date of Birth of Child (Month, day, year) March 3 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rupert Paul Garcelon
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Eureka (City or town) California (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Pearl Heath
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Rockford (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M C Lindsay M.D. ~~Midwife~~ Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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69-114016-294

380500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** WILLIAM GORDON FRANKS

5. Date of Birth of Child (Month, day, year) Nov 14 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franks
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation gold miner
15. Industry or Business gold mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Kidwell
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Calif
County of ~~Madera~~ Contra Costa ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for over 27 years, and that Mrs. Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Lillian Kidwell Hill — Signature

Madera, Calif — P. O. Address

Subscribed and sworn to before me this 27 day of October, 1943.

(SEAL) My Commission Expires Mar 27 1945 Notary Public, residing at Pittsburg Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1945 NOV 8

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the ~~effective date of Chapter 191, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-219 008-815

380530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380530
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horse Shoe Bend
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Horse shoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Olive Elizabeth Woods

5. Date of Birth of Child (Month, day, year) May 19 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roan Sheridan Woods
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nunnie Lovinnia Hanson
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Mrs. R M. Woods (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nunnie L Woods Signature

Horse shoe Bend P. O. Address

Subscribed and sworn to before me this N day of Nov., 19 43

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. N-1943 by Mary Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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345-122-007-689

380555 380555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ....
Local Reg. No. ....
Reg. Dist. No. ....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Picabo
   (c) Street Address or R.F.D. No. ....
   (d) Name of Hospital or Maternity Home: ....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Picabo
   (d) Street Address or R.F.D. No. ....
   (e) How long has **MOTHER** lived in Idaho? .... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leonard Paul Cunningham

5. Date of Birth of Child (Month, day, year) July 22 - 1915

6. Sex male

7. Twin or Triplet ... If so—born 1st, 2nd, 3rd ...

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dan Cunningham
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bates Co Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth E White
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace White Pine Co Nevada (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Cunningham (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs A. F. Baldwin M.D. ~~Midwife~~ Address Helper Picabo Idaho Date Nov 10-1943

State of .... }
County of .... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the .... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now .... years of age, that I have known this person for .... years, and that .... (First name) .... (Last name), who attended this birth .... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.... Signature

.... P. O. Address

Subscribed and sworn to before me this .... day of ...., 19....

(SEAL) .... Notary Public, residing at ....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

451 728 003 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Id

4. **FULL NAME OF CHILD** Joy Fay Deaton

5. Date of Birth of Child (Month, day, year) July 28, 1915

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Oliver Deaton
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Allreds, N. C. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Elizabeth Freeman
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Allreds, N.C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 28 years, and that Mrs. Aston (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs L. V. Larsen Signature
229. No 5th Ave. Pocatello P. O. Address

Subscribed and sworn to before me this 22 day of October, 19 43

(SEAL) F. E. Tydeman, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-225-040-249

380705

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City KINGSTON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City KINGSTON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** ELSIE VITA (McGILLIVRAY) [redacted]

5. Date of Birth of Child (Month, day, year) Dec 25, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** A. McGillivray

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Muir (City or town) Mich. (State or foreign country)

14. Exact Occupation deceased

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Pearl Smith

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Cheboygan (City or town) Mich. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol,

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. ~~Midwife~~ Address Kellogg Ida Date 11-1-43

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 27+ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl (McGillivray) Howard Signature

P. O. Address

Subscribed and sworn to before me this 8th day of November, 1943.

(SEAL) W. M. Murdock, Notary Public, residing at Kingston.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by Registrar.

NOV 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 **Session** Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ **filed by the** local registrar for record in the Bureau of Vital Statistics for the **purposes** and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when **such report** is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631-203-025-384

380718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Joseph plaines
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: ---
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Joseph Plains
   (d) Street Address or R.F.D. No. In country on homestead
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) 3

4. **FULL NAME OF CHILD** Dorsey Uvalde Flaherty

5. Date of Birth of Child (Month, day, year) Aug. 3, 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Arthur Flaherty
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace McDonald County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie Loree Lyda
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Henderson Co., N. Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ida M. (First name) Gillespie (Last name), who is related as ..... (Mother, etc.)

191 So. Michillinda ave. Ida Gillespie

25. Attendant's **OWN** signature Ida M Gillespie M.D. Midwife Address Pasadena 4, Calif. Date Nov. 8 43.

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 11 1951

617-212-228-969

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380753
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City MEDIMONT, IDAHO
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City MEDIMONT
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ANNA ALMA WAGNER

5. Date of Birth of Child (Month, day, year) SEPT 12-1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME TOM S. WAGNER
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace HAMBURG, (City or town) GERMANY (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JOHANNA ROZMAN
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace FIUME (City or town) AUSTRIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by JOHANNA (First name) ROZMAN (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Mrs J.W. Broadbent M.D. Midwife Address Medimont Ida Date 5/31/43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 9 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-22-002-395

381808

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Council (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Council
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** Virginia Elvina Cox

5. Date of Birth of Child (Month, day, year) February 21 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar Cox
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Cecelia Linden
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Clayton, Kansas (Norton Co) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Iowa
County of Poweshiek } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 26 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Linden Signature

201 Main St., Grinnell, Iowa. P. O. Address

Subscribed and sworn to before me this 2nd day of November, 1943

(SEAL)

Charles P. Vogel, Notary Public, residing at Grinnell, Ia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1943 by Mabel Yoder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

918-118-003-356

381853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No. ...
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years ... months ... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No. ...
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Filo Lewis Raymond

5. Date of Birth of Child (Month, day, year) March 18, 1915

6. Sex male

7. Twin or Triplet ...

If so—born 1st, 2nd, 3rd ...

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harmon Francilla Raymond
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maude Lewis
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace North Platte Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ...

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child second (b) Born alive and now living second

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name), who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that Dr. W. H. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Maude Lewis Raymond Signature

150 Roosevelt, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 43

(SEAL)

Theodore R. Gathe Jr., Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by ..., Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-102-037-734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 381903

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County OWYHEE (b) ~~City~~ MORGAN RANCH
   (c) ~~Street Address or R.F.D.~~ No. JORDAN VALLEY ORE
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City P.O. Adams Jordan Valley Ore
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) DECEASED

4. **FULL NAME OF CHILD** MARK WILLIAM MORGAN

5. Date of Birth of Child (Month, day, year) July 2 1915

6. Sex MARK

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd None

8. No. months of Pregnancy 9mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN M. MORGAN
11. Color or Race WHITE
12. Age at time of THIS birth 53 yrs.
13. Birthplace MALADCITY IDAHO (City or town) (State or foreign country)
14. Exact Occupation Livestock Rancher
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY GLUCK
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace PROVINCE of POSEN GERMANY (City or town) (State or foreign country)
20. Exact Occupation Wife of J.M. Morgan
21. Industry or Business a Livestock Rancher

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of OREGON
County of MALHEUR } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Lifetime years, and that ALICE WILSON (First name) (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public in and For the State of Oregon
My Commission Expires July 19th, 1945

Mary Morgan Signature
JORDAN VALLEY ORE P. O. Address

Subscribed and sworn to before me this 20 day of December, 1943

(SEAL)

Hugh H. Scott, Notary Public, residing at Jordan Valley Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1943 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

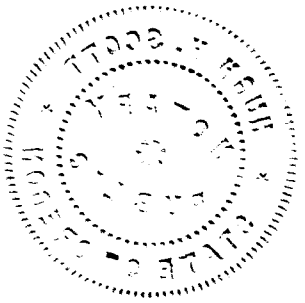
DEC 7 1966

DEC 8 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such~~ date, ~~such report~~ may ~~be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-110-002-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382008
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Father's residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years 6 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Idaho

4. **FULL NAME OF CHILD** Donald Lamar Loosli

5. Date of Birth of Child (Month, day, year) 10 Nov. 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dimond Malanjo Loosli
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Clarkston (City or town) Utah (State or foreign country)
14. Exact Occupation General Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Salisbury
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Dimond M. Loosli (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 28 years, and that Dr. W. C. Hulme (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dimond M Loosli Signature

Ashton Idaho P. O. Address

Subscribed and sworn to before me this 6th day of Dec, 1943

(SEAL) Theo Hansen, Notary Public, residing at Ashton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-109-036-217

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382069
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Stone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Delbert Samuel Oliver

5. Date of Birth of Child (Month, day, year) April 9, 1915.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Lee Oliver
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salt Lake City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Baggett
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Maria Neal M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Oliver Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 18 day of December, 1943

(SEAL)

S. H. Kinman, Notary Public, residing at Burley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-115'035-254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 382080
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lapwai
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 40 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NezPerce
   (c) City Lapwai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai, Idaho

4. **FULL NAME OF CHILD** Kenneth Ivan Denny

5. Date of Birth of Child (Month, day, year) April 15, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Benton Denny
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lewiston, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Belle Kemp
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Princeton, Maine (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child eight (b) Born alive and now living eight

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Miss Ganevieve Brewster (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Benton Denny Signature

Opportunity, Washington, Rt. 1 P. O. Address

Subscribed and sworn to before me this 14th day of December, 19 43

(SEAL) Isabelle I Smith, Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 6/21/47

Received for filing on DEC 18 1943 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

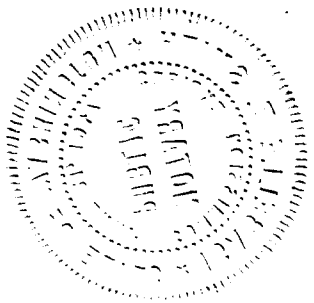
DEC 21 1953

AUG 4 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-226 042-385

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383142
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City TWIN FALLS
   (c) Street Address or R.F.D. No. RR2
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City TWIN FALLS
   (d) Street Address or R.F.D. No. RR 2
   (e) How long has **MOTHER** lived in Idaho? 9 yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN FALLS, IDAHO

4. **FULL NAME OF CHILD** JENNIE RAE CHRISTENSEN

5. Date of Birth of Child (Month, day, year) JUNE 26, 1915

6. Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 MONTHS Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WESLEY CHRISTENSEN
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace FREMONT, NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLEMENTINE CHENEY
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace PINEDALE, ARIZONA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2.4. M. on the date and at the place stated above, and that personal particulars were furnished by Clementine (First name) Christensen (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Charles R. Scott M.D. ~~Midwife~~ Address Twin Falls - Idaho Date Dec. 17-1943

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1943
DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519 121 010-593 383208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383208
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Alpine
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Alpine, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Alpine, Idaho

4. **FULL NAME OF CHILD** Jay N. Vail

5. Date of Birth of Child (Month, day, year) Nov. 21, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wallace C. Vail
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Midway, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Nickerson
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Driggs, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Wallace C. Vail (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 29 years, and that Mrs. Annie Walton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Wallace C. Vail Signature
2912 Stewart P. O. Address

Subscribed and sworn to before me this 10 day of Jan., 1944 Boise, Idaho.

(SEAL) Pauline Ambrose, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 10-1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-226-014819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

38 32 50
State File No. 383250
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 503-13 Ave So
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 503-13 Ave So
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Leila Genevieve Ford
5. Date of Birth of Child (Month, day, year) Jan 26-1915
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Mortimer Merrill Ford
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Greenville (City or town) South Carolina (State or foreign country)
14. Exact Occupation Bottler
15. Industry or Business Bottler

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Pearl Harrison
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Havana (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. (First name) Kellogg (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Essie Pearl Harrison Food Florin Signature

P. O. Address

Subscribed and sworn to before me this 22 day of January, 1944

(SEAL) Maud Henry Notary Public, residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383369
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City on Homestead
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City on homstead
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Velda Victoria Gustafson

5. Date of Birth of Child (Month, day, year) March 16, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emil Leven Gustafson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace on farm (City or town) Sweden (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Construction

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Oliven Gustafson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace on farm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Wash
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for her Life years, and that Emil L. Anderson (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emil L. Anderson Signature
Edmund R. 1. Box 250 P. O. Address

Subscribed and sworn to before me this 2 day of Jan, 1944

(SEAL) Jess W Bell, Notary Public, residing at 19522 Aurora Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384449
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Priest River
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Priest River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Priest River Ida.

4. **FULL NAME OF CHILD** Mike Naccarato

5. Date of Birth of Child (Month, day, year) Mar. 12 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Angelus Naccarato
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Theresa Naccarato
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Theresa Naccarato Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 44

(SEAL) Georgia Hagman, Notary Public, residing at Priest River Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384475
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad City
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad City, Idaho

4. **FULL NAME OF CHILD** Ferrell Ethan Nielsen

5. Date of Birth of Child (Month, day, year) March 19, 1915

6. Sex Male

7. Twin or Triplet - - If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bendix Emil Nielsen
11. Color or Race White -US
12. Age at time of THIS birth 35 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Margaret Olsen
17. Color or Race White - US
18. Age at time of THIS birth 33 yrs.
19. Birthplace Brigham City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date Blank

State of Kansas
County of Edgwick } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Doctor (J.M.) Kearns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Margaret Olsen Nielsen Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Nov, 1943

(SEAL) S. W. Batt, Notary Public, residing at Wichita, Ka.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Mabel Felder, Registrar.

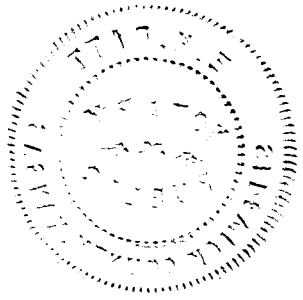
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 115 Riverside Ave.
(d) Name of Hospital or Maternity Home: At home. 115 Riverside Ave.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 115 Riverside
(e) How long has **MOTHER** lived in Idaho? near 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Idaho

4. FULL NAME OF CHILD Antone Albin Henry Spehar

5. Date of Birth of Child (Month, day, year) Oct. 13, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Spehar
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Vrh (City or town) Austria (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Maria Fink
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Golek, Austria (City or town) (State or foreign country)
20. Exact Occupation home work, dressmaking
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 27 years, and that Teresa Singer (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna M. Spehar Signature
2514 N Stevens Street, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 21st day of January, 19 44

(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384529
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Aberdeen
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Aberdeen
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Aberdeen, Ida.

4. **FULL NAME OF CHILD** Sarah Wagner

5. Date of Birth of Child (Month, day, year) Mar. 6 - 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wagner
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Frank (City or town) Russia (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Molly Rieben
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Colp (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nebraska
County of Scotts Bluff } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Barbara Wagner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Molly Wagner Signature

310 West 15th St. Scottsbluff, Nebr P.O. Address

Subscribed and sworn to before me this 19th day of January, 19 44

My Commission Expires 4/1/49

(SEAL) Jane D. Ferguson, Notary Public, residing at Scottsbluff, Nebr.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 19[illegible] by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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384532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384532
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1119 N.21st,St.
   (d) Name of Hospital or Maternity Home: Home of Grandparents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho, (b) County Ada
   (c) City Meridian,
   (d) Street Address or R.F.D. No. R.F.D.1
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Idaho,

4. **FULL NAME OF CHILD** Jack Dwyer Davidson

5. Date of Birth of Child (Month, day, year) 5-3-1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Grover C. Davidson,
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Main City (City or town) Missauri (State or foreign country)
14. Exact Occupation Farmer,
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha B. Hoobler
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kimball (City or town) South Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11.45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Alsadie L. Hoobler (First name) (Last name), who is related as Grand-mother (Mother, etc.)

25. Attendant's **OWN** signature Alsadie L. Hoobler XXX Midwife, Address 1800 N.20th,St,Boise Date 2-3-44

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 28 years, and that Dr. (First name) Dutton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alsadie L. Hoobler Signature
1800 N.20th, St, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 3d, day of February, 1944.

(SEAL) W H Hoobler, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 105039-918

384539 384539

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 34 years.

3. **RESIDENCE OF FATHER** (city, state) American Falls Idaho

4. **FULL NAME OF CHILD** Edwin Fletcher Woodhead

5. Date of Birth of Child (Month, day, year) Aug. 5, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin A. Woodhead
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Supt. of power plants
15. Industry or Business Idaho Power Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian R. Ray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bea } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for life years, and that Dr. Nath (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian R. Woodhead Signature
1638 E. Bannock - Boise Idaho P.O. Address

Subscribed and sworn to before me this 9 day of Feb., 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 9-1944 by Mabel Holden, Registrar.

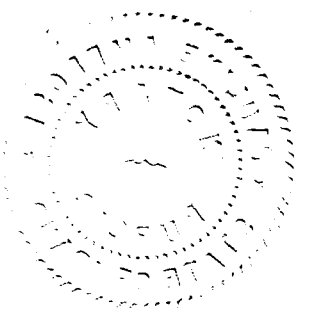
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



735-228 002-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384748
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Fruitvale
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: parents' home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Fruitvale
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fruitvale, Idaho

4. **FULL NAME OF CHILD** AMELIA CATHERINE GLENN

5. Date of Birth of Child (Month, day, year) Feb 28 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joel Price Glenn
11. Color or Race White American
12. Age at time of THIS birth 53 yrs.
13. Birthplace Harrison, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Belle Stout
17. Color or Race White, American
18. Age at time of THIS birth 35 yrs.
19. Birthplace Wilson County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Belle Sult-Glenn (First name) (Last name), who is related as mother of child (Mother, etc.)

25. Attendant's **OWN** signature Mary Mc Gmley — Midwife — Address Fruitvale, Idaho — Date Jan. 15th 1944

State of Idaho } ss.
County of Adams }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that I, Mary McGlinley (First name) (Last name), who attended this birth have signed above (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mc Gmley — Signature
Fruitvale, Idaho — P. O. Address

Subscribed and sworn to before me this 15th day of January, 19 44

(SEAL)

A. N. Armstrong, Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385852
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County SHOSHONE (b) City WALLACE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME-HOSPITAL
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County SHOSHONE
   (c) City PICHARD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** MOLLIS-LEROY-WILCOTT

5. Date of Birth of Child (Month, day, year) JAN-31-1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOSEPH-WILCOTT
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace GRAND-RIVER (City or town) CANADA (State or foreign country)
14. Exact Occupation LUMBER-WORKER
15. Industry or Business LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAURA-M-BROWN
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) WISCONSIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business CARE-OF-HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mother Mrs. Joseph Wilcott (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature DRS. SMITH, ELLIS & BONEBRAKE by Pauline Ellis M.D. Midwife Address Wallace, Idaho Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mary Fielder, Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the ~~nearest~~ of kin ~~or guardian, or some person~~ having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386049
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 1 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) am Falls Idaho

4. **FULL NAME OF CHILD** Amelia Farworn

5. Date of Birth of Child (Month, day, year) Aug 28 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. **FULL NAME** Henry Farworn
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lesa Harring
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 - 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alife (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lesa Farworn (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Katharina Adolf M.D. or Midwife Address Lodi, California. Date 3-2-1944

AFFIDAVIT

State of California
County of San Joaquin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for many years, and that Katharina Adolf (First name) (Last name), who attended this birth has signed it (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharina Adolf Signature

Lodi, California. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 19 44

(SEAL) John Wittmayer, Notary Public, residing at Lodi, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. Expires Sept 20-1944

Received for filing on MAR 10 1944 by Mary Ryder, Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

386066 386066

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Eula Geneva Newman

5. Date of Birth of Child (Month, day, year) Sept. 10 1915

6. Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lloyd Melvin Newman
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Walker
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Selden (City or town) Kansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including ~~this~~ child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of Washington } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Newman Signature

Rt #3 Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March, 19 44

(SEAL) ..... Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1944 by Mary Walker, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

368-121-006-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. R F D 2
   (d) Name of Hospital or Maternity Home: Home Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. R F D 2
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida.

4. **FULL NAME OF CHILD** Earl Edward Loyd

5. Date of Birth of Child (Month, day, year) Oct 21 1915

6. Sex Male

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Earl Loyd
11. Color or Race White
12. Age at time of THIS birth 25 26 yrs.
13. Birthplace Mitchell (City or town) Oregon (State or foreign country)
14. Exact Occupation O. S. L. Brakeman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Elizabeth Cumberland
17. Color or Race White
18. Age at time of THIS birth 18 19 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of CANYON } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the GRANDFATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now SEVENTY NINE years of age, that I have known this person for TWENTY SEVEN years, and that THE PERSON (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W. Loyd Signature

216-7TH AVE SO. NAMPA, IDAHO P. O. Address

Subscribed and sworn to before me this 27 day of Feb., 19 44.

(SEAL)

Edith Nelson, Notary Public, residing at Notary Public Residing at Nampa, Idaho
My Commission Expires Jan. 10, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 15 1952

669-16-039-65-2

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386130
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City Roy
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ROY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roy IDAHO

4. **FULL NAME OF CHILD** ORVAL KENNETH FORREST

5. Date of Birth of Child (Month, day, year) JUNE 16 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN HERMAN FORREST
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Dayton (City or town) Wash. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IVA MAY WEST
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace POTLATCH (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~Do not know~~ 1% Sol Argyg
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:20a M. on the date and at the place stated above, and that personal particulars were furnished by Iva May Forest (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. Midwife Address American Falls Date 3-6-1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Lewis }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for all their life years, and that Doctor (First name) Logan (Last name), who attended this birth is now [illegible] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva May West Forrest Signature
Morton Wash P. O. Address

Subscribed and sworn to before me this 26th day of February, 1944.

(SEAL) Miles Spaulding, Notary Public, residing at Morton

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Washington, residing at Morton.

Received for filing on MAR 13 1944 by Mabel Fiddler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-227-005-641

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Coeur D'Alene (b) City St Maries
   (c) Street Address or R.F.D. No. 2nd St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City St Maries
   (d) Street Address or R.F.D. No. 2nd Street
   (e) How long has **MOTHER** lived in Idaho? three yrs.

3. **RESIDENCE OF FATHER** (city, state) St Maries Ida

4. **FULL NAME OF CHILD** Lena Winters

5. Date of Birth of Child (Month, day, year) May 23 1915

6. Sex Female. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Adam Winters
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Williamsport Penn. (City or town) (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Quast
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Odessa Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Four.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by Thereman Winters (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. ~~Midwife~~ Address St Maries Ida. Date 2-12-44

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that Dr (Owen) (First name) Platt (Last name), who attended this birth Cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert A Winters Signature
Box 674 Rt 1 Everett P.O. Address Wash.

Subscribed and sworn to before me this 17th day of January, 1944.

(SEAL) G.G. Lenk, Notary Public, residing at Everett Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1944 by Mabel Holder, Registrar.

MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

66 5-311-021-929

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386143
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 5 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston Idaho

4. **FULL NAME OF CHILD** Wanda Madeline Fonnesbeck

5. Date of Birth of Child (Month, day, year) June 11 - 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Martinus Fonnesbeck
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Copenhagen ~~Weston~~ (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Zbinden
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bern (City or town) Switzerland (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ~~yes~~ 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature ✓ Mary Olsen ~~M.D.~~ Midwife Address Weston Ida Date 3/9-44

State of ... } ss.
County of ...

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 10 day of March, 1944

(SEAL) ..., Notary Public, residing at Weston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Thomas E. Rose Jr. by Mabel Felder, Registrar.

MAR 14 1944

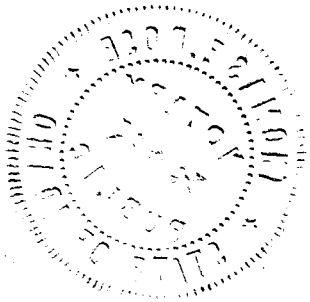
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



55-319-005-168

386168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county – years 9 months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City near Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Idaho

4. **FULL NAME OF CHILD** Lilas Isabelle Neil

5. Date of Birth of Child (Month, day, year) May 19. 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Washington Neil
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Aldrich (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Everleth Johnson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace So Londonderry (City or town) Vermont (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Anna McNees (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John J. Neil Signature

Rt 2 Box 315, Hamer, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 1944.

(SEAL) James E. Hamilton, Notary Public, residing at Hamer, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1972

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-121-026-455

386171

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Roberts
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Roberts
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roberts Idaho

4. **FULL NAME OF CHILD** Roy Whitlatch

5. Date of Birth of Child (Month, day, year) June 21 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Stillman Whitlatch
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Limrick (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adalene Denny
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bethel (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Umatilla } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. (First name) O.B.Beller (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A W Whitlatch Signature

Umatilla Ore. P. O. Address

Subscribed and sworn to before me this 11th day of March, 1944

(SEAL)

Notary Public for Oregon

My Commission Expires June 24, 1947.

Notary Public, residing at Stanfield Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Comm. Exp. 6-24-1947

Received for filing on MAR 16 1944 by Mary Filer, Registrar.

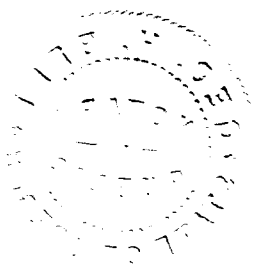
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386201
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City (Sugar Factory)
   (c) Street Address or R.F.D. No. Blackfoot, R.F.D.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 6 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Maurice Clayton

5. Date of Birth of Child (Month, day, year) May 27, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Raymond Horne Clayton
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Cashier
15. Industry or Business Utah-Idaho Sugar Co

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Matilda Schaerrer
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Payson (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Salt Lake } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty years of age, that I have known this person for 29 years, and that George (First name) Hyde (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada S. Clayton Signature
8776 So. State St. Midvale Utah Address

Subscribed and sworn to before me this 22nd day of April, 1944

(SEAL)

M. B. Coleman, Notary Public, residing at Midvale Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Holder, Registrar.

MAY 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has~~ occurred ~~subsequent to such date,~~ such report ~~may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-124003-128

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Banneck (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Banneck
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace Idaho.

4. **FULL NAME OF CHILD** Francis Raymond Fowler

5. Date of Birth of Child (Month, day, year) Sept. 24, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank J Fowler

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Lago (City or town) Idaho. (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida M Ashbaker

17. Color or Race White.

18. Age at time of THIS birth 19 yrs.

19. Birthplace Grace (City or town) Idaho. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Frank J Fowler. (First name) (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Frank J Fowler M.D. Midwife Address Grace Date 3-19-44

State of Idaho. } ss.
County of Banneck }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father. (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that Dr John H Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J Fowler Signature

Grace Idaho. P. O. Address

Subscribed and sworn to before me this MAR 18 1944 day of , 19

(SEAL) Ida Walker, Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 21 1944 by Mabel Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

FEB 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-224029-231

United States Department of Commerce
Bureau of the Census

MAR 23 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387308
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days 16

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy Idaho

4. **FULL NAME OF CHILD** Cleo Eileen Lewis

5. Date of Birth of Child (Month, day, year) 7-24-1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ole D. Lewis
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace South Dakota (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chester Edna Blalock
17. Color or Race American
18. Age at time of THIS birth 21 yrs.
19. Birthplace Toledo (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon
County of Yamhill } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Doctor (First name) McCall (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester Blalock Rogers Signature
Tigard, Ore. Rt. 1, Box 684 P. O. Address

Subscribed and sworn to before me this 11th day of March, 19 44

(SEAL) Dorothy McMullen, Notary Public, residing at Newberg, Oregon
My comm. expires May 2-45.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 128036-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387329
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. Two
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 39 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Approx. 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Ida. Deceas ed

4. **FULL NAME OF CHILD** Henry Davis Hall

5. Date of Birth of Child (Month, day, year) 8/28/15

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Levi Daniel Hall
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Box Elder County, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Gwenifred Davis
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Willard Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Idaho Date 3-18-1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 753-225006 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387350
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emma Berneise Peterson

5. Date of Birth of Child (Month, day, year) Oct. 25 1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 1

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Lester Peterson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Viola Holm.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living alive

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Viola Peterson (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs E. J Wadsworth M.D. ~~Midwife~~ Address 1344 Sage Id & Rt Falls Date 3-25-1944

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 30 1944 by Mabel Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 8 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

713-215029-619

387356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Farmington
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Latah
(c) City Farmington
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Farmington Wn.

4. FULL NAME OF CHILD Florence Lavell Palmer

5. Date of Birth of Child (Month, day, year) Aug. Sun 10 1915

6. Sex girl **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leroy Lewis Palmer
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Pilot Rock (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice May Warner
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Pilot Rock (City or town) Oregon. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1.0%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 12 M. on the date and at the place stated above, and that personal particulars were furnished by Bernice May Palmer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. D. Leahy M.D. Midwife Address Farmington Wn Date 11-3-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mabel Ryder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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857 209003-817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 387432

State File No. 387432
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Central
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Central
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Central Idaho

4. **FULL NAME OF CHILD** Ellen Blanche Hegstrom

5. Date of Birth of Child (Month, day, year) May 9, 1915

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustav Hegstrom
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsa Maria Hager
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation House keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as: (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-two years of age, that I have known this person for twenty-eight years, and that Russell Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsa Maria Hegstrom Signature
Lava, Idaho Route 2 P. O. Address

Subscribed and sworn to before me this 18 day of April, 1940

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 18-1940 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 123 010-962

387475

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. Walnut & Placer
   (d) Name of Hospital or Maternity Home: Fuller Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 255 - 12th
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Elmer Stanley Crowley

5. Date of Birth of Child (Month, day, year) February 23, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ansel Stanley Crowley
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation Public Accountant
15. Industry or Business Public Accountant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Robison (Crowley)
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Lyman (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that S. S. (First name) Fuller (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna R. Crowley Signature

400-10th St. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of March, 1944

(SEAL) L M Blaylock, Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1965

JAN 8 1975

APR 7 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-126-032-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 3 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** FRANCIS ANTHONY JOHN

5. Date of Birth of Child (Month, day, year) 3/26/1915

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN ANTON JOHN
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace MELS (City or town) ST. GALLEN SWITZERLAND (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business dairy farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Kramer
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Nebraska USA (State or foreign country)
20. Exact Occupation Wife deceased
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Lewis }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that unknown (First name) Dr Zeller (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Anton John Signature
Winlock, Wash Ro 1 P. O. Address

Subscribed and sworn to before me this 8 day of April, 1944

(SEAL) Percy E. Ferrier, Notary Public, residing at Toledo Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1944 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-204-03-449

388665

388665

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388665
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No. On farm.
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City near Grace, Idaho.
   (d) Street Address or R.F.D. No. on farm
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Ellen Roberts

5. Date of Birth of Child (Month, day, year) June 24, 1915.

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd Nil.

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Walter R. Roberts
11. Color or Race White.
12. Age at time of THIS birth 39 yrs.
13. Birthplace Muscateen, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie B. Murphy
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Gaylord, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Nil.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Walter R. Roberts (First name) (Last name), who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that Mrs. Lefler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Murphy Roberts Signature

P. O. Box 416, Blackfoot, Idaho. P. O. Address

Subscribed and sworn to before me this third day of May, 19 44.

(SEAL)

Notary Public, residing at Blackfoot, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17814, Idaho Code Annotated.)

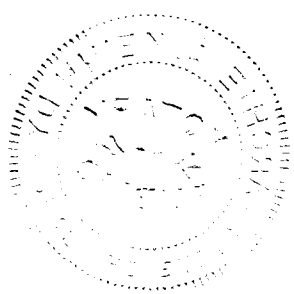
Received for filing on MAY 5 1944 by Mary Lefler, Registrar.

MAY 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



449-209-012-463

388692

388692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388692
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Butte (b) City Arco
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Butte
   (c) City Arco
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arco Idaho

4. **FULL NAME OF CHILD** Madeleine Murray

5. Date of Birth of Child (Month, day, year) Sept. 9-1912

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Bailey Murray
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Molen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Mapleton (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2 gms 3
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Madeline Murray (First name) (Last name), who is related as Vera Molen Murray (Mother, etc.)

25. Attendant's **OWN** signature C. W. Fox M.D. Midwife Address Hailey Idaho Date 5-23/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1968

MAY 28 1948

MAY 28 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1915 - 32980

455-230-006-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388780
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Daisy Wanda Meeds

5. Date of Birth of Child (Month, day, year) Nov. 30, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marvy Adison Meeds
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bellville, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolly Bessie Cassen
17. Color or Race Yes
18. Age at time of THIS birth 23 yrs.
19. Birthplace Superior, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living All

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Emma Cassen (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly Meeds Signature

123 Denver, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 19 44

(SEAL) Marie Markowski, Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1944 by Walter Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-21-026-497

388822

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby
   (c) Street Address or R.F.D. No. R.F.D.#2
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby
   (d) Street Address or R.F.D. No. R.F.D.#2
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** IZOLA GILCHRIST

5. Date of Birth of Child (Month, day, year) October 17, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN GILCHRIST
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lehigh, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Luetta Dixon
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Harrisville, Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12-45 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary L. Gilchrist (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature H. A. Anderson M.D. M.D. Midwife Address Rigby Idaho Date April 22. 1944

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1967

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-230-020-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388854
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mountain Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 5 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Pine
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 Yrs-6 Mos

3. **RESIDENCE OF FATHER** (city, state) Pine, Idaho.

4. **FULL NAME OF CHILD** BONNIE BERNICE JOHNSON

5. Date of Birth of Child (Month, day, year) Oct. 30 - 1915

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren Johnson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Mountain Home (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner Idaho
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ertz
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kearney, Nebr. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 29 years years, and that W. J. Frazier (First name) M.D. (Last name), who attended this birth advise unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Warren Johnson Signature
Gen. Del. - Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1944.

(SEAL) W. T. Seal, Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

218-225-233-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388922
Local Reg. No.
Reg. Dist. No.

MAY 8 1944

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Sugar City
   (c) Street Address or R.F.D. No. Rural-
   (d) Name of Hospital or Maternity Home: in home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City rural
   (d) Street Address or R.F.D. No. 2 miles
   (e) How long has **MOTHER** lived in Idaho? 3 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City-Idaho

4. **FULL NAME OF CHILD** ANNA KAHL

5. Date of Birth of Child (Month, day, year) September 25-1915

6. Sex FEMALE

7. Twin or Triplet -

If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** GEORGE KAHL
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY SOURWINE
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Kahl (Last name), who is related as X George Kahl (Mother, etc.) Father

25. Attendant's **OWN** signature ---------- M.D. Midwife Address Lamar, Colorado Date 5-5-1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Colorado
County of Prowers } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 28 years, and that Mary Diel (First name) Kahl (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X George Kahl Signature

Lamar, Colorado. Gen. Del. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1944.

(SEAL) ---------- Notary Public, residing at Lamar Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1944

MAY 11 1944

NOV 24 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

127-121-032-132

39082

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Pagoda Rooming House
(e) Mother's stay BEFORE delivery
In Hosp. or Mat. Home 10 days.
IN THIS county years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Joseph Lewis Aspitarte
5. Date of Birth (Month, day, year) June 21, 1915
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? —

FATHER OF CHILD

10. FULL NAME Domingo Aspitarte
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bollivar (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rafaela Alberdi
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ea (City or town) Spain (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 27 1944 (Date received) (b) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Acorda, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Lewis Aspitarte (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Baugh (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Acorda Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of May 1944

(SEAL) Lenna C. Locke Notary Public, residing at Gooding

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham

City of Dry Farm

No. 699 115006-577 St.

(If born in hospital or institution give name.)

STATE OF IDAHO 390239

DEPARTMENT OF PUBLIC ~~WELFARE~~

BUREAU OF VITAL STATISTICS

390239

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Herbert Wright

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth Oct. 15, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name Walter R. Wright	18. Full maiden name Charlotte Amy Van Epps
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White | 12. Age at last birthday 57 (years)	20. Color or race White | 21. Age at last birthday 52 (years)
13. Birthplace (city or place) (State or Country) Eagle Rock, Idaho	22. Birthplace (city or place) (State or Country) Calendar Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work June, 1944 | 17. Total time (years) spent in this work 39	25. Date (month and year) last engaged in this work June, 1944 | 26. Total time (years) spent in this work 32

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

..... Registrar.

Filed JUN 14 1944, 193 [signature] Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Walter R.Wright being first duly sworn says that

is the Father (Relationship of child)* of John Herbert Wright

born October 15th., 1915 (Date of birth) at Bingham County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Herbert Wright

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Agnes Wright ~~XXXX~~ was the Midwife medical attendant at the birth of said John Herbert Wright and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Walter R Wright

P. O. Address Route 3, IdahoFalls, Idaho

Subscribed and sworn to before me this eighth day of June, 19 44

Notary Public.

My Commission Expires June 26th, 1947

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 14 1944

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho

County of Bonneville

Walter R. Wright being first duly sworn says that

Father of John Herbert Wright

born October 15th, 1915 at Bingham County, Idaho,
(Date of birth)

who [illegible] of birth is hereto attached and that he desires to have the said birth recorded under Chapter 139—1931 Session Laws of Idaho and affirms further states that the facts contained in the certificate of birth of the said John Herbert Wright

[illegible] attached are true and correct.

[illegible] that the birth has not been previously recorded.

Affiant further states that Agnes Wright was the Midwife

[illegible] at the birth of John Herbert Wright and that

[illegible] now deceased
(Name deceased (or) cannot be located)

Name of Affiant [illegible]

P.O. Address Route 3, Idahoville, Idaho

Subscribed and sworn to before me this eighth day of June 19 44

[illegible]
Notary Public

Residing at [illegible], Idaho.

* If the father and mother are dead, and the next [illegible] the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, [illegible]

299-229 028-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390336
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah + Kootenia (b) City Worley
(c) Street Address or R.F.D. No.
(d) Name of ~~Hospital~~ or ~~Maternity~~ Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah + Kootenia
(c) City Worley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Worley Idaho

4. **FULL NAME OF CHILD** Hazel Stella Kirkpatrick

5. Date of Birth of Child (Month, day, year) Aug 29 - 1915

6. Sex Female

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Irwin Jasper Kirkpatrick
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Spokane County (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irma Pearl Breeden ~~Kirkpatrick~~
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Loxa Ill. (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that Dr. Clanton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Kirkpatrick Signature
Irwin J. Kirkpatrick P. O. Address
N 4804 Altamont Spokane

Subscribed and sworn to before me this 8 day of June, 1944

(SEAL) J. H. Brant, Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-014-025-215

391474

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ida (b) City Lucile
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Lucile
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lucile Ida

4. **FULL NAME OF CHILD** Margaret Elizabeth Stewart

5. Date of Birth of Child (Month, day, year) Aug 14, 1915

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Bert Stewart
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Ottumwa (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Goodwin Hanna
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Iowa (City or town) Garden Plain Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Dr. W. A Foskett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver B Stewart Signature

Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 20th day of June, 1944.

(SEAL) Hampton Taylor, Notary Public, residing at Grangeville

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 24 1944 by Mabel Hyder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

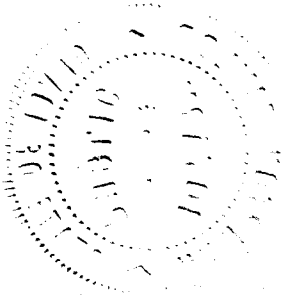
JUN 27 1944

LAPR 8 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



255 -21-021-049

391501

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Weston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Weston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Beulah Benson

5. Date of Birth of Child (Month, day, year) Feb. 12, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence Yeppa Benson
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annetta Bird
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Mendon, (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Dr. R. W. Quick (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annetta B Benson Signature

Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June, 19 44

(SEAL) C. H. Taylor, Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1944 by Mary Helder, Registrar.

JUN 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

745-215-025-562

391566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391566
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Genesee
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months d

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10

4. **FULL NAME OF CHILD** Helen Katherine Gunther

5. Date of Birth of Child (Month, day, year) Aug. 15th 1915

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Guncher
11. Color or Race German
12. Age at time of THIS birth 40 yrs.
13. Birthplace Westfallen (City or town) Germany (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Voss
17. Color or Race German
18. Age at time of THIS birth 35 yrs.
19. Birthplace Westfallen (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Sundown

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Pierce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that [illegible] Dr. Jennie Gunther (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Gunther Signature
2514 S 53rd Tacoma Wn P. O. Address

Subscribed and sworn to before me this 26 day of June, 1944

(SEAL)

[illegible] Magnuson Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

[redacted] the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-10-028-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391600
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur D'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur D'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Raymond Sam Stacel
5. Date of Birth of Child (Month, day, year) June 1 - 1915
6. Sex M
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** RAY STACEL
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Estella Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Elizabeth Anderson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Barnum Minnesota (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Skagit } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Martina Anderson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Anderson Stacel Signature
Concrete, Washington. P. O. Address

Subscribed and sworn to before me this 29 day of June, 1944.
(SEAL) C. D. Ross, Notary Public, residing at Concrete Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1944 by Mabel Holder, Registrar.

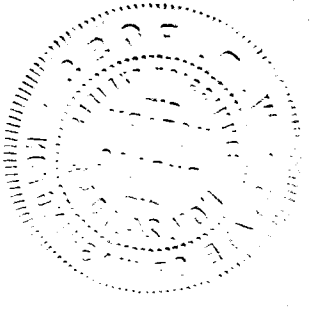
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-210-018-263

391603

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clearwater
City of Lenore, Idaho.
No. ..... St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lucy Wiona Fackenthall

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... } | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Nov. 16, 1915 (Month, Day, Year)

FATHER

9. Full name George Victor Fackenthall
10. Residence (usual place of abode) (If non-resident, give place and State) Lenore
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Trenton New Jersey

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. on farm
16. Date (month and year) last engaged in this work now, 19....
17. Total time (years) spent in this work always worked on farm

MOTHER

18. Full maiden name Carrie M. Bodyard
19. Residence (usual place of abode) (If non-resident, give place and State) Lenore
20. Color or race White | 21. Age at last birthday 17 (years)
22. Birthplace (city or place) (State or Country) Denver West Va.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work now, 19....
26. Total time (years) spent in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother one (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation ..... { months or weeks }
30. Cause of Stillbirth ..... { During labor ..... Before labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or Harriet G Bodyard., Midwife
Address Lenore, Idaho

Filed JUL 6 1944 193.... Mabel Heed Registrar.

JUL 7 1944

DELAYED

249-119-034-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391646
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Minidoka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Minidoka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr 11 mos.

3. **RESIDENCE OF FATHER** (city, state) Minidoka, Idaho

4. **FULL NAME OF CHILD** Oscar Ernst Burgstahler

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Gottlieb Burgstahler
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Russian Poland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Theresa Pehl
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Russian Poland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Clark }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Mrs. Grifferton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna J. Burgstahler Signature

Route 5, Box 580, Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of July, 19 44

(SEAL)

Thomas M. Quinn Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1944 by Mabel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-209-034-214

391671

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Minidoka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Minidoka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Minidoka, Idaho

4. **FULL NAME OF CHILD** Suzanne Utz

5. Date of Birth of Child (Month, day, year) Feb 9, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Utz
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Bauer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
    Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature David Utz M.D. Midwife Address Route II Box 195A; Lodi, Calif. Date July 5 1944

State of CALIFORNIA
County of Sacramento } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Utz Signature

Route II Box 195A Lodi, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of July, 1944.

(SEAL) F. O. Murphy, Notary Public, residing at Sacramento, Co. of Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-215-039-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391677
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Idaho

4. **FULL NAME OF CHILD** Nellie Elizabeth Hammock

5. Date of Birth of Child (Month, day, year) Mar. 15 - 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pierce K. Hammock
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Louiseville (City or town), Kentucky (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bell Hall
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Granite (City or town), Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 yrs years, and that Mr. Nath (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth Shuster Signature
7424 Oakwood Lane P. O. Address

Subscribed and sworn to before me this 6th day of July, 1944.

(SEAL) Winona Kemp, Notary Public, residing at San Diego, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1944 by [signature], Registrar.

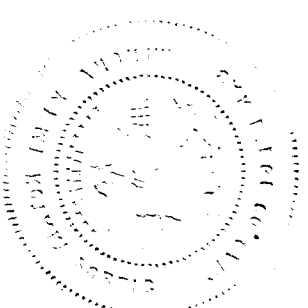
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of Chapter 191, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389 128 037-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391708
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Idaho.

4. **FULL NAME OF CHILD** Hilton Webster Christison

5. Date of Birth of Child (Month, day, year) Jan. 28, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Ceil Christison
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lowell (City or town) Ark. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Vivian Adams
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Bruneau (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Christison (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ida Adams Mahoney ~~M.D.~~ Midwife Address Bruneau, Idaho Date July 3, 1944.

State of Nevada
County of Lander } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for life years, and that Ida Adams Mahoney (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Vivian Christison Signature

Battle Mountain, Nevada P. O. Address

Subscribed and sworn to before me this 12 day of July 1944, 19

(SEAL) Louis A. Lemaire, Notary Public, residing at Battle Mountain Nev

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-1414, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 23 1953

JUL 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 110-022-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392811
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum. Idaho

4. **FULL NAME OF CHILD** Roy Monroe Howell

5. Date of Birth of Child (Month, day, year) Jan. 10 - 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Washington Howell
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Illinois (City or town) State (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Elizbeth Linton ~~Howell~~
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Illinois (City or town) State (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the [redacted] (Mother, etc.) Mother of the person whose name appears in Item 4, above, that I am now [redacted] 72 years of age, that I have known this person for 29 years, and that Dr. Frank Wenz. (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Linton Howell Signature
Rte 1 Rathdrum. Idaho. P. O. Address

Subscribed and sworn to before me this 7th day of July, 19 44

(SEAL) ____, Notary Public, residing at Rathdrum.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 21 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

528-123 001-165

392911 392911

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wallace Glenn Eby

5. Date of Birth of Child (Month, day, year) April 23rd 1915

6. Sex male

7. Twin or Triplet / If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wallace Waldo Eby
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Omaha (City or town) Nebraska (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Fern Jones
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Indian Territory (City or town) Okla. (State or foreign country)
20. Exact Occupation home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dr (First name) Sherin (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace Waldo Eby Signature

2022 N 7th P.O. Address

Subscribed and sworn to before me this 23rd day of August, 1944.

(SEAL)

Frances McKenna, Notary Public, residing at Boise Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mabel Fiedler by AUG 22 1944, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-115 · 39-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394327
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City AMERICAN FALLS
   (c) Street Address or R.F.D. No. GEN DEL
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 37 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City AMERICAN FALLS
   (d) Street Address or R.F.D. No. GEN DEL
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** WAYNE CHARLESWORTH

5. Date of Birth of Child (Month, day, year) OCT. 15, 1915

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN MILLARD CHARLESWORTH
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace MILLARD (City or town) COUNTY, UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARA JANE ~~CHARLESWORTH~~ MORGAN
17. Color or Race WHITE
18. Age at time of THIS birth 37 yrs.
19. Birthplace MILLARD (City or town) COUNTY UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living FOUR

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Power } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Charlesworth Signature

Lyons Apts. P. O. Address

Subscribed and sworn to before me this 26th day of July, 1944

(SEAL) Thelma Larsen, Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Expires July 8, 1948

Received for filing on AUG 21 1944 by Mabel Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth~~ of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339-130-24-632

394470

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman Ida.

4. FULL NAME OF CHILD Doyle O Clifford

5. Date of Birth of Child (Month, day, year) July 20, 1944

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Henry Clifford
11. Color or Race White **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Malad City (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Cecelia Olsen
17. Color or Race White **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Stockholm (City or town) Sweeden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____
County of ____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 29 years, and that name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira E. McCorkle Signature

Ft. Bridger, Wyo. P. O. Address

Subscribed and sworn to before me this 16 day of August, 1944

(SEAL) E. Walter Caldwell Notary Public, residing at Mountain View, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 6 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-223-037-759

394 481

394481

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394481
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Claytonia
   (c) Street Address or R.F.D. No. ~
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months ~ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Claytonia
   (d) Street Address or R.F.D. No. ~
   (e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Claytonia, Idaho

4. **FULL NAME OF CHILD** Anna Sweep

5. Date of Birth of Child (Month, day, year) May 23 1915

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ Single ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ben H Sweep
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cassie L. Gerdes
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation farmer's wife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argentum nit. 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature S. J. Miller M.D. ~~Midwife~~ Address Long Beach Calif. 1134 E 2nd Date Sept 15-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar.

SEP 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-006-222-315

395570

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Woodrow
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: do not know. In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Woodrow
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? Do not know.

3. **RESIDENCE OF FATHER** (city, state) Same as Mother.

4. **FULL NAME OF CHILD** Elaine Johnson

5. Date of Birth of Child (Month, day, year) March 6-1915

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd None

8. No. months of Pregnancy Nine

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Andrew Johnson, Sr.
11. Color or Race White
12. Age at time of THIS birth About 51.
13. Birthplace Tooele County, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer and Salesman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanettie Lance
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Spanish Fork (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Probably [redacted] silver nitrate.
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now thirty-nine years of age, that I have known this person for twenty-nine years, and that Dr. (First name) Walker (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

109 West North St., Ogden, Utah. P. O. Address

My Commission expires 7/4-45

Subscribed and sworn to before me this 14th day of September, 1944.

(SEAL)

Notary Public, residing at Ogden, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-120-015-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395583
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (~~city~~, state) Idaho

4. **FULL NAME OF CHILD** Morris Melvin Potter.

5. Date of Birth of Child (Month, day, year) Dec 20 - 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Virgil Chalmer Potter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Indiana (State or foreign country) Evansville (City or town)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Keele.
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Carter (City or town) Illinois. (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dec 20th (Born alive, stillborn) at Kooskia on the date and at the place stated above, and that personal particulars were furnished by Mrs Lucy Mitchell (First name) (Last name), who is related as aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Lucy Mitchell M.D. Midwife Address Kooskia Idaho Date Sept 4-44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 49 years, and that Mrs Lucy Mitchell (First name) (Last name), who attended this birth alive (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lucy Mitchell Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 4 day of September, 1944

(SEAL)

E F Churchill, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mary Fields, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-[illegible]-028-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395666
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenei (b) City Couer d'Alene
(c) Street Address or R.F.D. No. 817 Wallace Ave.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenei
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 817-Wallace Ave.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD Robert Gulick Tirrell
5. Date of Birth of Child (Month, day, year) 9-29-15
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Fred James Tirrell
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Paw Paw (City or town), Michigan (State or foreign country)
14. Exact Occupation Buyer-Hardware Store
15. Industry or Business Retail Hdwe.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Edith Gulick
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Mt. Pleasant (City or town), Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that John C. Dwyer M.D. (First name) (Last name), who attended this birth is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Edith Tirrell Signature
452-No. Hoback, Helena, Mont. P. O. Address

Subscribed and sworn to before me this 14th day of September, 1944
(SEAL) Wilbur M. Gloege Notary Public, residing at Helena, Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 29 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395684
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Gibbs
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Gibbs
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Geneva Adela Leach

5. Date of Birth of Child (Month, day, year) 3 27, 1915

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Leach
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Susquehanna Co. Pa. (City or town) (State or foreign country)
14. Exact Occupation Operating engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna C. Miller
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... **Address** ..... **Date** .....

AFFIDAVIT

State of Washington
County of Cowlitz } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Dr. John (First name) Busby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna C. Miller Leach Signature

Rt. I, Box 125, Longview, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of October, 19 44.

(SEAL) Josephine Fraser, Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1944 by ..... Registrar

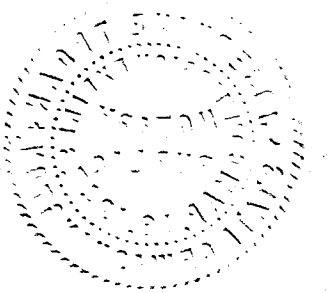
APR 3 1945

OCT 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-218-022-233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395693
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Drummond
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State (b) County
   (c) City
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 41 yrs.
   (f) Mother's mailing address (For registration notice):
   1337 N. Wash. Blvd (Street or R. F. D.) Ogden, Utah (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ogden, Utah

4. **FULL NAME OF CHILD** Gladys Jane - Thorsted - [redacted]

5. **DATE OF BIRTH** (Month, day, year) June 18, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Lawrence Thorsted

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Ogden, Utah (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Margaret Belt

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Englevill Illinois (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

Was a standard serological test for syphilis performed? Yes ..... No X ..... **Date sample taken**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 a. M. on the date and at the place stated above, and that personal particulars were furnished by Grace Thorsted (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Mrs. Viola Dedman M. D. (D. O., Midwife, etc.)
and address Drummond, Ida. Date 9-27-1944

26. (a) OCT 4 - 1944 (Date received) (b) Mabel Yeldell (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 6 1944

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

895-230025-368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396861
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Greencreek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Greencreek

4. FULL NAME OF CHILD Anna Maria Hinkelman

5. Date of Birth of Child (Month, day, year) Oct. 30, 1915

6 Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adolph Hinkelman
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Helene Louise Lohmann
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5A M. on the date and at the place stated above, and that personal particulars were furnished by Adolph Hinkelman (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature J. D. Shinnick M.D. ~~Midwife~~ Address Grangeville, Idaho Date 9/22/44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 24 1944 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396887
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: RURAL
(e) Mothers stay BEFORE delivery: In THIS county 6 years 0 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rural

4. FULL NAME OF CHILD Eugene Grant Poplin

5. Date of Birth of Child (Month, day, year) 3/5/1915

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Grant Poplin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Tingley (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Agnes Mahon
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Buena Vista, (City or town) Colorado. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna Agnes Poplin (First name) (Last name) who is related as Mother (Mother, etc.)

25. ~~Attendant's~~ OWN signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Colorado } ss.
County of Boulder }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Mrs. Comfort (First name) (Last name), who attended this birth Cannot be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Agnes Poplin Signature
Lyons, Colorado. P. O. Address

Subscribed and sworn to before me this 13th day of October, 1944.

(SEAL) Ollie J. Nancy Notary Public residing at Lyons, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) My commission expires November 24, 1945

Received for filing on OCT 18 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

14) 104 037 259

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 397012
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years 6 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida

4. **FULL NAME OF CHILD** Joseph Robert Adams

5. Date of Birth of Child (Month, day, year) Sep. 4, 1915

6 Sex: Male

7. Twin or Triplet: No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy: 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Webster Adams
11. Color or Race: White
12. Age at time of THIS birth: 35 yrs.
13. Birthplace: Harrison Co., Ohio (City or town) (State or foreign country)
14. Exact Occupation: Farmer
15. Industry or Business:

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Belle Bertschy
17. Color or Race: White
18. Age at time of THIS birth: ~~27~~ 24 yrs.
19. Birthplace: Threecreek, Idaho (City or town) (State or foreign country)
20. Exact Occupation: Housewife
21. Industry or Business:

22. Name prophylactic used to prevent Ophthalmia Neonatorum: none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Owyhee } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 29 years, and that George (First name) Adams (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. Adams Mahoney Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of October, 1944.

(SEAL)

Jane C. Noble, Notary Public, residing at Bruneau

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

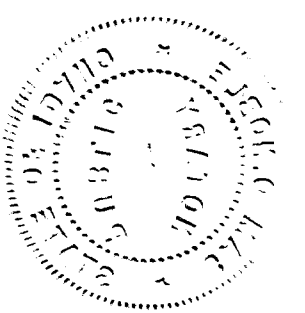
Received for filing on NOV 2 1944 by Mabel Fielder, Registrar

NOV 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

NOV 17 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Roberts
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Roberts
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Joplin, Mo.

4. **FULL NAME OF CHILD** Hazel Audry Grant

5. Date of Birth of Child (Month, day, year) 1-17-1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Danial Harrison Grant
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Golden City (City or town) Missouri (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie May Sweapingen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Golden City, (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Lucy (First name) Howell (Last name), who is related as friend (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho Missouri
County of Fremont Jasper } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. O. E. Bellor (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Harrison Grant Signature

1052 Pennsylvania St., Joplin, Mo. P.O. Address

Subscribed and sworn to before me this 6th day of October, 1944.

(SEAL) Geo. Earp (Geo. W. Earp), Notary Public, residing at Joplin, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 20 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

NOV 16 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398127
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Josephine Paffile

5. Date of Birth of Child (Month, day, year) II-27-1915

6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd Ist 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sam Paffile
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Nardi
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 28 years, and that Mary Marceil, (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Paffile Signature
N-Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of Nov., 1944.

(SEAL) [signature], Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 16 1944 by [signature], Registrar

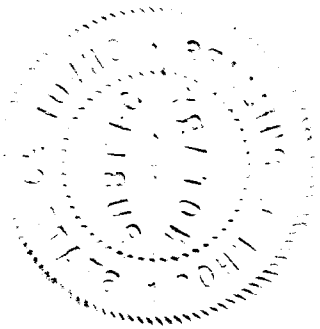
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



691 105 040-191

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida.

4. **FULL NAME OF CHILD** Antonia I. Frank

5. Date of Birth of Child (Month, day, year) July 5, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carmen Frank
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Messina (City or town) Italy (State or foreign country)
14. Exact Occupation Teamester
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Jiacovetta
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kellogg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Frank (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Filomina Tonti (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Frank Signature

302 N Elm Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 4 day of Nov., 1944

Mary M Stout, Notary Public, residing at Kellogg Ida.

Commission expires July 30, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-113-035 719

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lapwai
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lapwai, Idaho

4. **FULL NAME OF CHILD** Norman Ronald Parkins

5. Date of Birth of Child (Month, day, year) August 13, 1915

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orlando Parkins
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Abeline, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allie Marie Bailey
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kearney, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Allie Marie Parkins (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John M. Alley M.D. Address Lewiston Ida Date 11-27-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel Fuller, Registrar

DEC 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

268-214024-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398247
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman Valley Idaho

4. FULL NAME OF CHILD Thelma Jane Boyer

5. Date of Birth of Child (Month, day, year) March 14, 1915

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Alba Boyer
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Power Plant

MOTHER OF CHILD

16. FULL MAIDEN NAME Maybelle Campbell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the old neighbour (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 15 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leila B. Rodabush Signature

Riverside, Calif. 728 Mission Blvd, P. O. Address

Subscribed and sworn to before me this 28th day of November, 1944

(SEAL) Elizabeth C. DaVall, Notary Public, residing at Riverside, California

My Commission Expires December 10, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 - 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-215039-753

398294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398294
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Pocatello
   (c) Street Address or R.F.D. No. Rural
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Carolyn Jane Peck

5. Date of Birth of Child (Month, day, year) July 15, 1945

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clifford Hayes Peck
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Longonisie (City or town) Kansas (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evalena Jane Peck
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ft Collins (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that Dr. A. Starr (First name) ____ (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evalena J. Peck — Signature
4644 S. 4800 W. Murray Rt. — P. O. Address

Subscribed and sworn to before me this 3 day of January, 1945.

(SEAL)

Eulene Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 3-1945 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

x864-106-032 635

398311

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398311
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln. (b) City Shoshone.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Joel Samson Young.

5. Date of Birth (Month, day year) Feb. 6 1915

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Charles Arthur Young
11. Color or Race 29 White.
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hartville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Elizabeth Fletcher
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hartville (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3. Flow Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Esther E. Young (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 14 1944 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by Mary Felder (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Date Idaho 12/6/44

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Esther Elizabeth Fletcher Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-220-06398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Riverside
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Riverside
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lila Cobbley

5. Date of Birth of Child (Month, day, year) May 20, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Elmer William Cobbley
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pleasant Grove, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotte Crystal
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace American Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bingham } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Mary E (First name) Hatch (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lottie Cobbley Signature

Ri Pingree, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1944

(SEAL) E. P. Monson, Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1945 by Mabel Helgen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-130-001-695

399645

399645

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) 399645

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Benjamin Freeman Dodson

5. Date of Birth of Child (Month, day, year) Apr. 30, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leonard Dodson
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Viola Freeman
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Dr. Bowers (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard Dodson Signature

Hagerman Route Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1945.

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 23-1945 by Mabel L. Elder, Registrar

JAN 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-109-043-955

399673 399673

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Valley years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cascade Ida.

4. FULL NAME OF CHILD William Reed Jr.

5. Date of Birth of Child (Month, day, year) Aug. 9. 1915

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William L Reed
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace San Antonio Texas (City or town) (State or foreign country)
14. Exact Occupation Stockman — Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Louise Reed
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Kendrick Ida (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature W. L. Reed Midwife Address Swret Ida Date 2/12/1945

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1945 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-115-003-491

400778

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400778
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 514 N. 4th
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Davis
   (c) City Ogden
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idah

4. **FULL NAME OF CHILD** Ralph Edward Marshall

5. Date of Birth of Child (Month, day, year) 4-15-1915

6. Sex Male,

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Edward Marshall
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Poughkeepsie, (City or town) New York (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Dial
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Carthage, (City or town) Missouri (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Anna (First name) Bird (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel Dial Marshall Signature

Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of January 1945.

(SEAL) Carl L. North, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1945 by Mary Fidler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1945

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-107. 207-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 400798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Fairfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: A farm home or residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 10 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Fairfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salt Lake City Utah

4. **FULL NAME OF CHILD** Cecil Earl Kent

5. Date of Birth of Child (Month, day, year) Oct. 7th, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Madison Cecil Kent
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kearney (City or town) Nebraska (State or foreign country)
14. Exact Occupation Rail Road Telegrapher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Evelyn Lee
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Fairfield (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Alice Evelyn Kent (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Annie (First name) Thurber (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Evelyn Kent — Signature

P. O. Address

Subscribed and sworn to before me this 8 day of Jan, 1945.

(SEAL) ____, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1945 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1945

JAN 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-217-070-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400883
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Reno
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 4 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Reno
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Reno, Idaho

4. FULL NAME OF CHILD Lynda Frances Hershberger

5. Date of Birth of Child (Month, day, year) Mar. 17 1915

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sam Le Van Hershberger
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Bawldin (City or town) Iwoa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie McIntosh
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Clyde (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for over 29 years, and that Dr (unknown) (First name) Deming (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sam Le Van Hershberger Signature
538 Fourth St. West, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of December, 1944

(SEAL) [signature], Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-218-006-243

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Pingree
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Pingree
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pingree, Ida.

4. **FULL NAME OF CHILD** Leva Barbara Rich

5. Date of Birth of Child (Month, day, year) 12/18/1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Heber Charles Chase Rich, Jr.
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation rancher & stock grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leva Barbara Gutting
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Lima, Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Heber Charles Chase Rich, Jr (First name) (Last name) who is related as father of this child. (Mother, etc.)

25. Attendant's **OWN** signature H.C. Rich Jr. Father **M.D. Midwife** Address Celestia Davis Deceased **Date**

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Celestia Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H.C. Rich Jr. Signature

Pingree Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1945

(SEAL) John Farnsworth, Notary Public, residing 2345 W. DEVON AVE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by Mary Higgins, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1961
APR 14 1967
FEB 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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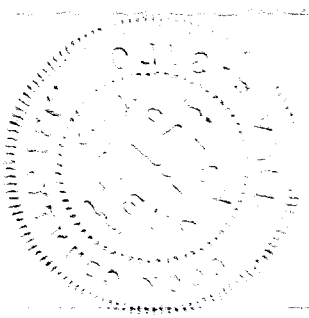


667-210-235-236

400899

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400899
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 327 - 1st Ave
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 327 - 1st Ave
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Idaho

4. **FULL NAME OF CHILD** Lois Georgine Fox

5. Date of Birth of Child (Month, day, year) Sept 10 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Fox
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Whitewater Minn (City or town) (State or foreign country)
14. Exact Occupation Agent Northern Express Co
15. Industry or Business Express

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Scofield
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ County of ____ } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 29 years, and that Dr. F. P. Nourse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Notary Public for Oregon
My commission expires Aug. 14, 1948

Mrs Ruth Fox Signature
3839 NE Wasco St P. O. Address

Subscribed and sworn to before me this 27th day of January 1945.

(SEAL) Gertrude M. Chenoweth, Notary Public, residing at 4200 NE Sandy Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by Mabel Helgen, Registrar

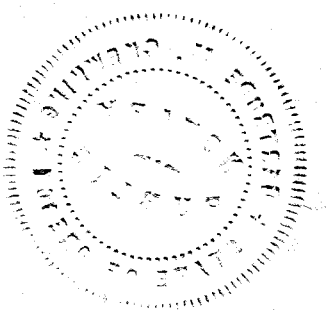
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



362-120-001-193

400907

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1006 E. State St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Garden Valley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Garden Valley

4. **FULL NAME OF CHILD** Robert Branson Cobb

5. Date of Birth of Child (Month, day, year) 8-20-15

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edsall Vance Cobb
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Greensboro, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Catherine Mills
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Garden Valley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Probably AgNO3
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Pend Oreille }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person since birth and that Dr. George Collister (First name) (Last name), who attended this birth (Is now deceased) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edsall Vance Cobb Signature

Usk, Washington P. O. Address

Subscribed and sworn to before me this 25th day of January, 1945.

(SEAL) J. T. Lavigne, Notary Public, residing at Cusick Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369-103-022-449

401058

401058

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street address or R. F. D. No. _____
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home _____ Days
   In THIS County _____ years _____ months _____ days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street address or R. F. D. No. _____
   (e) How long has MOTHER lived in Idaho? 22 yrs.
   (f) Mother's mailing address (for registration notice): _____
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ashton Idaho

4. **FULL NAME OF CHILD** Donald Elisha Cordingley

5. **DATE OF BIRTH** (Month, day, year) March 3 - 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren William Cordingley

11. Color or Race White

12. Age at time of THIS birth 20 yrs.

13. Birthplace Huntington Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Elizabeth Mooney

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Richmond Utah.
(City or Town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business —

22. Was a standard serological test for syphilis performed? Yes _____ No Yes Approximate date _____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Warren Cordingley (First name) (Last name), who is related to this child as Father (Mother, etc.).

27. (a) MAR 9 1915 (Date received) (b) Mabel Holden (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

26. Attendant's OWN signature E. L. Rogers, M. D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 3-16-15

MAR 9 1945

30 1950

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth**; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DECEASED

DELAYED

DELAYED

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City ASHTON
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: HOME RESIDENCE.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City ASHTON
(d) Street Address or R.F.D. No. I
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address 201 Maple St Idaho Falls
3. RESIDENCE of FATHER (city, state): Ida. Falls, Ida

4. FULL NAME OF CHILD Fielding Chambers
5. Date of Birth (Month, day, year) Oct. 20, 1919
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Chambers
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Sublett (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Stoddard
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Spencer (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at HOME M. on the date and at the place stated above, and that personal particulars were furnished by Margret Chambers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) FEB 22 1945 (Date received) (b) Mary Fielding (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Chambers, being first duly sworn, say that I am related to (Related to (or) acquainted with) Fielding Chambers (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hargrave (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

I Margaret Chambers Signature

201 Maple St., Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me on this 10th day of June, 1941

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

FEB 20 1

DELAYED REGISTRATION LAW

(1911 Session Laws, Chapter 191, Section 9)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 402113
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Ferguson Maternity Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'alene
   (d) Street Address or R.F.D. No. 819 Penn Ave
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Jeanette Ellen Brink

5. Date of Birth of Child (Month, day, year) 7-1-15

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Jarvis Brink Jr.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ashland (City or town) Nebraska (State or foreign country)
14. Exact Occupation Wire Chief
15. Industry or Business Interstate Tele Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** [redacted] May Leonard
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Leadville (City or town) Colorado (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 5% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 12 Noon M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature John O Wood M.D. Midwife Address Coeur d'Alene Ida. Date Feb 13-45

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1945 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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402114

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 645 North Main
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 645 N. Main
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida

4. **FULL NAME OF CHILD** Rosalyn Elizabeth Rogurson

5. Date of Birth of Child (Month, day, year) Oct-25-1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Cornelious Rogurson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace West Weber Utah (City or town) (State or foreign country)
14. Exact Occupation Engineer O.S.L.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Violet Smith
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Fannie S. Rogurson (First name) (Last name) who is related as Mother of child (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that H. Smith Woolley M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie V. Rogurson Signature

619 N. Main Emmett Ida P. O. Address

Subscribed and sworn to before me this 20th day of February, 1945.

(SEAL) W. C. Griffith, Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1945 by Maud Fiddler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402180
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Ida

4. **FULL NAME OF CHILD** Matilda Jean Scott

5. Date of Birth of Child (Month, day, year) June 9 1915

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Scott
11. Color or Race Indian
12. Age at time of THIS birth 36 yrs.
13. Birthplace Kooskia, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Susie Broncheau
17. Color or Race Indian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cuddesac Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name)
who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Clearwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Julianna Scott (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to mark
X Harry Grimsley

her
Margaret S + Corbett
mark
Signature

Orofino, Idaho
P. O. Address

Subscribed and sworn to before me this 27 day of Feb., 1942.

(SEAL) Chance M. Faulkner, Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1942 by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Fairfield Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 57 yrs.

3. RESIDENCE OF FATHER (city, state) Fairfield

4. FULL NAME OF CHILD Norman Alexander Rowland

5. Date of Birth of Child (Month, day, year) Jan 1. 1915

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thos. Rowland
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace (City or town) Colorado (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Gardner
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace (City or town) Silver City (State or foreign country) Utah
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Dr A A Higgs (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Rowland Signature
Rt 4 Boise P. O. Address

Subscribed and sworn to before me this 13 day of March 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 13-1945 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

152-108 014-231

402316 402316

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) As above

4. **FULL NAME OF CHILD** Lawrence deMeza Jessen

5. Date of Birth of Child (Month, day, year) 11-8-1915

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jessen
11. Color or Race Wh.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Kolding (City or town) Denmark (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Mabel Blackwood
17. Color or Race Wh.
18. Age at time of THIS birth 19 yrs.
19. Birthplace Cherokee Nation (City or town) Okla. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 29 years, and that Mr. J. N. Gue (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Wave J Wakeman, Signature

1308 State St. Boise, Ida. P. O. Address

My Commission expires March 27, 1948

Subscribed and sworn to before me this 4th day of April, 1945.

(SEAL) Helen Lee Graves, Notary Public, residing at Boise, Idaho

(Note:- Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 4, 1945 by Mary Felger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 6 1976

APR 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336 224 016-218

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403428
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Ellis
   (c) Street Address or R.F.D. No. Ellis Ida R.R
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 6 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Ellis
   (d) Street Address or R.F.D. No. Ellis Ida R.R
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ellis, Ida.

4. **FULL NAME OF CHILD** Albie Lavone Lloyd

5. Date of Birth of Child (Month, day, year) born Oct 24 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Lloyd
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Albie Lavone Douglas
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho (City or town) Utah (State or foreign country)
20. Exact Occupation Artist
21. Industry or Business Instructor

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Albie S Lloyd (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN signature** Mabel Stevens **M.D. Midwife** **Address** Mabel Stevens, Twin Falls Ida **Date** Oct 3, 1944

AFFIDAVIT

State of Idaho, County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Mabel (First name) Stevens (Last name), who attended this birth signed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albie S Lloyd Signature

1003 N. Buchanan Pocatello Ida P. O. Address

Subscribed and sworn to before me this 8 day of March, 1945.

(SEAL) S L Howell, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by Mabel Hyer, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 2 9 1945

814-202039-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403436
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Power (b) City Rockland
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ____ Days
   In THIS County ____ years ____ months ____ days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 9 yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Madge Hautzinger

5. **DATE OF BIRTH** (Month, day, year) Feb-2-1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd –

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph F. Hautzinger
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Stephens Point (City or Town) Wis (State or foreign country)
14. Exact Occupation Implements Farm
15. Industry or Business Machinery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evola Eliza Stipe
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Louisville (City or Town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Was a standard serological test for syphilis performed? Yes ____ No ____ Approximate date ____
23. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No3
24. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
    (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 6:A.M M. on the date and at the place stated above, and that personal particulars were furnished by Evola (First name) Hautzinger (Last name), who is related to this child as Mother (Mother, etc.).

27. (a) MAR 29 1945 (Date received) (b) [signature] (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's **OWN signature** V. G. Logan, M. D. (D.O., Midwife, etc.)
and address American Falls Ida Date 3/8/45

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

MAR 29 1945

FILED

143 209040-994 403468 **403468**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Mullan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mullan, Idaho

4. **FULL NAME OF CHILD** Elsie Anne Elizabeth Jutila
5. Date of Birth of Child (Month, day, year) Dec. 9, 1915
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Jutila Jr.
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kauhava, Finland (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sanna Rautio
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ylistaro, Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and~~ including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Sanna E. Jutila (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~[illegible]~~ 57 years of age, that I have known this person for years, and that Elsie Anne Elizabeth Jutila (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sanna E. Jutila Signature
Mullan, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1945

(SEAL) [signature], Notary Public, residing at Mullan, Idaho.

(Note: Perjury is punishable as ~~a felony in Idaho~~; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be [illegible] purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

403479 403479

United States
Department of Commerce
Bureau of the Census 122 211042-236

APR 2 1945

(Please the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403479
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Helen Louise Assendrup

5. Date of Birth of Child (Month, day, year) Sept. 11, 1915

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Anthony Henry Assendrup
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Dunnington, Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Mae Scott
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fowler, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Assendrup (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature A. L. Assendrup M.D. ~~Midwife~~ Address R.F.D. #2 Gooding, Idaho. Date Mar. 27, 1945

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-six years of age, that I have known this person for twenty-nine years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 45

(SEAL) ..... Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope provided. FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted]

AUG 29 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 - 219 - 016 - 381

APR 6 1945 403510

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. Farm Home RFD Burley
   (d) Name of Hospital or Maternity Home: Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. Farm Home RFD Burley Idaho
   (e) How long had **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Ewa May Layton

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Robert Layton
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kaysville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Lauanna Thackham
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Sacramento (City or town) California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Schoolteacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Doctor (First name) Minter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Lauanna Thackham Layton Signature

126 A Street P. O. Address

Subscribed and sworn to before me this 29th day of March, 1945

(SEAL) E. N. Davis, Notary Public, residing at Salt Lake City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

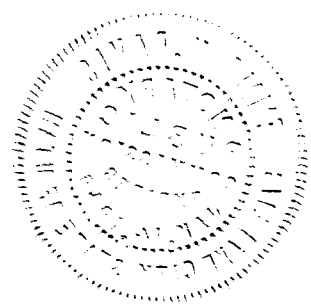
Received for filing on APR 9 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



986-223 044 391 403533 **403533**

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Mattie Rhodes

5. Date of Birth of Child (Month, day, year) May 23rd 1915

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward I. Rhodes
11. Color or Race White
12. Age at time of THIS birth 62 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma M. Tranum
17. Color or Race
18. Age at time of THIS birth 35 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 28 years, and that Dr. (First name) Schmidt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Jackson Signature
2620 Lamp St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1945.

(SEAL) Frank H. Jansen, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 12 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR X 2 1945

APR 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-229040-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404567
Local Reg. No.
Reg. Dist. No.

APR 18 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Beeler
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Our Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Beeler
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22nd yrs.

3. **RESIDENCE OF FATHER** (city, state) 3 years

4. **FULL NAME OF CHILD** VINA Belle Sevdy

5. Date of Birth of Child (Month, day, year) Nov 29. 1915

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Leslie Ingram Sevdy
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Roland (City or town) Iowa (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Louena Elliott
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Glenwood (City or town) Wash. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth (First name) Sevdy (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida Date April 11 1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-211025-214

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404595
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Idaho
   (c) Street Address or R.F.D. No. Box 133
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No. Box 133
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Idaho

4. **FULL NAME OF CHILD** Anna Philamena Bies

5. Date of Birth of Child (Month, day, year) Dec. 11 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Bies
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Luxemburg (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Brockman nee Baune
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Lawrence Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna Brockman nee Baune (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Ross ~~M.D.~~ Midwife Address Ferdinand Idaho Date April 1 1945

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mabel Ryder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-218-032-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404624
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield Idaho

4. FULL NAME OF CHILD Martha Marie Anderson

5. Date of Birth of Child (Month, day, year) Feb. 18, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hermon Anderson
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Gokobstad (City or town) Finland (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Norlund
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Gokobstad (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE deceased

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Mrs. Louisa Jacobsen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Anna Anderson Signature
1267 Berkeley Ave. P. O. Address San Bernardino, Calif.

Subscribed and sworn to before me this 24th day of April, 1945.

(SEAL) Ruth Mackler Notary Public, residing at San Bernardino, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 7 1945 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. When COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1945

AUG 17 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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463 107 012 993 404643

United States MAY 3 1945 (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404643
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Gerald Richards Molen
5. Date of Birth of Child (Month, day, year) May 7, 1945
6 Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8½ mo
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Michael Kenneth Molen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ferron, Utah (City or town) (State or foreign country)
14. Exact Occupation Hardware Business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minerva Richards
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace No Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minerva (First name) Molen (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. ~~Midwife~~ Address Arco, Idaho Nurse Eunice L. Molen Date

State of Montana
County of Cascade } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr. Baker (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva Molen Signature
1123-8 Ave No P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by Mary Holger, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 - 1945

MAY 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been~~ recorded, ~~or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-218-008-249

404647 404647

United States Department of Commerce · Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404647
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Boise

4. **FULL NAME OF CHILD** Jean Handley Keener

5. Date of Birth of Child (Month, day, year) March 18, 1915

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Isaac Lafayette Keener
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Rabun County, Georgia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Burns
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Philadelphia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Dr. Skippen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belda L Handley Signature

P. O. Address

Subscribed and sworn to before me this 11th day of May, 1915.

(SEAL) Mabel Fielder, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 14th 1915 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1965

JUL 17 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-215005-962

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 3 1945

State File No. 404710
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bennuss (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State [redacted] (b) County Bennuss
   (c) ~~City~~ Idaho, St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? about 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leona Josephine Sherette

5. Date of Birth of Child (Month, day, year) Sept. 15, 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin Edward Sherette
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Phillips, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Setter or Sawyer
15. Industry or Business Mills

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delight Robinson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Tower Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Alvin Sherette (First name) (Last name) who is related as Delight Sherette (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Mrs L. N. Carruthers Date 1915

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Delight Sherette (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Appointment Expires December 31st 1949.

Leona Josephine Lenge Signature
Waskesiu, Sask. P. O. Address

Subscribed and sworn to before me this 16th day of April A.D. 1945.

(SEAL) Commissioner for Oaths in Sask., Notary Public residing at Paddockwood Sask.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the ~~birth of a child born~~ prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP 01915-36143

713-214-007-961

405996

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405996
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Hailey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 9 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Glendale.
   (d) Street Address or R.F.D. No. Box 1 Rt 1 Bellevue Ida
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Glendale Idaho.

4. **FULL NAME OF CHILD** Beulah May Gallikes

5. Date of Birth of Child (Month, day, year) Nov. 14, 1915

6. Sex Female.

7. Twin or Triplet 7

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Olyies Warren Gallikes.
11. Color or Race White.
12. Age at time of THIS birth 32 yrs.
13. Birthplace Abington (City or town) Virginia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Le Crew Roark.
17. Color or Race White.
18. Age at time of THIS birth 25 yrs.
19. Birthplace Green Valley (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 yrs. years, and that Mrs. Powers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Leverss Gallikes Signature

1317 Fort Street Boise Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June 1945

(SEAL) Nell E Evans, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1945 by Mary Felton, Registrar

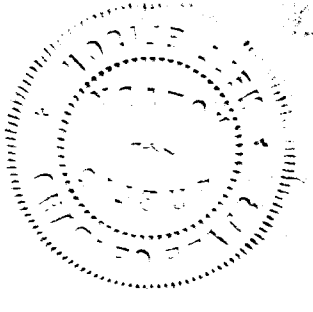
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331-195-001-432

4060001

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406001
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. #4
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. R.#4
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Carol F. Clark

5. Date of Birth of Child (Month, day, year) Dec. 25-1915

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd 9th.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Austin R. Clark
11. Color or Race W.
12. Age at time of THIS birth 45 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie L. McKissick
17. Color or Race W
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Mary Callaway Jackson M.D. Address 308 State St. Boise Idaho Date 6-27-'45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 27 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 415-125-022-369

406032

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 406032
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R#2
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony,
(d) Street Address or R.F.D. No. R#2
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD Lester Thomas Daniel

5. Date of Birth of Child (Month, day, year) July 25, 1915

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Homer K. Daniel
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizebeth Corry
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Xenia (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Ed. Fulg, M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1945 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-218-004-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 406123
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Ruby Alice Ellen Mott

5. Date of Birth of Child (Month, day, year) Dec. 18 1915

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jay D. Mott

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Republic Co. Kansas (City or town) (State or foreign country)

14. Exact Occupation U.S.R.R. Hostler

15. Industry or Business R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Smith

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Montpelier, Idaho (City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 30 years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jay D Mott Box 867 Signature

Nampa Ida P. O. Address

Subscribed and sworn to before me this 21st day of June, 1945

(SEAL) [illegible] Notary Public, residing at Nampa, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1968

JUN 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-127 022-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407257
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Drummond
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years 2 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Drummond
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Drummond Idaho

4. **FULL NAME OF CHILD** Roy Woodard Sloss

5. Date of Birth of Child (Month, day, year) March 27-1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Wood Sloss
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nocona (City or town) Texas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Wallace Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Shamrock (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Roy Sloss (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Sloss M.D. Midwife Address Ashton Idaho Date 6-30-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1945 by Mary Fyler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1945

SEP 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 112028-236

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 408412

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1034 Third Street
   (d) Name of Hospital or Maternity Home: 1034 Third Street
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1034 Third Street
   (e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Richard Edward Scott

5. Date of Birth of Child (Month, day, year) March 12, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Richard Scott
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Alpena, Michigan (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Scott
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Alpena, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~Stillborn~~) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Ritzheimer (First name) (Last name) who is ~~Mother~~ Neighbor. (~~Mother~~, etc.)

25. Attendant's **OWN** signature Mrs Jessie Ritzheimer ~~M.D.~~ Midwife Address Dr. John Busby, Deceased. Date

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 40 years, and that Jessie Ritzheimer (First name) (Last name), who attended this birth is still alive (~~Is now deceased~~) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Scott Signature
712 Fourth Street, Coeur d'Alene, Idaho Address

Subscribed and sworn to before me this 20th day of July, 1945.

(SEAL) Elsa Barnett, Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1945 by Mary Felder, Registrar

JUL 30 1945

~~JUL 31 1945~~

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-21-0039-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO JUL 23 1945

State File No. 408444
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Power (b) City Rockland
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) Rockland (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Anita Edwina Bade

5. DATE OF BIRTH (Month, day, year) May, 10th 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edwin Bade
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Milton (City or Town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Pauline Gabbert
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace San Antone, Texas (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Cr Nos
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by John Edwin Bade (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 9 1945 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature V G Logan M. D. (D. O., Midwife, etc.)
and address American Falls Date 7/21/1945

AUG 1 9 1945

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, ***within*** 10 ***days after the date of birth;*** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

719-115033414

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 108459
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Dr. H.B. Rigby Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Berkley Homer Parkinson

5. Date of Birth of Child (Month, day, year) July 15, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Smart Parkinson
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Dry farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Maughan
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wellsville, (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Berkley Homer (First name) Parkinson (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature H.B. Rigby M.D. ~~Midwife~~ Address Rexburg Date July 25, 1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mary Felder by AUG 9 1945, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

447 21 028 316 408534

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408534
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City
   (c) Street Address or R.F.D. No. Ford Idaho
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 0 years 7 0 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Ford
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 0 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ford, Idaho

4. **FULL NAME OF CHILD** Myrtle Agnes Dupree

5. Date of Birth of Child (Month, day, year) March 13-15

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George James Dupree
11. Color or Race French
12. Age at time of THIS birth 2 7 yrs.
13. Birthplace Ford Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Fallon
17. Color or Race French
18. Age at time of THIS birth 2 0 yrs.
19. Birthplace Fruitland Wash (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Dr. — (First name) Clanton (Last name); who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha J Rausch Signature

Hos N Calispel P. O. Address

Subscribed and sworn to before me this 14 day of August 1945.

(SEAL) G. M. Fessler, Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

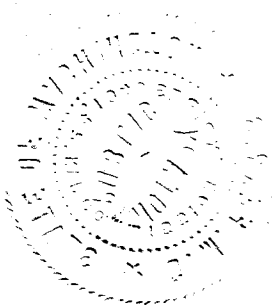
AUG 27 1945

MAY 18 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH DELAYED

DUP OF 15-40112

356-122 014-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

AUG 7 1945

State File No. 408996
Local Reg. No. 220
Reg. Dist. No. 360

1. PLACE OF BIRTH:
(a) County Canyon (b) City Caldwell
(c) Street address or R. F. D. No. 702 S. 7th
(d) Name of Hospital or Maternity Home: Memorial Park Hosp
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home 7 hrs Days
In THIS County ..... years 10 months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State ..... (b) County Canyon
(c) City Caldwell
(d) Street address or R. F. D. No. 1201 Elgin
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (for registration notice):
1201 Elgin (Street or R. F. D.) Caldwell (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Kerry Edward Lewis

5. DATE OF BIRTH (Month, day, year) July 22 1945

6. Sex Male.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

FATHER OF CHILD

10. FULL NAME Bevens Fredrick Lewis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Mason (City or Town) Texas. (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business Wm. Martin

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Latterell
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Foley (City or Town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home.

22. Was a standard serological test for syphilis performed? Yes ✓ No ..... Approximate date 2-20-45
23. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
24. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 8 30 P M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude (First name) Lewis (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) 7-30-45 (Date received) (b) Agnes M Denman (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. Attendant's OWN signature C. L. Munn, M. D. (D.O., Midwife, etc.)
and address Caldwell Idaho Date 7-27-45

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

OCT 23 1975

APR 2 1948

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of none

(b) Labor: Complication: none

Induced? no

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

(2) Birth Injury? no

Describe:

Wass neg. 2-20-45.

(e) Signature of Physician:

E. L. Munn MD

652-101 005762

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409538
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Plummer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: —
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Plummer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plummer, Idaho

4. **FULL NAME OF CHILD** Austin Gordon West

5. Date of Birth of Child (Month, day, year) Aug. 1. 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles West
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Brewer Valley (City or town) Maine (State or foreign country)
14. Exact Occupation Agriculturist, U.S. Ind. Dept
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl [redacted] Josie
17. Color or Race W
18. Age at time of THIS birth 32 yrs.
19. Birthplace Dallas (City or town) [redacted] (State or foreign country) Texas
20. Exact Occupation —
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Doctor (First name) Deceased (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 30 years, and that Doctor (First name) C. Ward (Last name), who attended this birth, Is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles West Signature

Plummer, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 1945

(SEAL) Delmar J. McFadden Notary Public, residing at Plummer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by Mary L. Elder, Registrar.

AUG 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-23-028-469

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410796
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City St Maries,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St Maries Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Kootenai,
   (c) City St Maries,
   (d) Street Address or R.F.D. No. No 3rd
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edith Geraldine Carlton,

5. Date of Birth of Child (Month, day, year) July 31st. 1915

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Addison Nathan Carlton,
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri, (City or town) (State or foreign country)
14. Exact Occupation Merchant,
15. Industry or Business General Merchandise,

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gerrette Morehouse
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Missouri, (City or town) (State or foreign country)
20. Exact Occupation House Wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington, County of Yakima, } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother, (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Many years, and that [illegible] (First name) [illegible], (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gerrette Morehouse Carlton Signature

116 No 5th, Ave Yakima, Wash. P.O. Address

Subscribed and sworn to before me this 15th day of Sept, 1945

(SEAL) P. N. Carlton, Notary Public, residing at Yakima Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Helder, Registrar

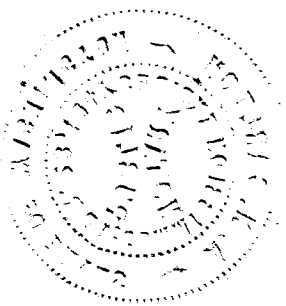
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-124-201-455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410818
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Eagle
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Born at home.
   (e) Mothers stay **BEFORE** delivery: at Home
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Eagle (near Boise)
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) the same.

4. **FULL NAME OF CHILD** Trueman Howard Denney

5. Date of Birth of Child (Month, day, year) Jan 24th 1915

6. Sex Mail

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wade Hampton Denney
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ark. Berry Vile. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beulah Maude Denney
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Harrison Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Dead. M.D. Midwife Address Mrs. Heffner. Date Jan. 24. 1915.

AFFIDAVIT

State of California } ss.
County of Alameda }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 30 years, and that Bertha (First name) Heffner (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) and I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

The same person x Beulah Maude Lamb Signature
Beulah Maude Denney Lamb Address

Subscribed and sworn to before me this 16th day of August, 1945.

(SEAL) Mildred Landis, Notary Public residing at Hayward Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mary F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1945

OCT 21 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-219-035-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 41085 6
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Wells.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Wells
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wells

4. **FULL NAME OF CHILD** Mary Elizabeth Fessler

5. Date of Birth of Child (Month, day, year) 1-19-1945

6. Sex Fe

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alexander Fessler

11. Color or Race W

12. Age at time of THIS birth yrs.

13. Birthplace Wells (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rena Est Bamhouse

17. Color or Race W

18. Age at time of THIS birth yrs.

19. Birthplace (City or town) (State or foreign country)

20. Exact Occupation Farmers wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Argyrol 3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2.a M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature John N. Alley M.D. Midwife Address Medical Lake Wash Date 7-1945

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mabel Fidler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

M. 384-112-025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410903
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Joseph Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Cottonwood Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arkansas

4. **FULL NAME OF CHILD** Earl Lyda

5. Date of Birth of Child Jan 12 1915 (Month, day, year)

6. Sex male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy full

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Marion Lyda
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Hendersonville N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stock raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Catherine Harless
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Silom Springs Arkansas (City or town) (State or foreign country)
20. Exact Occupation student
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by J Marion Lyda (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature James M Lyda M.D. ~~Midwife~~ ~~Father~~ Address Cottonwood, Idaho Date Oct. 1 '45

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that James Marion Lyda (First name) (Last name), who attended this birth is alive (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa C Lyda Signature

Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October, 1945

(SEAL) Mike Wilbert, Notary Public, residing at Cottonwood Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

D(WA) 1993-90422
6/23/93

915 - 11-928-755

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411956
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kenneth Floyd Rand

5. Date of Birth of Child (Month, day, year) 1-11-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Andrew Rand
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace La Crosse (City or town) Wis (State or foreign country)
14. Exact Occupation Mill hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Marcline Young
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Scranton Penn (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person since birth, and that Dr. Holden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruby Marcline Rand Signature

P. O. Address

Subscribed and sworn to before me this 26th day of October 1945.

(SEAL)

Jean Emerson, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary F. Lahr, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1966
OCT 6 1967
OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~38, Idaho Code Annotated, when such report is accompanied by a certi~~ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

COEUR D'ALENE, IDAHO

OFFICE OF
THE SUPERINTENDENT OF
CITY SCHOOLS

January 7, 1946

To Whom It May Concern:

This is to certify that the following information is recorded in the office of the Superintendent of School, Coeur d' Alene, Idaho, for KENNETH FLOYD RAND:

DATE OF BIRTH: January 11, 1915
Place of birth: Coeur d' Alene, Idaho
Father's name: E. Rand

Respectfully submitted,

Ind. School District No.1
By
Mayme K. Smith

Mayme K. Smith
Secretary-Treasurer

COEUR D'ALENE, IDAHO

OFFICE OF
THE SUPERINTENDENT OF
CITY SCHOOLS

January 7, 1946

To Whom It May Concern:

This is to certify that the information is recorded in the office of the Superintendent of School, Coeur d' Alene, Idaho, for KENNETH FLOYD HAND:

Date of birth: January 11, 1918
Place of birth: Coeur d' Alene, Idaho
Father's name: E. Hand

Respectfully submitted,

Ind. School District No.1
By

Mayme X. Smith
Secretary-Treasurer

Wardner-Kellogg Public Schools
INDEPENDENT SCHOOL DISTRICT NO. 6
SHOSHONE COUNTY, IDAHO
JOHN M. BOOTH, SUPERINTENDENT
KELLOGG, IDAHO

OFFICE OF THE PRINCIPAL

KENNETH HILL

January 7, 1946

To Whom It May Concern:

According to our records Kenneth F. Rand was born at Coeur d'Alene, Idaho January 11th, 1915. He entered Kellogg High School as a Freshman on September 2, 1930; attended during the year 31-32; during the fall semester of '33 and dropped out of school some time during the spring semester of '34.

Sincerely yours,

Kenneth Hill

Kenneth L. Hill
Principal

bd

JAN 10 1946

No Money Enclosed

JUN 13
JAN 18 19
DEC 0 8 199

231-108 005-639

43024 **413024**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413024
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 308 So. 9th Ave.
   (d) Name of Hospital or Maternity Home: - - -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 308 So. 9th Ave.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Harrell Black

5. Date of Birth of Child (Month, day, year) October 8, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Owen Black
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Supervisor Gas Plant
15. Industry or Business Illuminating Gas

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Edna Otis
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now thirty-three years of age, that I have known this person for thirty years, and that Dr. H. Smith (First name) Woolley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gordon H. Black Signature

216 So. 11th, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of November, 1945.

(SEAL) J. A. McGuiness, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 11 1948
NOV 30 1945
DEC 19 1945
OCT 6 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   .....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State..... (b) County.....
   (c) City.....
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Harrell Black

5. Date of Birth of Child (Month, day, year) Oct. 8, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas O. Black
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) (State or foreign country) Co
14. Exact Occupation Supt. Pintsch Compressing
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora E. Otis
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. **Number of children of this mother:** (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, ~~stillborn~~) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name) who is related as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife **Address** ..... **Date** .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of ~~Bannock~~ Los Angeles ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 30 years, and that ~~Fred~~ (First name) Wolley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas O Black Signature

650 W 48th St Hawthorne Cal P. O. Address

Subscribed and sworn to before me this 8 day of January, 1946.

(SEAL) Edna Henke, Notary Public, residing at Hawthorne

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 25, 1949

Received for filing on..... by..... Registrar

My Commission Expires March 25, 1949

OCT 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386 203 042 -141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413052
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 743 Second Ave N
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 743 Second Ave N.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Ida.

4. **FULL NAME OF CHILD** Frances Barbara Thompson

5. Date of Birth of Child (Month, day, year) June 3, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Thompson
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace La Crosse (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Manager Clothing Dept.
15. Industry or Business Dept. Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Adams
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Winona (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. **Number of children of this mother:** (a) At time of birth and including this child 2. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Frances (First name) Thompson (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Dr. John R (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frances Thompson Signature

219-7 on Ave E Twin Falls Idaho P. O. Address

Subscribed and sworn to before me this 19th day of November, 1945.

(SEAL) John E. Magee, Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by Mabel Miller, Registrar

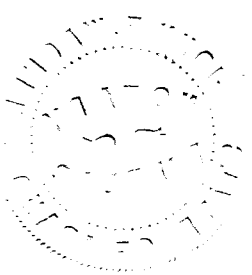
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 28 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292-213-006-632

413166

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 413166
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BINGHAM (b) City Woodville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City SHELLEY
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) SHELLEY IDAHO

4. **FULL NAME OF CHILD** Hazel Bischoff

5. Date of Birth of Child (Month, day, year) Mar. 13 1915

6. Sex FEMALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Jos. P. BISCHOFF
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace FOUNTAIN GREEN UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLANORA OLSEN
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace FOUNTAIN GREEN UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~ Argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M, on the date and at the place stated above, and that personal particulars were furnished by Ellanora Olsen (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley - Idaho. Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

1915-
DUP OF 37132

955-226 028-673

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413194
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) R.D.#2, Idaho

4. **FULL NAME OF CHILD** Margaret Dorothy Reed

5. Date of Birth of Child (Month, day, year) Sept. 26th 1915

6. Sex Female

Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Judd Douglas Reed
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernice Muriel Fitzsimmons
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bernice Reed (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ____ years, and that Dr Duryea (First name) Deceased (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bernice M. Reed Signature

Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 11th day of Dec, 19 45

(SEAL) J. A. Foster, Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

Received for filing on DEC 13 1945 by Mary Fulder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

765-329-03-219

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415352
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Virginia
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Virginia
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Virginia - Idaho

4. **FULL NAME OF CHILD** Frances Gertrude Poynter

5. Date of Birth of Child (Month, day, year) Nov. 29 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Loren-Orlando-Poynter
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Forbes - Missouri (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Emma Sare
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Falls City Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother; (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Colorado
County of El Paso } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that Belle (First name) Bennett (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loren Orlando Poynter Signature

1911 West Pikes Peak Ave Colorado Springs Colo P. O. Address

Subscribed and sworn to before me this 29th day of January, 1946

(SEAL) John F. Wilcox, Notary Public, residing at Colo. Springs Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1946 by Mary Fielder, Registrar

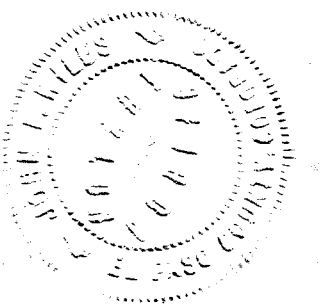
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-230-2001-464

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 416302

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Bennington
   (c) Street Address or R.F.D. No. Bennington Idaho, Box #17
   (d) Name of Hospital or Maternity Home: Was born in home of Parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years 9 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Bennington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bennington Idaho

4. **FULL NAME OF CHILD** Adelia Lindsay

5. Date of Birth of Child (Month, day, year) 30 Apr. 1915

6. Sex Femal

7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Lester Lindsay
11. Color or Race White
12. Age at time of THIS birth ... yrs.
13. Birthplace Bennington, Idaho (City or town) (State or foreign country)
14. Exact Occupation farming & stockraising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Houriteen
17. Color or Race white
18. Age at time of THIS birth ... yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation home duties
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ... (b) Born alive and now living ...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... at ... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ... (First name) (Last name)
who is related as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife ... Address ... Date

AFFIDAVIT

State of ... } ss.
County of ... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 31 years, and that Hyrum Lester Lindsay (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hyrum Lester Lindsay Signature

P. O. Address

Subscribed and sworn to before me this 19th day of February, 1946

(SEAL)

Conover Wright Justice of the Peace, Notary Public, residing at Bennington, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mabel Fielder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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915-809-022-643

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 416319
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county xx 8 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 7/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Lois Wilma Rankin

5. Date of Birth of Child (Month, day, year) Feb. 9, 1915

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hugh Hyden Rankin
11. Color or Race Caucasian
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stuarts Draft, (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Winifred Fuller
17. Color or Race Caucasian
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hays, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 8:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Winifred (First name) F. (Last name) Rankin who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Stanger M.D. Midwife Address Ashton Idaho Date 2-16-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by Mabel Fuller, Registrar

JUN 24 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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893-225-006-434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Sterling
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Sterling
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sterling Idaho

4. **FULL NAME OF CHILD** Ellen LaVerne Hill

5. Date of Birth of Child (Month, day, year) September 25 1915

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Crosby Hill
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Smithfield (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Mae McDonald
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Butte (City or town), Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of BINGHAM } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 years and that Malcolm Mac Kinnon (First name) M.D. (Last name), who attended this birth Deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie McDonald Hill Signature
1110 W. Galena St Butte Montana P. O. Address

Subscribed and sworn to before me this 8th day of March 1946

(SEAL) E. D. Elderkin Notary Public, residing at Butte, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 14 1948

MAR 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

Dup 61915-33244

216-219-028-633

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417296
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ~~THELMA~~ Selma BAFUS

5. Date of Birth of Child (Month, day, year) Feb. 19, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ADAM BAFUS
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Mill work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH OTT
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Mrs. Whitener (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Elizabeth Bafus Signature

Gibbs, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 19 46.

(SEAL) Cecil Kelly Jr., Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mary Fuller, Registrar

*Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 1940

✓ 942-30?1035-489

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417302
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County nez Perce
(c) City Southwik
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Helen Henrietta Russell

5. Date of Birth of Child (Month, day, year) Sept. 7, 1915

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Agnew Russell
11. Color or Race white
12. Age at time of THIS birth 60 yrs.
13. Birthplace Pennslyvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Bell Whittington
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie B. Pine (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie B. Pine Signature
Glendale, Arizona P. O. Address

Subscribed and sworn to before me this 7th day of March, 1946, 19

(SEAL) [signature], Notary Public, residing at Glendale, Arizo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 25 1948

513-115-011-468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No. Paradise Valley
(d) Name of Hospital or Maternity Home: Grandparent home Mr. Chas L Heinz
(e) Mothers stay **BEFORE** delivery: In **THIS** county 6 yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. (Paradise Valley
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gene Donald Eaton

5. Date of Birth of Child (Month, day, year) Jan 15 - 1915

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wayfair Eaton
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Eaton (City or town) Kans. U.S.A. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Doyle
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Minneapolis (City or town) Minn U.S.A. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Province of British Columbia
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Ida (First name) ~~Hardy~~ Heinz (Last name), who attended this birth is aged + unable to declare (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Eaton Signature
RR #2 Sardis BC P. O. Address

Subscribed and sworn to before me this 12th day of March, 1946.

(SEAL) A M Hunt, Notary Public, residing at Chilliwack BC

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 3 1970

AUG 23 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1944

412-23-057-239

417342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417342
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owhee (b) City Rockville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owhee
   (c) City Rockville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockville Ida

4. **FULL NAME OF CHILD** Dorthey Ellen Masonholder

5. Date of Birth of Child (Month, day, year) March 31. 1915

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew William Masonholder
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cow Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Stickney
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Long Valley (City or town) Ida. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for years, and that Mrs. (First name) Bradley (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ellen Masonholder, Signature

R. 3, Caldwell, P. O. Address

Subscribed and sworn to before me this 18th day of March, 1946.

(SEAL) Catherine A. Hartzell, Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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863-12X-021-314

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417391
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 18 years 9 month 22 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Weston, Idaho

3. **RESIDENCE of FATHER** (city, state) See above

4. **FULL NAME OF CHILD** Levere Magnus Holmes

5. Date of Birth (Month, day, year) 7-24-1915

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Magnus Leroy Holmes
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Newton, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arletta Alvira Campbell
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Weston, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent **Ophthalmia Neonatorum**
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 16 1946 (Date received) (b) Mabel Holden (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Utah
County of Weber } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alvira C. Holmes, being first duly sworn, say that I am related (Related to (or) acquainted with) Levere Magnus Holmes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Allen Cutler Sr. (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

A. Alvira C. Holmes Signature

Rear 653-27th St. P. O. Address

Subscribed and sworn to before me on this 30th day of March, 1946

(SEAL) Jack L. Madson Notary Public, residing at OGDEN, UTAH

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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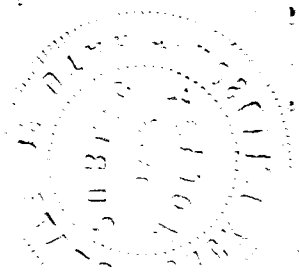

DELAYED

Dup 2 1915-32326

569 208-007-569 418504

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418504
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. PO Box 179
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. P.O Box 179
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bellevue Ida

4. **FULL NAME OF CHILD** Pauline Charlotte Northey

5. Date of Birth of Child (Month, day, year) Sept 8, 1915

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charley Northey
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Tavistock (City or town) England (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phillippa Rhoda Northey
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Bristol (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Mrs. Stith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Idaho Mrs. Varker Signature
Rte. 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of June 1946
(SEAL) Mabel Felder, Notary Public, residing at Boise Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-115003 261

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 41952
Reg. Dist. No. 3

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft Ida.

4. **FULL NAME OF CHILD** Myrle L. Monson

5. Date of Birth of Child (Month, day, year) Sept. 15, 1915

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Alfred Monson
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Swainston
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Franklin (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Christian (First name) Alfred (Last name) Monson who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah
County of Weber } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 21 years, and that Lee Allen (First name) Castle, Jr. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christian Alfred Monson Signature
23-38½ Westcroft, Ogden, Ut. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1946.
(SEAL) Rhea B. Boulter, Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 27 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-218 018-993

420648

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420648
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Orofino (b) City Greer
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 8 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Orofino
   (c) City Greer
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Roby Pearl Ferry

5. Date of Birth of Child (Month, day, year) Nov. 18, 1915

6. Sex Female

7. Twin or Triplet -No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Eugene Ferry
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Pike County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Gertrude Richardson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Couer d'Alene, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. or Midwife Deceased Address _____ Date _____

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that Mrs. John Kerns (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Kerns Signature

909 Vallejo, San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 21st day of June, 1946

(SEAL)

Notary Public in and for the City and County of San Francisco, State of California

My Commission Expires October 4, 1949.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1946 by _____ Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 - 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-128-044-242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 9 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421881
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lawrence Ellis Ross

5. Date of Birth of Child (Month, day, year) 6/28/1915

6 Sex ✓ Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ellis Ross
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Churchill, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nannie Belle Bussell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Churchill Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Humboldt } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Dr. C. E. Schmitz (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nannie Belle Ross Signature

Fortuna, California P. O. Address

Subscribed and sworn to before me this 1 st day of July, 19 46

(SEAL) A. S. Fulmer, Notary Public, residing at Fortuna, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-125-234-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minadoka (b) City Heyburn
   (c) Street Address or R.F.D. No. Gen Del
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 7 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minadoka
   (c) City Heyburn
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? all yrs.

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Idaho

4. **FULL NAME OF CHILD** Lewis Edwin Norman

5. Date of Birth of Child (Month, day, year) Feb 25, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert V. Norman
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Canadian, Texas (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Lou Tartar
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Canadian, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that _____ (First name) _____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Lou Norman Signature

Jacksonville Ore. P. O. Address

Subscribed and sworn to before me this 2 day of July, 1946, Notary Public, residing at Jacksonville

(SEAL)

Notary Public for Oregon
My commission expires Aug. 2, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by _____, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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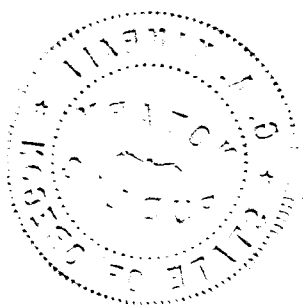

655-212-032-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421929
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LINCOLN (b) City RICHFIELD
   (c) Street Address or R.F.D. No. G.D.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LINCOLN
   (c) City RICH FIELD
   (d) Street Address or R.F.D. No. G.D.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) RICHFIELD, IDA.

4. **FULL NAME OF CHILD** LOIS RENA FENDER

5. Date of Birth of Child (Month, day, year) JUNE 12, 1915

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ARTHUR LLOYD FENDER
11. Color or Race W.
12. Age at time of THIS birth 26 yrs.
13. Birthplace LINCOLN (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA BERNSTEIN FAULL
17. Color or Race W.
18. Age at time of THIS birth 18 yrs.
19. Birthplace PLACERVILLE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LINCOLN } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that MRS- BRUCE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Fender Washam Signature
R-2 Box 644 Kirkland Wash. P. O. Address

Subscribed and sworn to before me this 31st day of July, 1946.
(SEAL) Verne Thompson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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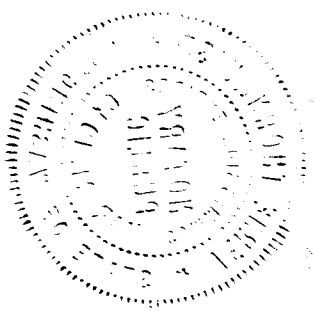

259-128-004-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421932
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida

4. FULL NAME OF CHILD Vernon LaMar Berrey

5. Date of Birth of Child (Month, day, year) July 28, 1915

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adam LaMar Berrey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Dingle (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia LaReva Bissegger
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Providence (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Geo F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Julia Lareva Berrey Signature
540 E 1st So P. O. Address
Salt Lake City Utah

Aug. 28-1948.

Subscribed and sworn to before me this 30th day of July, 1946

(SEAL) A S Horsley, Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1947

DEC 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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698 · 213 025 698

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 424616
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand, Idaho

4. **FULL NAME OF CHILD** Cleo Elaine Fry

5. Date of Birth of Child (Month, day, year) Nov. 13, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Fry
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Missouri, U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Accountant & Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva May Fry
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace St. John, N. Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Eva May (First name) Fry (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Georgeville Idaho Date Aug 24-46

State of ... } ss.
County of ... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for ... years, and that ... (First name) ... (Last name), who attended this birth ... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

... Signature

... P. O. Address

Subscribed and sworn to before me this ... day of ..., 19...

(SEAL) ..., Notary Public, residing at ...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864-115-007-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 425968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Ticura
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of his Parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 37 months 3 days 9

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Ticura
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state) Ticura, Idaho

4. FULL NAME OF CHILD William Bruce Hodgman

5. Date of Birth of Child (Month, day, year) August, I5, I9I5

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy (9(

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bruce Hodgman
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Selina Clarke Hodgman
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Keeping House

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (3) (b) Born alive and now living (7)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for (25) years, and that Dr Zeller (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Selina Clarke Hodgman Signature
3453 Maplewood Ave P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942 Venice Calif

(SEAL) [signature] Notary Public, residing at Venice Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-14, Idaho Code Annotated.)

NOTARY PUBLIC
My Commission Expires Jan. 12, 1943

Received for filing on OCT 21 1946 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-217-042-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425975
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: ------
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idano

4. **FULL NAME OF CHILD** Alma Dolores Barga

5. Date of Birth of Child (Month, day, year) 4-17-15

6. Sex F

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** August Edward Barga
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Versailles (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter & millwright
15. Industry or Business Employed by: Sande Feed & Seed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Marshall
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Fort Wayne, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 31 years, and that Dr. John F. Coughlin (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Frances Halloran Signature

3970 Phinney Ave. Seattle P. O. Address

Subscribed and sworn to before me this 8th day of October, 1946.

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114-218-016-165

426065

426065

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426065
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. R.K.S.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virginia Mary Jamieson

5. Date of Birth of Child (Month, day, year) March 18, 1945

6. Sex F

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Jamieson
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Alma, Wyoming (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hannah Jones
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Park Creek, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Payette } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 30 years, and that Dr. Storey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Jamieson Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of July, 1945.

(SEAL) Lauer E. Miller, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

DEC 12 1946

Received for filing on by John Th. Straughtly, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1915-29260

155-101-001-497

426086

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426086
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Luke's Hospital
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida.

4. FULL NAME OF CHILD William Orville Jennings

5. Date of Birth of Child (Month, day, year) May 1, 1915

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas William Jennings
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Tazwell (City or town) Tennessee (State or foreign country)
14. Exact Occupation Gardner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Shurrilda Dixon
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Roseburg (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Dr. Springer (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan S Jennings Signature
Rte. 5, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of January, 1947
(SEAL) Mabel Feeder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

631 222-033-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430548
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Independence
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Independence
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Independence Ida.

4. **FULL NAME OF CHILD** NORA FIAMM

5. Date of Birth of Child (Month, day, year) Feb. 22, 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henry Flamm
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Toronto (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Viola Simmons
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Spanish Fork Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. G. G. Espe (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice V Flamm
Signature
225 South 2nd W. Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February 1947.

(SEAL) Keepa A. Porter Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1947 by Johan W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-219-024-969

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 433340
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding Idaho

4. **FULL NAME OF CHILD** Margaret Pauline Burkhart

5. Date of Birth of Child (Month, day, year) August 19, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Frederick Burkhart
11. Color or Race white
12. Age at time of THIS birth unknown yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Justine Zorn
17. Color or Race white
18. Age at time of THIS birth unknown yrs.
19. Birthplace Allard Penn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Mason }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for her life years, and that Dr Simonelli (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A Burkhart Signature

P. O. Address

Subscribed and sworn to before me this 8 day of March, 19 47

(SEAL)

P. H. Eddy, Notary Public, residing at Shelton Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on MAR 22 1947 by John W Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-115042-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) APR 16 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433447
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No. RT. 2
   (d) Name of Hospital or Maternity Home: Delivery was at home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No. RT. 2
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Idaho

4. **FULL NAME OF CHILD** Sherman Marvin Telford

5. Date of Birth of Child (Month, day, year) June 15, 1945

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Marvin Gilbert Telford
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Malvern (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie May Viers
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Harper (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, Stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Marvin G. Telford (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Marvin G. Telford M.D. Midwife Address Burd Oregon Date 4/7/47

AFFIDAVIT

State of Oregon } ss.
County of Deschutes }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 1 years, and that Mrs Telford (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marvin G. Telford Signature

1469 Pennsylvania, Burd, Ore. P. O. Address

Subscribed and sworn to before me this 12th day of April, 1947.

(SEAL) Olga C. Vitas, Notary Public, residing at Burd Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 1, 1950

Received for filing on APR 22 1947 by John W. Gee, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 1947

APR 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-126042-717

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434881
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City FILER
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City FILER
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CHARLES HARLEY WILLIAMS

5. Date of Birth of Child (Month, day, year) FEB 26-1915

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES G. WILLIAMS
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace ALEXANDRIA (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINERVA A. PAGE
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~still-born~~) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Charles G (First name) Williams (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature A. A. Newberry M.D. Midwife Address Twin Falls Ida Date 3/19/47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1947 by John W Wright, Registrar

APR 29 1947
MAY 13 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753117022-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434888
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Small
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On Ranch Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county three years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Small
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Small, Idaho

4. **FULL NAME OF CHILD** Robert Merrill Peterson

5. Date of Birth of Child (Month, day, year) Sept. 17, 1915

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mons Peterson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Huntsville, (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business do

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Christensen
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Emery, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business do

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for ____ years, and that Dr. Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Christensen Peterson Signature
Sterling, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 1947.

(SEAL) ____ Notary Public, residing at Aberdeen, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1947 by John W Wright, Registrar

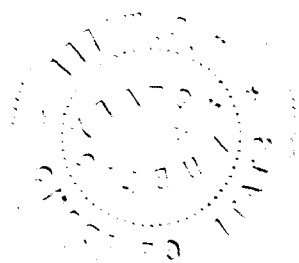
MAY 8 1947

DEC 10 1986

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



PM 419-128007-294

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434834
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Marsh Center
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Marsh Center, now Arimo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Golden Hawkins Marley

5. Date of Birth of Child (Month, day, year) Nov. 28, 1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** A. Owen Marley
11. Color or Race Anglo-saxon
12. Age at time of THIS birth 29 yrs.
13. Birthplace Robin, [illegible], Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irma Minnie Sims
17. Color or Race Anglo-saxon
18. Age at time of THIS birth 27 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a.m. on the date and at the place stated above, and that personal particulars were furnished by Lived neighbors (First name) Midwife deceased (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Ada L. Parris M.D. Midwife Address Arimo, Idaho, April 29 Date 1947

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all his life years, and that Roletta Jensen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. Owen Marley Signature

Arimo, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 1947

(SEAL)

Henry D. Nelson Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 7 1947 by John W. Wright, Registrar

MAY 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DECEASED

Dup 02-1915-36590

296-124039-254

436345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ROCKLAND
   (c) Street Address or R.F.D. No. GEN. DEL.
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mothers stay **BEFORE** delivery: In THIS county 12 years 1 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ROCKLAND
   (d) Street Address or R.F.D. No. GEN. DEL.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) ROCKLAND-IDA.

4. **FULL NAME OF CHILD** JOHN DeMAR BROWN

5. Date of Birth of Child (Month, day, year) APRIL 24-1915

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM GEORGE BROWN
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace MEADOW CREEK - UTAH (City or town) (MILLARD-COUNTY) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANN ELIZABETH BEDDES
17. Color or Race WHITE
18. Age at time of THIS birth 32 yrs.
19. Birthplace BENSON WARD - UTAH (City or town) (CACHE-COUNTY) (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business HOUSE-WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — **Address** — **Date**

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Sarah (First name) Lasley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Elizabeth Beddes Signature

Box 262 Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 20th. day of May, 1947.

(SEAL) Jan O Eastman, Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[redacted] 3 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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436426

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436426
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City CAMBRIDGE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASHINGTON
   (c) City SALUBRIA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) SALUBRIA, IDAHO

4. **FULL NAME OF CHILD** CLIFFORD ELLWOOD LAYTON

5. Date of Birth of Child (Month, day, year) MAR 18, 1915

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MO. 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ERNEST R LAYTON
11. Color or Race W
12. Age at time of THIS birth 35 yrs.
13. Birthplace ALBANY, (City or town) OREGON (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARRIE H. COLSON
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of Sacramento } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Dr. C. E. Schmitz (First name) (Last name), who attended this birth deceased now (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Doris Layton Hill Signature

ROUTE 5, BOX 7844, Sacramento P. O. Address

Subscribed and sworn to before me this 6th. day of June, 19 47.

(SEAL) Tolle H. Harrah Justice of the Peace Notary Public residing at FAIR OAKS, CAL.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1947

APR 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 222036 397

440881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440881
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 20 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idah

4. FULL NAME OF CHILD Orneda Emma Williams

5. Date of Birth of Child (Month, day, year) Feby 22 1915

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES-

FATHER OF CHILD

10. FULL NAME Reuben M. Williams
11. Color or Race Am
12. Age at time of THIS birth 41 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria Tippetts
17. Color or Race Am
18. Age at time of THIS birth 37 yrs.
19. Birthplace Perry (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maria Williams (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature D C Ray M.D. Midwife Address Pocatello Idaho Date 9-17-47

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 19 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

1915-
DUP OF 28990

177-129-019-717

42193

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 42193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No. --
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No. --
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis, Idah

4. **FULL NAME OF CHILD** Chase Kenneth Apgar

5. Date of Birth of Child (Month, day, year) March 29, 1915

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Neaf Apgar
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Robinson Bar Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alba Lucy Page
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Roodhouse, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Sadie (First name) Sullivan (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alba a Apgar Signature
7328 East 15th ave Address

Subscribed and sworn to before me this 29 day of Sept, 1947, Wash

(SEAL) Leo B. Creighton, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-1 21-039-791

442197

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442197

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Louie Green Dalton

5. Date of Birth (Month, day year) Dec. 21-1915

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Dalton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nancy (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farming + ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Eliza Prather
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Nancy (City or town) Kentucky (State or foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Eliza Dalton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 6 1947 (Date received) (b) John W. Wright (Registrar's signature)

c. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of SD
County of Hyde } ss.

I, Hattie Eliza Dalton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Louis Green Dalton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Eliza Dalton Signature

Wolsbird SD P. O. Address

Subscribed and sworn to before me on this 13th day of December 1941

(SEAL) A.P. Kaye Notary Public, residing at Highmore SD

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

44 St. 01

United States Department of Commerce
Bureau of the Census

(Be sure this information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]3601
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. Sidney Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 7 days 9

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. Sidney Street
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Torrey, Utah

4. **FULL NAME OF CHILD** John Juneaus Covington

5. Date of Birth of Child (Month, day, year) 8/13/15

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Nathan Covington
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Eudora Cameron
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Panguitch (City or town) Utah (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature John W. Wright M.D. ~~Midwife~~ Address Twin Falls Ida Date 3-19-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1945 by John W Wright, Registrar.

365-13-642-314

Certificate. Must CONTINUED on this envelope bearing ... requires a ... or ink. ... Certificate, Boise, Idaho. No charge for filing. ... BACK ink or BLACK Record typewriter ribbon in completing ... advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-10-8010-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 377 E. Rockst
   (d) Name of Hospital or Maternity Home: General
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 400 E 10th St
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** John Glen Fanning

5. Date of Birth of Child (Month, day, year) Feb. 8, 1915

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward William Fanning
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
14. Exact Occupation Shipping Clerk
15. Industry or Business Farm Implement

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Mary Robinson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Schalley, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ **Address** ____ **Date** ____

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. George H. Coulthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel M Fanning Signature
Box 220, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of November, 1947

(SEAL) C. A. Goldsworthy Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1947 by John W Wing, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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PM 358 207 016 445 445041

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445041
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Rupert
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rupert
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert Idaho

4. **FULL NAME OF CHILD** Rosa Cesarina Leoni

5. Date of Birth of Child (Month, day, year) March 7, 1915

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Cesare Leoni
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Lastebasse (City or town) Italy (State or foreign country)
14. Exact Occupation Miner in Colo farmer in Ida
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilia Munari
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lastebasse (City or town) Italy (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4 p M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Dal Soglio (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature Anna Dal Soglio M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr Kenagy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emilia Leoni Signature
Rupert Idaho R1 P. O. Address

Subscribed and sworn to before me this 23 day of Dec 1947

(SEAL) [signature] Notary Public, residing at Rupert Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/26/47 by John [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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.753-114-009-381

446319

United States JAN 8 1948
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 446319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Newport, Idaho

4. FULL NAME OF CHILD Ernest Francis Peterson

5. Date of Birth of Child (Month, day, year) Aug. 14, 1915

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter James Peterson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Lumber Grader
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Jane Champion
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace (City or town) Dayton Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. E. Champion Signature
708 West Maxwell, Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 5 day of January, 1948

(SEAL) [signature], Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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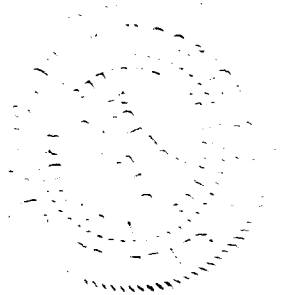

613-115-011-646 44-7665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City BONNERS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonners Ferry Hospital
(e) Mothers stay BEFORE delivery: In THIS county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State MONT (b) County
(c) City REXFORD
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) MONT

4. FULL NAME OF CHILD JOHN Dwight WATERMAN

5. Date of Birth of Child (Month, day, year) AUG. 15-1915

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months 9 of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JOHN LOGAN WATERMAN
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Stanberry (City or town) Mo (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LOUISE FROH
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace West Butte (City or town) Calif (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Sacramento } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that Dr. E. E. (First name) Fry (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Waterman Signature
R2 Box 2024 Elk Grove P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1949

(SEAL) G. Schauer, Notary Public, residing at Calif.
Notary Public in and for the County of Sacramento, State of California.
Commission expires Dec. 11, 1949.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

296-22-075-415 447668

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447668
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez perce (b) City Culdesac
   (c) Street Address or R.F.D. No. Route 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac
   (d) Street Address or R.F.D. No. Route 1
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Ida

4. **FULL NAME OF CHILD** Josephine Marie Broncheau

5. Date of Birth of Child (Month, day, year) January 21, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CAMILLE C. BRONCHEAU
11. Color or Race Indian
12. Age at time of THIS birth 35 yrs.
13. Birthplace Culdesac (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Kathryn Davis
17. Color or Race Indian
18. Age at time of THIS birth 33 yrs.
19. Birthplace Culdesac (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Clearwater }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 33 years, and that Mary (First name) Davis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Camille C Broncheau Signature

Ahsahka, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1948

(SEAL)

J. M. Walmsley, Notary Public, residing at Orofino

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1948 by John Wainwright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

335-119-016-236

447670

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mothers stay BEFORE delivery: In THIS county yes years 35 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Arizona

4. FULL NAME OF CHILD Earl Sevaughn Clemens

5. Date of Birth of Child (Month, day, year) Dec. 19 1915

6 Sex M

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Earnest Leroy Clemens.
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hilabend (City or town) Arziona (State or foreign country)
14. Exact Occupation Construction
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vilate Stout
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ 8th (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Calif
County of Tulare } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 8th 32 years, and that no attendants available (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vilate Stout Clemens Signature

Gen Del. P. O. Address

Subscribed and sworn to before me this 20th day of Jan, 1947

(SEAL) Elizabeth Follett, Notary Public, residing at Bixby Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 27 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

958-206-007-265 447725 447725

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447725
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Ketchum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Ketchum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ketchum, Idaho

4. **FULL NAME OF CHILD** EVA FAUSTINA REYNOLDS

5. Date of Birth of Child (Month, day, year) Aug. 6, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Reynolds
11. Color or Race W
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ontario, Oregon (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Clerk

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ollie Pearl Bonning
17. Color or Race W
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ketchum, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of San Benito }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. John Plummer (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie Pearl Reynolds
now Ollie Pearl Shackelford Signature

P.O. Box 426, Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 19 48

(SEAL)

John T. Hearn Notary Public, residing at Hollister, Cal.

My commission expires June 4, 1948.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1948 by John W. Wright Registrar

FEB 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

689-115-0 39-347 447747

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447747
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Woodrow L. White

5. Date of Birth of Child (Month, day, year) 5/15/1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Harrson White
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Cedar Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Varian Coplan
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Live (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Rachel White (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Power }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Sarah (First name) Lasley (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel V. White Signature

Rockland, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 47.

(SEAL) [illegible], Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

State File No. 1915-448084

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last): MABELLE CLARE DUNCAN
2. DATE OF BIRTH (Month, Day, Year): MARCH 23, 1915
3. TIME OF BIRTH:
4. SEX: FEMALE
5. CITY, TOWN, OR LOCATION OF BIRTH: BUHL
6. COUNTY OF BIRTH: TWIN FALLS
7. BIRTHPLACE (Enter Name of Place, Street and Number): HOME

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last): IDA MAE STONE
9. DATE OF BIRTH (Month, Day, Year): 2-19-1886
10. BIRTHPLACE (State or Foreign Country): ILLINOIS

FATHER

11. FATHER'S NAME (First, Middle, Last): BENJAMIN FRANKLIN DUNCAN
12. DATE OF BIRTH (Month, Day, Year):
13. BIRTHPLACE (State or Foreign Country): KENTUCKY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ►

14. SIGNATURE OF REGISTRANT: Mabelle McCormick
15a. RESIDENCE — STATE: Ga.
15b. COUNTY: Harris
15c. CITY, TOWN, OR LOCATION: Pine Mtn Ga.
15d. STREET AND NUMBER: 159 N. Quail Lane
15e. MAILING ADDRESS (If same as residence, enter Zip Code only): 1 31822

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON: May 8 20 08
17. SIGNATURE OF NOTARY: ► Rhonda Sasser
18. NOTARY COMMISSION EXPIRES: MY COMMISSION EXPIRES NOVEMBER 15, 2011 20

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Passport	U.S. Passport Agency	May 2, 1989	May 2, 1989

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Mar. 23, 1915	Idaho	----	----

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Census Record	United States Dep. of Commerce, Bureau of the Census	May 2, 1989	Jan. 1, 1920

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
age: 4 years 10 months	Idaho	Ida M. Duncan	Ben F. Duncan

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
High School Record	Buhl High School, Buhl, Idaho	May 7, 2008	Sep. 9, 1929

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Mar. 23, 1915	Buhl, Idaho	----	B.F. Duncan

QUALIFYING INFORMATION

Family record of marriages, births and deaths. Obviously old document. Lists Mabel Clare Duncan as born on March 23, 1915 to Benjamin Franklin Duncan and Ida Mae Stone.

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
Signature	► Kathryn Cook	MAY 16 2008

APPLICANT — GO TO PAGE TWO

HWH-0610A 1/89

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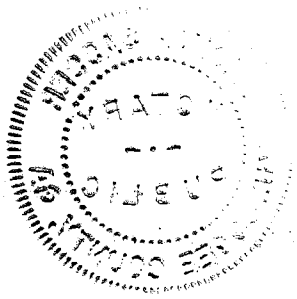
4/28/08



State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State File No. 1915-448084

REGISTRANT

(PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)
MABELLE CLARE DUNCAN	MARCH 23, 1915

3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	BUHL	TWIN FALLS

7. BIRTHPLACE (Enter Name of Place, Street and Number)

HOME

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

MOTHER

FATHER

23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
23a. ☑ No ☐ Yes (Specify):	24a.	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 ☑12 — COLLEGE YEARS 1 ☑2 3 4 5
23b. ☐ No ☐ Yes (Specify):	24b.	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 ☑12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)
26a. Now living Number 1 ☐ None	26b. Now dead Number 8 ☐ None
26c. DATE OF LAST LIVE BIRTH (Month, Year) 3 1927	26d. Number 0 ☑ None
	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)

27. BIRTH WEIGHT (Specify unit) unknown	28a. PLURALITY – (Specify single, twin, triplet, etc.)	28b. IF NOT SINGLE BIRTH–Born (Specify first, second, third, etc.)	29. IS MOTHER MARRIED? (At birth, conception, or any time between) ☑ Yes ☐ No
30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) NA	30b. CLINICAL ESTIMATE OF GESTATION (Weeks)	31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN – (Specify 1st, 2nd, etc.)	31b. PRENATAL VISITS – Total Number (If none, so state)

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name and address of facility transferred from:
☐ Yes ☑ No ☐ Unknown

33. INFANT TRANSFERRED? If yes, enter name and address of facility transferred to:
☐ Yes ☑ No ☐ Unknown

34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL?
☑ Yes ☐ No

APGAR SCORE 1 min.	5 min.	36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)?	37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY?	38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES?
35a.	35b.	☐ Yes ☐ No If "No", reason: NA	☐ Yes ☐ No	☐ Yes ☐ No ☐ No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

Anemia (Hct. < 30/Hgb. < 10)	01	☐
Cardiac disease	02	☐
Acute or chronic lung disease	03	☐
Diabetes	04	☐
Genital herpes	05	☐
Hydramnios/Oligohydramnios	06	☐
Hemoglobinopathy	07	☐
Hypertension, chronic	08	☐
Hypertension, pregnancy-associated	09	☐
Eclampsia	10	☐
Incompetent cervix	11	☐
Previous infant 4000+ grams	12	☐
Previous preterm or small-for-gestational-age infant	13	☐
Renal disease	14	☐
Rh sensitization	15	☐
Uterine bleeding	16	☐
None	00	☐
Other (Specify)	17	☐

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

Tobacco use during pregnancy ☐ Yes ☐ No
Average number cigarettes per day _____
Alcohol use during pregnancy ☐ Yes ☐ No
Average number drinks per week _____
Weight gained during pregnancy _____ lbs.

40. OBSTETRIC PROCEDURES (Check all that apply)

Amniocentesis	01	☐
Electronic fetal monitoring	02	☐
Induction of labor	03	☐
Stimulation of labor	04	☐
Tocolysis	05	☐
Ultrasound	06	☐
None	00	☐
Other (Specify)	07	☐

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

Febrile (> 100°F, or 38°C)	01	☐
Meconium, moderate/heavy	02	☐
Premature rupture of membrane (> 12 hours)	03	☐
Abruptio placenta	04	☐
Placenta previa	05	☐
Other excessive bleeding	06	☐
Seizures during labor	07	☐
Precipitous labor (< 3 hours)	08	☐
Prolonged labor (> 20 hours)	09	☐
Dysfunctional labor	10	☐
Breech/Malpresentation	11	☐
Cephalopelvic disproportion	12	☐
Cord prolapse	13	☐
Anesthetic complications	14	☐
Fetal distress	15	☐
None	00	☐
Other (Specify)	16	☐

42. METHOD OF DELIVERY (Check all that apply)

Vaginal	01	☑
Vaginal birth after previous C-section	02	☐
Primary C-section	03	☐
Repeat C-section	04	☐
Forceps	05	☐
Vacuum	06	☐

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

Anemia (Hct. < 39/Hgb. < 13)	01	☐
Birth injury	02	☐
Fetal alcohol syndrome	03	☐
Hyaline membrane disease/RDS	04	☐
Meconium aspiration syndrome	05	☐
Assisted ventilation < 30 min	06	☐
Assisted ventilation ≥ 30 min	07	☐
Seizures	08	☐
None	00	☐
Other (Specify)	09	☐

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

Anencephalus	01	☐
Spina bifida/Meningocele	02	☐
Hydrocephalus	03	☐
Microcephalus	04	☐
Other central nervous system anomalies (Specify)	05	☐
Heart malformations	06	☐
Other circulatory/respiratory anomalies (Specify)	07	☐
Rectal atresia/stenosis	08	☐
Tracheo-esophageal fistula/Esophageal atresia	09	☐
Omphalocele/Gastroschisis	10	☐
Other gastrointestinal anomalies (Specify)	11	☐
Malformed genitalia	12	☐
Renal agenesis	13	☐
Other urogenital anomalies (Specify)	14	☐
Cleft lip/palate	15	☐
Polydactyly/Syndactyly/Adactyly	16	☐
Club foot	17	☐
Diaphragmatic hernia	18	☐
Other musculoskeletal/integumental anomalies (Specify)	19	☐
Down's syndrome	20	☐
Other chromosomal anomalies (Specify)	21	☐
None	00	☐
Other (Specify)	22	☐

HWH-0610A (1/89)

00854

4/28/08

MAY 1 6 2008

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2002-0038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Carrie Roos
2. Date Of Birth: (month) May (day) 14 (year) 1915
3. Sex: F.
4. Place of Birth: Ririe Idaho
a. County: Jefferson
b. City or Town of Birth: Ririe Idaho

FATHER

5. Full Name of Father: John Roos
6. State or Country of Father's Birth: Peoa, Summett County, Utah

MOTHER

7. Full Maiden Name of Mother: Bertha May Hughes
8. State or Country of Mother's Birth: Menan Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Gertrude G Lemmon

10. Present Address of Registrant: 6741 Monnerey Way Cit. Hts. Ca. 95621

MARY LOU STANDBROOK
COMM. # 1327965
Notary Public-California
SACRAMENTO COUNTY
My Comm. Expires JULY 5, 2003

Subscribed and sworn to before me on Sept (mo.) 19 (day) 2002 (yr.)

11. Signature of Notary: Mary Lou Standbrook

12. Notary Commission expires: July (mo.) 5 (day) 2003 (yr.)

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: Sept.18, 2002	Date Orig. Entry: Baptized Aug.4,1923
	Date of Birth: May 14,1915	Birth Place: Ririe, Idaho	Full Name of Mother: Bertha Mae Hughes	Name of Father: John G Roos	
SUPPORTING RECORD 2.	Type of Document: Daughter's birth record		By whom issued and signed: State of California	Date Issued: Mar.7,1978	Date Orig. Entry: child born Oct.7,1938
	Date of Birth: Age: 23yrs	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Nov.10,1943	Date Orig. Entry: Nov.10, 1943
	Date of Birth: May14,1915	Birth Place: Ririe, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	SEP 23 2002

FORM HW 0610 $13.00 pd

9-2602

Lambert

SEP 2 3 2002

PLACED ON FILE PURSUANT TO COURT ORDER DATED MAY 9, 2003

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2003-0026

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford STanley Hillman
2. Date Of Birth: (month) Aug (day) 17 (year) 1915
3. Sex: m
4. Place of Birth: Genesee, Id — a. County: Latah — b. City or Town of Birth: Genesee, Id

FATHER

5. Full Name of Father: Arthur Samuel Hillman
6. State or Country of Father's Birth: New York State

MOTHER

7. Full Maiden Name of Mother: Mabel Leona Johnson
8. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: [signature]
10. Present Address of Registrant: 36096 Hanks Grade Lenore, Id 83541

NOTARY (Seal)

Subscribed and sworn to before me on: 25 (day) 03 (yr.)
11. Signature of Notary: [signature]
12. Notary Commission expires: 11 (mo.) 21 (day) 07 (yr.)

JODY BULLER NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Mabel Leona Johnson Hillman	Aug.12,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.17,1915	Genesee, Idaho	Mabel Leona Johnson Hillman	Arthur Samuel Hillman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Son's birth certificate	The White Hospital Lewiston, Idaho	Apr.8,1946	child born Apr.8, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.7,1915	Genesee, Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Placed on file pursuant to Court Order dated May 9, 2003 giving child's name as Clifford Stanley Hillman born August 17, 1915 in Genesee, Idaho to Arthur Samuel Hillman and Mabel Leona Johnson Hillman.

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Teresa L. Cleverly	MAY 13 2003

FORM HW 0610

Garry W. Jones
JONES, BROWER & CALLERY
P. O. Box 854
1304 Idaho Street
Lewiston, ID 83501
(208) 743-3591
Idaho State Bar No. 1254

RECEIVED
VITAL STATISTICS
03 MAY 12 AM 10:54

FILED
2003 MAY -9 A 10:12
PATTY O. WEEKS
CLERK OF THE DIST. COURT
JENNY LANDRUS

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF NEZ PERCE

IN RE THE MATTER OF:	CASE NO. CV 03 - 01000
CLIFFORD STANLEY HILLMAN,	**ORDER ESTABLISHING DATE AND PLACE OF BIRTH**

UPON CONSIDERATION of the *Petition to Establish Date and Place of Birth* filed by CLIFFORD STANLEY HILLMAN, and the affidavits and exhibits attached thereto, and said Clifford Stanley Hillman having appeared in person and with his attorney, Garry W. Jones, and then testifying in Court, the Court determines and finds that the allegations and statements made by the petitioner in said petition are true, that all required notices have been given or waived, and that cause exists for the issuance of an order establishing the date and place of birth of said CLIFFORD STANLEY HILLMAN,

NOW, THEREFORE,

The Court finds that CLIFFORD STANLEY HILLMAN was born to Arthur Samuel Hillman and Mabel Leona Johnson Hillman near Genesee, Idaho on August 17, 1915.

DATED this 9th day of May, 2003.

CARL B. KERRICK

JUDGE

CERTIFICATE OF MAILING

IT IS HEREBY CERTIFIED that the undersigned is the (Deputy) Clerk of the above entitled Court; that on the 9th day of May, 2003, the undersigned enclosed a certified copy of the *Order Establishing Date and Place of Birth*, to which this Certificate is attached, issued by the above entitled court in the above entitled action, in an envelope addressed to:

CLIFFORD STANLEY HILLMAN
% GARRY W JONES
ATTORNEY AT LAW
P O BOX 854
LEWISTON ID 83501

which are the present and last known addresses reported to the undersigned by Garry W. Jones; placed the necessary postage thereon, and deposited the same in the United States Post Office.

DATED this 9th day of May, 2003.

CLERK OF THE DISTRICT COURT

JENNY LANDRUS

By _____
Deputy

I, Patty O. Weeks Clerk of the above entitled Court do hereby certify the foregoing to be a full, true and correct copy of the original Order in the above entitled cause as the same now appears on file and of record in my office.
WITNESS my hand and official seal this 5-9-03
PATTY O. WEEKS, Clerk
By Jenny Landrus
Deputy

MAY 1 3 2003

445-222-035-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0105
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Grangeville, Ida.
   (c) Street Address or R.F.D. No. R. F. D. #3
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Grangeville
   (d) Street Address or R.F.D. No. R. F. D. #3
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** KATHERINE SADIE DUNCAN

5. Date of Birth of Child (Month, day, year) 9-22-15

6. Sex femal

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Merrit Thomas Duncan
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Vanvoce Greiner
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Louise Mallick — Date deceased

AFFIDAVIT

State of Washington } ss.
County of Walla Walla }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that Louise Mallick (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William T. Duncan Signature
212 N 6th St Walla Walla P. O. Address

Subscribed and sworn to before me this 19th day of March, 1948.

(SEAL.) D M Bullock, Notary Public, residing at Walla Walla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

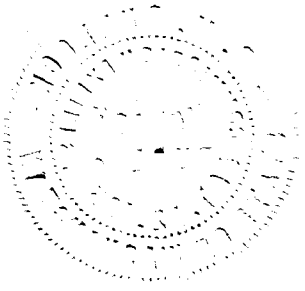
STATE FILE # CHANGED FROM 105. KMC 11/5/09

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



585-106-035-244

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 23 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0223
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nesperse (b) City Culdsack
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nesperse
   (c) City Culdsack
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 5 yrs. ~~mos.~~

3. **RESIDENCE OF FATHER** (city, state) Culdsack, Ida.

4. **FULL NAME OF CHILD** Charles Clayton Nye

5. Date of Birth of Child (Month, day, year) 9-6-15

6. Sex male

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clayton Thomas Nye
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Atumway (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosetta Sumner
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Atwood (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewufe
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Tulare } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Carrie Hartelroad (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosetta Kimberling Signature

Rt. 1 Box 126, Pixley, Calif. P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 48

(SEAL)

Notary Public, residing at Pixley Tulare County, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

APR 23 1948

Received for filing on ____ by John Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 223. KMC 11/5/09

APR 2? 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 26 1952

H # 641-109-031-641

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0274
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lewis (b) City Kamiah
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lewis
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Ida

4. **FULL NAME OF CHILD** Rd Alfred Omans

5. Date of Birth of Child (Month, day, year) Apr. 9 - 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rd Omans
11. Color or Race White American
12. Age at time of THIS birth 40 yrs.
13. Birthplace Tonia (City or town) Mich (State or foreign country)
14. Exact Occupation capenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie B. Omans
17. Color or Race White American
18. Age at time of THIS birth 35 yrs.
19. Birthplace carson-city (City or town) Mich (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by my mother (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature C. E. Bryan M.D. ~~Midwife~~ Address Kamiah Idaho Date 5/4/48

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 274. KMC 11/4/09

MAY 11 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

513-104-016-168

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 13 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0290
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Jackson
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Jackson
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Woodrow Vallem

5. Date of Birth of Child (Month, day, year) June 4, 1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Steven Vallem
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Lee Johns
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Montplier, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 A M. on the date and at the place stated above, and that personal particulars were furnished by Rose Lee (First name) Vallem (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 33 years, and that May (First name) Stevens (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Lee Vallem Carter Signature

Rt. 1, New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this eleventh (day of May, 1948

(SEAL) [illegible], Notary Public, residing at New Plymouth

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1948 by Glenn W. Wright Registrar

STATE FILE # CHANGED FROM 290. KMC 11/4/09

MAY 14 1948

JUN 3 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-215 1038-464

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1948

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0328
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Coeurdalene Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frances Ellen Glasspoole

5. Date of Birth of Child (Month, day, year) Oct 15, 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Wallace Glasspoole
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Wisconson U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Kate Dodge
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Webster Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. J. Dwyer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Kate Glasspoole Signature

Alix, Alberta P. O. Address

Subscribed and sworn to before me this 14 day of May, 1948.

(SEAL)

Ben Johnson, Notary Public, residing at Alix, Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1948 by John W. Eastwright, Registrar

STATE FILE # CHANGED FROM 328. KMC 11/5/09

MAY 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AMENDED

241-11-4 803-154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0466
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Pocatello (b) County Bannock
   (c) City Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Gerald Albert Bradbury

5. Date of Birth of Child (Month, day, year) April 14, 1945

6. Sex male

7. Twin or Triplet 2 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Edward Bradbury
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Anderson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Monroe (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Nevada } ss.
County of Washoe }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 38 years, and that Alice Bradbury (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Bradbury Signature
1855 1/2 E St Sparks Nev P. O. Address

Subscribed and sworn to before me this 29 day of June, 1948.

(SEAL) Harry Gray, Notary Public, residing at Sparks Nev

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 466. KMC 11/4/09

JUL 3 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to sueh date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-122
042-236

RECEIVED
SEP 29 1948
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0758
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City ~~Twin Falls~~ Hansen
(d) Street Address or R.F.D. No. I
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis Victor Hranac
5. Date of Birth of Child (Month, day, year) March 22, 1915
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Victor Hranac
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Okres Pisek (City or town) Chyslovakia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Stucht
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Hrory (City or town) Chyslovakia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (~~Mother, etc.~~) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that Louis Victor Hranac (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Hranac Signature
P. O. Address

Subscribed and sworn to before me this 20th day of September, 1948.
(SEAL) Martha A Watson, Notary Public, residing at Twin Falls Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 24, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 758. KMC 11/4/09

SEP 24 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

688-20-042-236 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0838
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 736 Third Ave. W.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 736 3rd Ave. W.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, I.

4. **FULL NAME OF CHILD** Marjory Ellen Whyte

5. Date of Birth of Child (Month, day, year) Feb. 1, 1915

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Whyte
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Aberdeenshire, Scotland (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Own Blacksmith Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Scott
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Aberdeenshire, Scotland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. Alexander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Scott Whyte Signature
1128 Delphia Twin Falls Baby P. O. Address

Subscribed and sworn to before me this 9th day of October, 1948.

(SEAL) J. M. Booker, Notary Public, residing at Twin Falls Baby

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 18, 1948 by John W. Wright, Registrar

STATE FILE # CHANGED FROM 838. KMC 11/4/09

OCT 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463.224.001.962

DE48-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. Collister
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes, years 12 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. Collister
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Edna Margarite Dotson

5. Date of Birth of Child (Month, day, year) August 24 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lemon Sylvester Dotson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lincoln Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Rail Road.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora May Roberts Dotson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Johnson Co. (City or town) Nebraska (State or foreign country)
20. Exact Occupation Home Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Lucy Eichner (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lemon Sylvester Dotson — Signature
Route 8, Boise — P. O. Address

Subscribed and sworn to before me this 10 day of Dec, 1948

(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on December 10, 1948 by W. E. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

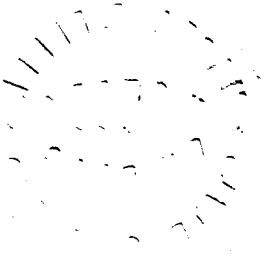
STATE FILE # CHANGED FROM 1003. KMC 11-5/09

DEC 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



265-165-004-815 RECEIVED JAN 1 1949 DIVISION OF VITAL

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49-
State File No. 1060
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Geneva
   (c) Street Address or R.F.D. No. Gen'l Del. Geneva
   (d) Name of Hospital or Maternity Home: born at home on farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Geneva
   (d) Street Address or R.F.D. No. Genll Del. Geneva
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Geneva, Idaho

4. **FULL NAME OF CHILD** Albert Arno Boehme

5. Date of Birth of Child (Month, day, year) Aug. 5, 1915

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Arno Boehme
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pulsmitz, Saxony, Germany (City or town) (State or foreign country)
14. Exact Occupation general farming
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Dorothy Hansen
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Kiel, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Erthma Blechert M.D. Midwife Address deceased approx. 15 yrs Date

AFFIDAVIT

State of California
County of San Diego } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 33 years, and that Erthma (First name) Blechert (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Dorothy Boehme Signature
P.O. Box 163, Solana Beach, Cal. Address

Subscribed and sworn to before me this 28th. day of December, 1948

(SEAL) J. M. Evans, Court Clerk, ~~Notary Public~~, residing at Solana Beach Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 3 1949 by W. W. Benson, Registrar

STATE FILE # CHANGED FROM 1060. KMC 11/5/09

JAN 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-24-042-693

RECEIVED

JAN 14 1949

DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1092
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. #3.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 4 yrs. approx.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls

4. **FULL NAME OF CHILD** Fern Elizabeth Jacky

5. Date of Birth of Child (Month, day, year) Dec 14, 1915

6. Sex F.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Otto Jacky
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ontario, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sadie Elizabeth [illegible]lson
17. Color or Race W
18. Age at time of THIS birth 33 yrs.
19. Birthplace Spencer, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that ~~personal particulars~~ were furnished by Sadie E Jacky (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Dr. Charles R. Scott (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie E Jacky Signature

Route 1, Twin Falls, Idaho Address

Subscribed and sworn to before me this 6th day of January, 1949.

(SEAL)

[signature], Notary Public, residing at Twin Falls,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1/18/49 by W L Benson, Registrar

STATE FILE # CHANGED FROM 1092. KMC 11/16/09

JAN 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-214
02-2-613

United States Department of Commerce
Bureau of the Census

VITAL

the information is as of date of birth of child)

DE49-
State File No. 1129
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Dry Farm
(d) Name of Hospital or Maternity Home
At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Dry Farm
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho (at time of birth)

4. FULL NAME OF CHILD Florence Viola Clegg

5. Date of Birth of Child (Month, day, year) March 14, 1915

6. Sex Female

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Raymond Clegg

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Springfield, Utah (City or town) (State or foreign country)

14. Exact Occupation Sugar Factory, Employee

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Marie Faler

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Rathdrum, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None Silver Nitrate

23. Number of childrer of this mother: (a) At time of birth and including this child. One (b) Born alive and now living Yes 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 5 O'Clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. V. M. Clegg (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature D. L. Spriggs M.D. Midwife Address Ashton Idaho Date 4-21-47

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Fremont } ss.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing Feb 2, 1949 by .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED
FROM 1129. KMG 11/4/09

FEB 11 1949

SEP 17 1956

FEB 8 - 1966

DELAYED REGISTRATION LAW

[illegible] by the local [illegible] record in the bureau of vital statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child or if neither father or mother of the child is living or accessible, of the nearest relative or guardian, or some person having direct knowledge in the premises.

243-208-039-845

DE49-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1204
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Crystal
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 600 Blk. So. 3rd.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida.

4. **FULL NAME OF CHILD** Marjorie Ann Butterfield

5. Date of Birth of Child (Month, day, year) Sept 8-1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Hosey Butterfield
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Marie Cecelia Guest
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 33 years, and that William (First name) Butterfield (Last name), who attended this birth Deceased. (Is now deceased) or (Is not deceased) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Butterfield Signature
170 E. 2nd Ave. P. O. Address

Subscribed and sworn to before me this 17th day of February, 1949.

(SEAL) Alton M. Alexander, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 3, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1204. KMC 11/5/09

MAR 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-107
025-219

RECEIVED
APR 13 1949
DIVISION OF VITAL STATISTICS

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1336
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Joseph Idaho

4. FULL NAME OF CHILD John Barney Mathewson

5. Date of Birth of Child (Month, day, year) 1-7-1915

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Barney Henery Mathewson

11. Color or Race WHITE

12. Age at time of THIS birth 25 yrs.

13. Birthplace PULLMAN (City or town) Washington (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Arizona Barnett

17. Color or Race WHITE

18. Age at time of THIS birth 19 yrs.

19. Birthplace Kings Creek (City or town) No. Carolina (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 34 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arizona Mathewson Signature
Cheney, Wash. P. O. Address

Subscribed and sworn to before me this 8 day of April, 1949

(SEAL) Philip Weisgerber Notary Public, residing at

CLERK, DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 13, 1949 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1336. KMC 11/4/09

APR 12 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-210-043-469

RECEIVED
MAY 28 1949
DIVISION OF VITAL

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1487
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items as of time of this birth)
   (a) County VALLEY (b) City CASCADE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: on homestead in Boise, now Valley County
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County VALLEY
   (c) City CASCADE
   (d) Street Address or R.F.D. No. P O Box 92
   (e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. **RESIDENCE OF FATHER** (city, state) LA GRANDE, ORE.

4. **FULL NAME OF CHILD** MARY Louise COLE

5. Date of Birth of Child (Month, day, year) JANUARY 10, 1915

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LEWIS E. COLE
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sutton, Nebraska (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GRACE LEONA MORRIS
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace Milton, Illinois (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7 ed

ATTENDANT'S CERTIFICATE

midwife - Mrs. King now deceas

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Valley } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all her life years, and that Mrs. King (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Cole Lutes Signature
Cascade, Idaho. P. O. Address

Subscribed and sworn to before me this 26th day of May, 1949

(SEAL)

Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1487. KMC 11/4/09

MAY 31 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-203-003-659

RECEIVED
JUN 3 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1509
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County (b) City Pocatello
(c) Street Address or R.F.D. No. 618 No. 6th Street
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No. 618 No. 6th. Street
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD Elsie De Santi

5. Date of Birth of Child (Month, day, year) Dec. 3, 1915

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paolo De Santi
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Lucca (City or town) Italy (State or foreign country)
14. Exact Occupation Boiler Maker
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Celestina Feraut
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Torino (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 34 years, and that Physician (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paolo De Santi
Signature
1804 Edgewood Drive - Alhambra, Calif.
P. O. Address

Subscribed and sworn to before me this 31 day of May 1949

(SEAL) [signature], Notary Public, residing at Chino Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 3, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1949

STATE FILE # CHANGED FROM 1509. KMC 11/16/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-123-039-457

DE49-1525

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** James Clarence Bauer

5. Date of Birth of Child (Month, day, year) July 23 1915

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orden Bauer
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle L Degronge
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Greentop Mo (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Mrs. Wilsbury (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L Bauer Signature
221 S Boise Ave Emmett Ida P. O. Address

Subscribed and sworn to before me this 8 day of June 19 49.

(SEAL) Mabel F Felder, Notary Public, residing at Boise.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 8 - 1949 by W L Benson, Registrar

STATE FILE # CHANGED FROM 1525. KMC 11/5/09

JUN 9 1949

MAY 9 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

952-216
028-249

RECEIVED
AUG 17 1949
DIVISION OF VITAL

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-1757
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Worley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 1 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Worley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Worley Idaho

4. **FULL NAME OF CHILD** Erla Adella Inks

5. Date of Birth of Child (Month, day, year) Nov 16, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Alvin Inks
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace La Grange Co (City or town) Indiana (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura B. Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace La Grange Co (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 8:00 P M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Alvin (Last name) Inks, who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 27 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. A. Inks Signature

Worley Idaho P. O. Address

Subscribed and sworn to before me this 28th day of June, 1943

(SEAL)

John C. Benson Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Aug 17, 1949 by W. M. Benson, Registrar.

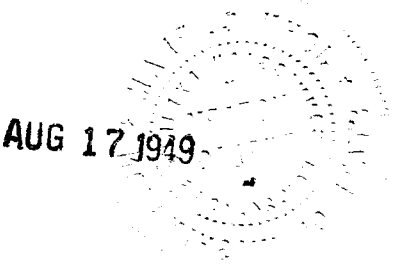
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1757. KMC 11/16/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



RECEIVED

OCT 3 1949

DIVISION OF VITAL STATISTICS

DE49- 1910

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 1910
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Bliss
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mrs. L. Ura's home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Bliss
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bliss, Idaho

4. **FULL NAME OF CHILD** Prudencia Ibarguen

5. Date of Birth of Child (Month, day, year) April 20, 1915

6. Sex Female

7. Twin or Triplet — If so—both 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Prudencio Ibarguen
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Navarre, Vizcaya, Spain (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Wool grower

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jacinta Barandica
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Arrazua, Vizcaya - Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Gooding } ss.

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years and that ANTONIA (First name) URIA (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luciano Uria Signature

Box 345 Gooding Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October, 1949

(SEAL) Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 3, 1949 by W W Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1910. KMC 11/4/09

OCT 3 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1915-42717

366-222-009-665

DE49-2064

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2064
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Copeland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Copeland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Copeland Idaho

4. FULL NAME OF CHILD Anne Audrey Cooper

5. Date of Birth of Child (Month, day, year) 6-22-15

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Elza Cooper
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace — (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Owens
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace — (City or town) England. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at — A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 34 years, and that Mo Attendant (First name) (Last name), who attended this birth Mother & Father deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ed Cooper Signature
E 2711 Weile Rd Spokane Address

Subscribed and sworn to before me this 22nd day of November, 1949

(SEAL) K. Hamtrong, Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 28, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 2064. KMC 11/4/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

193-203-028-719

RECEIVED
DEC 2 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DE49-2101

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Marine Route
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene, Idaho
   (d) Street Address or R.F.D. No. Marine Route
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LUTHERA ELIZABETH ARTHUR

5. Date of Birth of Child (Month, day, year) 10-3-15

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** CHARLES WALTER ARTHUR
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Marshall Town, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SADIE LUCINDA PARKS
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Cincinnati, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that Dr. Busby (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Lucinda Arthur Signature
309 Wallace Ave, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November, 19 49

(SEAL)

Margaret Kelly, Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

My comm exp. 1-1-53

Received for filing on November 29, 1949 by Agnes P. Burns Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

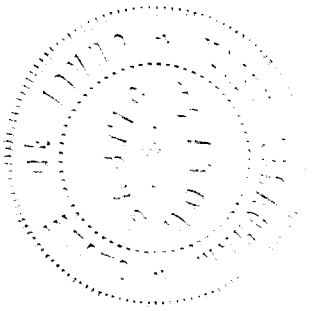
STATE FILE # CHANGED FROM 2101. KMC 11/5/09

DEC 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-226-012-917

RECEIVED
DEC 13 1949
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

DE49-2116

United States Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. 2116
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BUTTE (b) City ARCO
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BUTTE
   (c) City ARCO
   (d) Street Address or R.F.D. No. MARTIN ROUTE
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) JUNE 26 (26)

4. **FULL NAME OF CHILD** ZOA BERNICE BUTLER

5. Date of Birth of Child (Month, day, year) 1915

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM DOUGLAS BUTLER
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace DAVENPORT, WASHINGTON (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MOLLIE "C" RAGSDALE
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace FORT WORTH, TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of CALIFORNIA
County of LOS ANGELES } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 61 years of age, that I have known this person for 34 years, and that DR. FOX (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

HAZEL TECK
DAY - 1263 Pine Ave., Long Beach - NITE
Notary Public in and for Los Angeles Co., Calif.
My Commission Expires Dec. 31, 1949

Mollie Ragsdale Butler (Signature)
2208 DOIDGE COURT, LONG BEACH, CAL. (Address)

Subscribed and sworn to before me this 9th day of DECEMBER, 1949.
(SEAL) Hazel Teck, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 14 1949 by W. M. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 2116. KMC 11/4/09

APR 26 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1915-31794

763-223-039-342

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-139
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL L. POLLARD			2. Date Of Birth (month) May (day) 23 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, a. County: Power	b. City or Town of Birth: Roy	
FATHER	6. Full Name of Father: OLIVER W. POLLARD			7. State or Country of Father's Birth: WASHINGTON	
MOTHER	8. Full Maiden Name of Mother: AURIL LUSHER			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel L. Pollard	11. Present Address of Registrant: P.O. Box 1406, Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1950		12. Signature of Notary: Marilyn M. Neer	13. Notary Commission expires: April 6 1953	

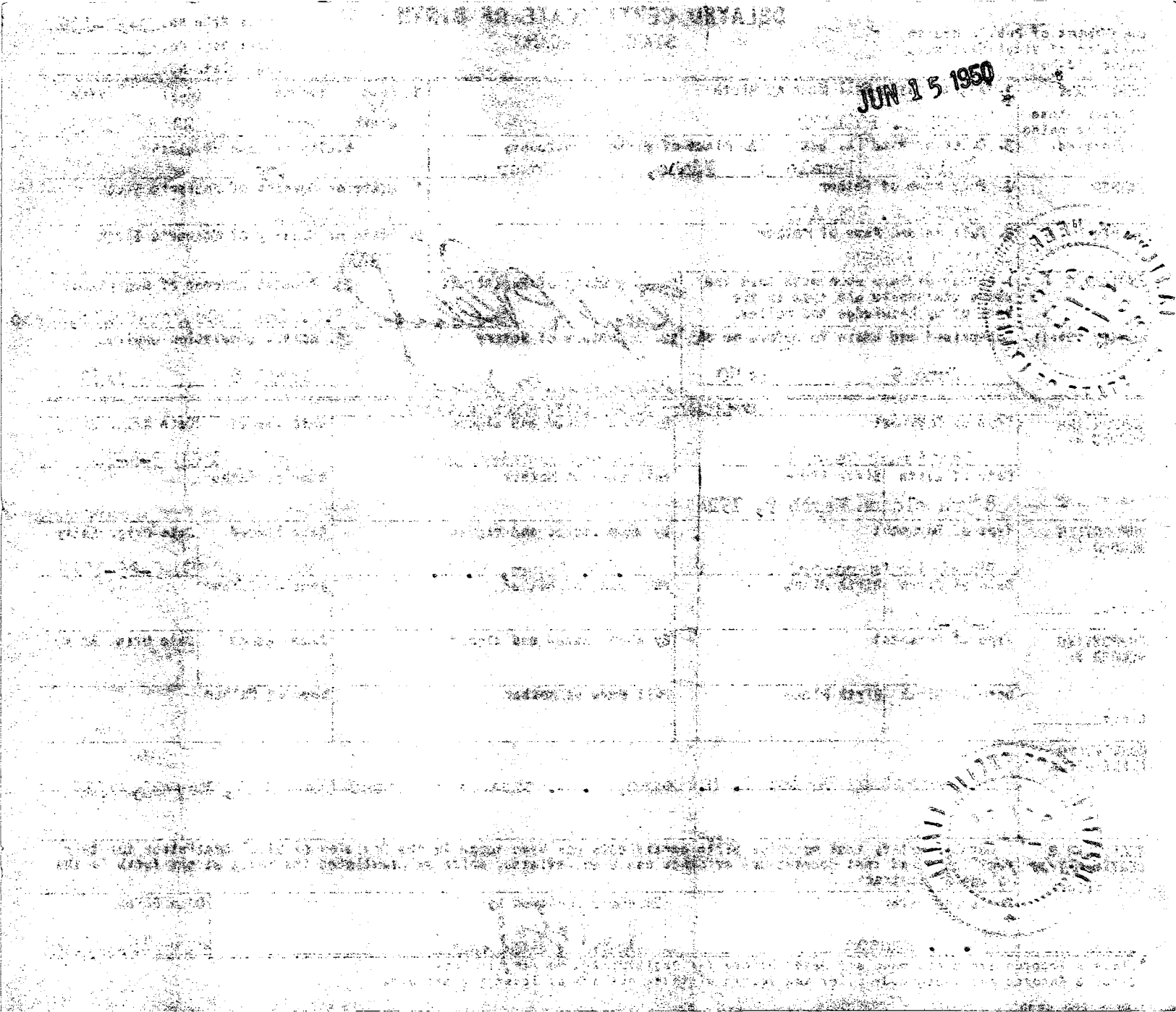
APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record		By whom issued and signed: Bethany Baptist Church	Date Issued: May 11, 1950	Date Orig. Entry: 3-9-24
Class* B	Date of Birth: 8 yrs old	Birth Place: on March 9, 1924	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Physician's record		By whom issued and signed: V. G. Logan, M. D.	Date Issued: May 11, 1950	Date Orig. Entry: 5-23-1915
Class A	Date of Birth: 5-23-15	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	Statement by Doctor V. G. Logan, M. D. that he attended the birth, May 23, 1915				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Mabel Nielsen	Date Filed: June 15, 1950	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 15 1950



445-207-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUN 20 1950 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-156
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ann Dunnigan
2. Date Of Birth (month) (day) (year): September 7 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Benewah; b. City or Town of Birth: ST Maries

FATHER

6. Full Name of Father: William H. Dunnigan
7. State or Country of Father's Birth: Quebec, Canada

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Kelly
9. State or Country of Mother's Birth: Ottawa, Ontario, Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ann Dunnigan
11. Present Address of Registrant: 805 Sherman Ave Coeur d'Alene Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 14 1950
12. Signature of Notary: Cecil Kelly Jr
13. Notary Commission expires: 1-1 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	M. A. King, Pastor	6/9/50	12/19/15

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9/7/15	St. Maries, Idaho	Mary Kelly	William Dunnigan

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Mary Ellen Dunnigan	6-14-50	6-14-50

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9-7-1915	St. Maries, Idaho	Mary Ellen Kelly	Wm. H. Dunnigan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helder	6-29-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St Maries
   (c) Street Address or R.F.D. No. 4th Street
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St Maries
   (d) Street Address or R.F.D. No. 4th Street
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Mary Ann Dunnigan

5. Date of Birth of Child (Month, day, year) September 7 1915

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William H Dunnigan
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace LaHarre Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Owner of Lumber business
15. Industry or Business Lumberman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Kelly
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Ottawa, Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that Dr. D. E. Cornwall (First name) M.D. (Last name), who attended this birth is now deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Mary Ellen Dunnigan Signature

803 Sherman Ave. C'd'A. Ida. P. O. Address

Subscribed and sworn to before me this 14th day of June 1950

(SEAL) Cecil Kelly J., Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 4 2000

JUN 29 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-205 1935-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-328
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN VIVIAN BEARD		2. Date Of Birth (month) June (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Culdesac, Nez Perce; b. City or Town of Birth: Culdesac
FATHER	6. Full Name of Father: JOHN CALVIN BEARD		7. State or Country of Father's Birth: TEXAS
MOTHER	8. Full Maiden Name of Mother: SARAH JANE CANTRELL		9. State or Country of Mother's Birth: TENNESSEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Vivian Beard	11. Present Address of Registrant: Toppenish, Washington 602 Jefferson ave
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1950	12. Signature of Notary: Joseph O Murphy	13. Notary Commission expires: July 10 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Benton County, Washington	Date issued: 7-5-50	Date Orig. Entry: 3-3-1937
Class* B	Date of Birth / Birth Place: 21 years old, Culdesac, Idaho	Full Name of Mother: Sarah Cantral	Name of Father: John Beard	
SUPPORTING RECORD 2.	Type of Document: Metropolitan Life Ins. Co.	By whom issued and signed: Insurance Policy	Date issued: July 10, 1942	Date Orig. Entry: Same
Class B	Date of Birth / Birth Place: June 5, 1915	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Metropolitan Life	By whom issued and signed: Insurance Policy	Date issued: 11-4-35	Date Orig. Entry: same
Class B	Date of Birth / Birth Place: Age at next birthday 21, place of birth Idaho.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Elder	Oct. 16, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 17 1950

Date of Birth

Country of Father's Birth

Country of Mother's Birth

Date Issued | Date Orig. Entry

Date of Birth, Birth Place

Full Name of Mother

Date Issued | Date Orig. Entry

July-10, 1942-Same

Name of Father

Type of Document

Date of Birth, Birth Place

Full Name of Mother

Date Issued | Date Orig. Entry

Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE

State Registrar

Date Filed

Oct. 10, 1950

253/07/035 Vol. 3

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-337
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Woodrow Bellomy

2. Date of Birth: (month) Oct. (day) 7, (year) 1915

3. Color or Race: White

4. Sex: Male

5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Lewiston, Idaho

FATHER

6. Full Name of Father: Emery Elvus Bellomy

7. State or Country of Father's Birth: West Virginia

MOTHER

8. Full Maiden Name of Mother: Alice Wallace

9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Woodrow Bellomy

11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on October 13th 1950

12. Signature of Notary: [illegible] Notary Public in and for the Province of British Columbia

13. Notary Commission expires: Valid whilst member of British Columbia Law Society 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Naturalization	Secretary of State of Canada	Aug. 17, 1929	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1915	Lewiston, Idaho	Alice Bellomy	Emery Elvus Bellomy

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Joseph's Hospital, Lewiston	9-10-50	Oct. 7, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 7, 1915	Lewiston, Idaho	Mrs. E. E. Bellomy	E. E. Bellomy

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel K. Edson	Oct. 20, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 20 1950

NOV 22 1950

253-209-030-515

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-461
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Louise Kelly
2. Date Of Birth (month) April (day) 9 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Challis, Idaho, Lemi
b. City or Town of Birth: Challis

FATHER

6. Full Name of Father: Patrick Joseph Kelly
7. State or Country of Father's Birth: Melbourne, Australia

MOTHER

8. Full Maiden Name of Mother: Edith May Nankervis
9. State or Country of Mother's Birth: Nevada City, Calif.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Louise McFail
11. Present Address of Registrant: P.O.Box 2902 Carmel, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on January 18th 1951
12. Signature of Notary: Juanita R. Dovalis
13. Notary Commission expires: Sept. 27, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	County of Monterey State of California	Sept 13, 1933	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 Yrs old	Idaho		

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Metropolitan Insurance Co.	11-11-40	11-11-40

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 9, 1915	Idaho		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	State of California		9-26-39

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 yrs	Challis, Ida.		

Class B

QUALIFYING INFORMATION

Also birth certificate for anotherchild born Sept 23, 1934 shows the mother, Marhorie Louise Kelly to be 19 yrs old at that time, birthplace, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eedes	1-22-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 23 1951

1. Registrant's Full Name of Birth	Melvin Lewis Kelly
2. Date of Birth	April 9 1915
3. Color or Race	White
4. Place of Birth	Challis, Idaho, Lemi
5. Sex	Male
6. Place of Birth	Challis
7. Name of Father	Melbourne, Australia
8. Full Maiden Name of Mother	Mayada City, Calif.
9. Date of Birth	Mayada City, Calif.
10. Signature of Registrant	[illegible]
11. Present Address of Registrant	P.O. Box 2902 Cornell, Calif.
12. Signature of Notary	[illegible]
13. Notary Commission Expires	[illegible]

Date of Document	By whom issued and signed	Date Issued	Date Orig. Cert.
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Date of Document	By whom issued and signed	Date Issued	Date Orig. Cert.
Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

673207035 - 296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-472
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Elvira Wilson			2. Date Of Birth (month) Feb (day) 7 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Lindsay James Wilson			7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Cora Ann Grow			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant (Veiled): Edith Elvira Wilson	11. Present Address of Registrant: 710 Gillis Vancouver, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4th, 1951		12. Signature of Notary: E. L. Jamison	13. Notary Commission expires: Oct. 12, 1953	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Vancouver Public Schools	Date Issued: 10-3-50	Date Orig. Entry:
Class* B	Date of Birth: Feb 7, 1915	Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Spokane County Schools	Date Issued: 9-14-50	Date Orig. Entry: 1929
Class B	Date of Birth: 13 yrs old	Birth Place: Lewiston, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit		By whom issued and signed: mother, Cora Wilson	Date Issued: 12-27-50	Date Orig. Entry:
Class B	Date of Birth: Feb. 7, 1915	Birth Place: Lewiston, Idaho	Full Name of Mother: Cora Wilson	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Mabel F. Edson	Date Filed: 1-24-51	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 25 1951

235-116-016-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-545
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Malta
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Malta
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Malta, Idaho

4. **FULL NAME OF CHILD** August Stebner

5. Date of Birth of Child (Month, day, year) Sept. 16-1915

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Adolf Stebner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace South Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paulina Sprenger
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace McIntosh County, No. Dak (City or town) (State or foreign country)
20. Exact Occupation Farm Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of North Dakota
County of McIntosh } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that No attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paulina Stebner Signature

Wishek, North Dakota P. O. Address

Subscribed and sworn to before me this 16th day of February, 1951.

H. E. TIMM
NOTARY PUBLIC, McIntosh Co., N. D.
My Commission Expires Sept. 6, 1954

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

689-12-001-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-666
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE H. WHITE JR			2. Date of Birth (month) FEB (day) 21 (year) 1915	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BOISE IDAHO ADA	b. City or Town of Birth	
FATHER	6. Full Name of Father: CLARENCE H. WHITE			7. State or Country of Father's Birth: ×Nebraska	
MOTHER	8. Full Maiden Name of Mother: × Amy ×Louise Steen			9. State or Country of Mother's Birth: × Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence H White Jr		11. Present Address of Registrant: 127 Thistledown Dr Rochester NY	
NOTARY (Seal)	Subscribed and sworn to before me on 3rd day of Febraury 1950	12. Signature of Notary: M. Pearl Beeton		13. Notary Commission expires: M. PEARL BEETON NOTARY PUBLIC, State of N. Y., Monroe Co. No. 174 Commission Expires March 30, 1950	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Physician's Record	By whom issued and signed: Notorized Statement by Robert L. Glase, M.D.		Date Issued: 3/14/50	Date Orig. Entry: 2/21/15
Class* A	Date of Birth: 2/21/15	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: Clarence H. White	
SUPPORTING RECORD 2.	Type of Document: Identification Card	By whom issued and signed: War Department Adjutant General's Office		Date Issued: Aug. 9, 1944	Date Orig. Entry:
Class B	Date of Birth: Feb. 21, 1915,	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fields		Date Filed: March 29, 1951	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

DECEASED

231-109-024-4,3

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-684
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Hagerman
   (c) Street Address or R.F.D. No. Hagerman, Idaho
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Hagerman
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** William Lloyd Blackwood

5. Date of Birth of Child (Month, day, year) 8-9-1915

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Louis Blackwood
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Texas (City or town) (State or foreign country)
14. Exact Occupation Cattleman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Mathis
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11A M. on the date and at the place stated above, and that personal particulars were furnished by Mary McCoy (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Frank Bonen (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary McCoy Signature
Box 4102, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1951

(SEAL) Mabel Feeder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-3-51 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

238-23-039-914

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-730
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Justina Schlenker
2. Date Of Birth (month) (day) (year): Feb. 23 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Idaho Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Henry Schlenker
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Matilda Rougust
9. State or Country of Mother's Birth: Roumania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. W. P. Versavage
11. Present Address of Registrant: Williamina, Ore

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1951

12. Signature of Notary: Clifford E. Nelson
13. Notary Commission expires: NOTARY PUBLIC My ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		Feb. 23, 1915
Class* A	Date of Birth / Birth Place: May 23, 1915, American Falls,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 2.	School Record	Fruitvale School	2-26-51	1923
Class B	Date of Birth: 2-23-1915 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Census Record	Department of Commerce Bureau of the Census	1920	
Class B	Date of Birth: Feb. 23, 1915, Idaho / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reed	Apr. 16, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 17 1951

218-108-039-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-813
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BURWIN BEN SAYLER		2. Date Of Birth (month) MAY (day) 8 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: POWER COUNTY; b. City or Town of Birth: ROCKLAND, IDAHO
FATHER	6. Full Name of Father: DANIEL HOWARD SAYLER		7. State or Country of Father's Birth: COLORADO
MOTHER	8. Full Maiden Name of Mother: LUELLA B. PARKER		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burwin Ben Sayler	11. Present Address of Registrant: c/o Director of Military Personnel, Hq USAFE, APO 633, NY, NY
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1951	12. Signature of ~~Notary~~ officer: Frank N Jess, Major USAF, AO 18816	13. ~~Notary Commission expires~~ Asst Air Judge Advocate Hq United States Air Force in Europe

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued:	Date Orig. Entry: 1920 census
	Date of Birth: 4 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: College Record	By whom issued and signed: Utah State Agricultural College	Date issued:	Date Orig. Entry: 1937-38
	Date of Birth: May 8, 1915; Birth Place: Rockland, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date issued: Dec. 21, 1915	Date Orig. Entry:
	Date of Birth: May 8, 1915; Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION: Also, statement by Dr. V. G. Logan that he attended the birth, May 8, 1915.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fellows	May 9, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 10 1961

295/29-042-482

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-930
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gerrit Sietsema
2. Date Of Birth (month) (day) (year): August 29, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Amsterdam, Idaho

FATHER

6. Full Name of Father: Niklaas Hendrik Sietsema
7. State or Country of Father's Birth: Middelstum Groningen, Netherlands

MOTHER

8. Full Maiden Name of Mother: Pieterdena Dyksterhuis
9. State or Country of Mother's Birth: Bedum Groningen, Netherlands

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gerrit Sietsema
11. Present Address of Registrant: 744 Haight Avenue, Alameda, California

NOTARY (Seal)

Subscribed and sworn to before me on 4th day of June 1951

12. Signature of Notary: Gilbert L. Prescott
13. Notary Commission expires: My Commission Expires July 15, 19[illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Honorable Discharge
By whom issued and signed: Army of the United States
Date Issued: Oct. 6, 1945
Date Orig. Entry:

Class* B

Date of Birth: August 29, 1915
Birth Place: Amsterdam, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Baptismal Certificate
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class B

Date of Birth: Aug. 29, 1915
Birth Place: Amsterdam, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:

Class

Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Keeler
Date Filed: June 8, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 11 1951

State File No. DeFl-[illegible]

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRAR'S

1. Registrar's File Number at Birth

2. Date of Birth (Month) (Day) (Year): August 29, 1915

3. Place of Birth: Amsterdam, Idaho

4. Sex: Male

5. Place of Birth: Twin Falls

6. Registrar's Number

FATHER

7. Full Name of Father: Klaas Hendrik Sietsema

8. Birthplace of Father: Groningen, Netherlands

9. Birthplace of Mother: Groningen, Netherlands

MOTHER

10. Maiden Name of Mother: Pieterdena Dwesterhuis

11. Occupation of Mother: Housewife

12. Residence of Mother: 74[illegible] Haight Avenue, Alameda, California

FOLLOW-UP

13. Signature of Registrant

14. Signature of Notary

15. Notary Commission expires

16. Date

17. Signature of Registrar

18. Date Filed

19. Date Orig. Filed

SUPPORTING RECORD

20. Date Issued

21. Date Orig. Entry

22. Name of Father

23. Date Issued

24. Date Orig. Entry

25. Name of Mother

26. Date Issued

27. Date Orig. Entry

28. Name of Mother

29. Date Issued

30. Date Orig. Entry

31. Name of Mother

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that the information above has been reviewed, which establishes the facts as set forth in the foregoing abstract.

State Registrar

Reviewed by

Date Filed

719-118-
015-331

RECEIVED
JUN 25 1951
DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-938
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City ALEXANDER
   (c) Street Address or R.F.D. No. NONE
   (d) Name of Hospital or Maternity Home: AT RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ____
   (c) City ALEXANDER
   (d) Street Address or R.F.D. No. GEN DELIVERY
   (e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** GEORGE LENNON PARTLOW

5. Date of Birth of Child (Month, day, year) JUNE 18TH 1915 1915

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LESTER RICHARD PARTLOW
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace LEXINGTON VA (City or town) (State or foreign country)
14. Exact Occupation RAILROAD STATION AGENT
15. Industry or Business UNION PACIFIC RAILROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY HENDON CLARK
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace CLARKTON N. C. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by THE NURSE ATTENDING WAS "SISTER MARTHA" SUPPLIED BY A GERMAN HOSPITAL OF AMERICAN FALLS IDAHO. (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of SOUTH CAROLINA
County of SPARTANBURG S.C. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that DR KACKLEY OF SODA SPRINGS IDA (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. R. Partlow
Signature
510 LUCAS COURT, SPARTANBURG S.C.
P. O. Address

Subscribed and sworn to before me this 18th day of June, 1951

(SEAL) Annie S. Burgess, Notary Public, residing at Spartanburg S.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 25, 1951 by W. W. Benson, Registrar

JUN 25 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

386-119-006-399

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 2 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Eugene Lyon		2. Date Of Birth: (month) June (day) 19 (year) 1915	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: George E. Lyon		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Emma Elizabeth Criddle		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Eugene Lyon	11. Present Address of Registrant: Rt. 2 D. Smith, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 30, 1951	12. Signature of Notary: L. Dean Jensen	13. Notary Commission expires: June 16 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Sept 5, 1915	Date Orig. Entry
	Date of Birth / Birth Place: June 19, 1915, Basalt, Idaho	Full Name of Mother: Emma Criddle	Name of Father: George E. Lyon	
SUPPORTING RECORD 2. Class B	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: June 3, 1928	Date Orig. Entry
	Date of Birth / Birth Place: June 19, 1915, Basalt, Idaho	Full Name of Mother: Emma Criddle	Name of Father: George E. Lyon	
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

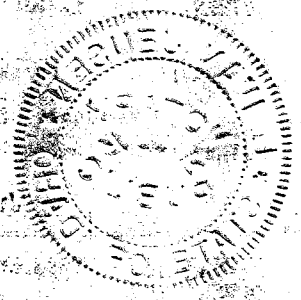
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Aug. 2, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 2



DELAYED

Dep # 1915-137193

814-219-035

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 27 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1172
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Catherine Frieda Hamilton
2. Date Of Birth: (month) March (day) 19 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Lewiston Idaho

FATHER

6. Full Name of Father: Walter Wilbur Hamilton
7. State or Country of Father's Birth: Addison County, Vermont

MOTHER

8. Full Maiden Name of Mother: Edith Mable Burns
9. State or Country of Mother's Birth: Territory of Idaho, Latah County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. E. Proctor Nott
11. Present Address of Registrant: Route 1, Denver 16 Denver Colorado

NOTARY (Seal)

Subscribed and sworn to before me on August 22nd 1951

12. Signature of Notary: Frank F. Hunter
13. Notary Commission expires: July 17th 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	1920	1920

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3-19-1915	Lewiston, Idaho	Edith M. and	Walter W. Hamilton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Walter Wilbur Hamilton	Aug. 22, 1931	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3-19-1915	Lewiston, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Brighton Public Schools, Brighton, Colo.	Sept. 1921	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 yrs old			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. ". Benson	Mabel Frederick	Aug. 27, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 28 1951

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

453-110-007-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2007
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oral Wesley Deckard			2. Date Of Birth (month) October (day) IO (year) I9I5	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Gannett	
FATHER	6. Full Name of Father: Ira Hershel Deckard			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Rosa Jane Mackie			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Oral Wesley Deckard	11. Present Address of Registrant: Box 568 Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1951		12. Signature of Notary: Joseph M Sadden	13. Notary Commission expires: April 12 1955	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued: Oct. 12, 1945	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Oct. 10, 1915, Gannett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: L. V. Hughes, Sup't of Schools	Date Issued	Date Orig. Entry: Aug. 25, 1951
Class B	Date of Birth / Birth Place: Oct. 10, 1915, Gannett, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Rosa Jane and Ira H. Deckard	Date Issued: Aug. 25, 1951	Date Orig. Entry
Class B	Date of Birth / Birth Place: Oct. 10, 1915, Gannett, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	Also, affidavit by aunt, Sarah E. Burrell, gives date of birth as Oct. 10, 1915 in Gannett, Idaho.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Sept. 5, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 5 1951

1219-205-039-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED SEP 7 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2018
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Edna May Barnes
2. Date Of Birth (month) (day) (year): November 5 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Power; b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Walter Craig Barnes
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Polly May Kunsaker
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Edna M. Thomas
11. Present Address of Registrant: 260 Warren

NOTARY (Seal)

Subscribed and sworn to before me on: September 5 1951
12. Signature of Notary: Alton M. Alexander
13. Notary Commission expires: May 14 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Doctor's record	V. G. Logan, M. D.	6-6-51	11-5-1915
Class* A	Date of Birth / Birth Place: Nov. 5, 1915, Rockland, Idaho	Full Name of Mother: Polly May Barnes	Name of Father: Walter C. Barnes	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church	Dec. 10, 1923	
Class B	Nov. 5, 1915, Rockland, Idaho	Polly Barnes	Walter C. Barnes	
SUPPORTING RECORD 3.	School Record	Sup't of Schools, American Falls, Idaho		
Class B	6 years old, date of birth Nov. 5, 1915			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielden	Sept. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1-2-124

SEP 7 1961

485-107-022-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 11 1951

State File No. De51-2027
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Myer			2. Date Of Birth (month) November (day) 7 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Anthony (Fremont)	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Fredrick Myer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Shera			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Myer		11. Present Address of Registrant: Box 1746, Westwood, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: September 7 1951	12. Signature of Notary: Anna Jacobsen		13. Notary Commission expires: September 21 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Department of Commerce		By whom issued and signed: Bureau of the Census	Date Issued:	Date Orig. Entry: 1930
Class* B	Date of Birth: 14-years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Employment record		By whom issued and signed: Fruit Growers Supply Co.	Date Issued: 9-4-51	Date Orig. Entry:
Class B	Date of Birth: 11-7-1915	Birth Place: St. Anthony, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Westwood Elementary School	Date Issued: 9-6-51	Date Orig. Entry:
Class B	Date of Birth: Nov. 7, 1915	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	9-11-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 20 1966

SEP 12 1961

DELAYED

DWP061915-35582

249-115-039-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2087
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph Earl Smith
2. Date of Birth (month) September (day) 15 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Power
b. City or Town of Birth: Amercain Falls

FATHER

6. Full Name of Father: Earl David Smith
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Nina Smith
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ralph E. Smith
11. Present Address of Registrant: Virginia City, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on 19 September 1951

12. Signature of Notary: J.M.T. WALLACE, Capt, QMC
13. Notary Commission expires: Summary Court 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Army Discharge	Army of the United States		1-21-1939
Class* B	Date of Birth: Sept. 15, 1915 — Birth Place: American Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Certificate of Ordination	L. D. S. Church		1-3-32
Class B	Date of Birth: Sept. 15, 1915 — Birth Place: American Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Certificate of Baptism	L. D. S. Church		Oct. 5, 1923
Class B	Date of Birth: Sept. 15, 1915 — Birth Place: American Falls, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Reeder	Oct. 1, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 2

653-114-005-235

RECEIVED
OCT 8 1951
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2110
Local Reg. No. 74
Reg. Dist. No. 130

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City St. Maries
(c) Street Address or R F D No. undeveloped
(d) Name of Hospital or Maternity Home none (born at home)
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Pine Island, N.Y.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Daniel Felker

5. Date of Birth (Month, day, year) May 14, 1915

6. Sex. male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Peter Felker

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Saratof (City or town) Russia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Dairy farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine E. Keveno

17. Color or Race White

18. Age at time of THIS birth 26 years

19. Birthplace Saratof (City or town) Russia (State or foreign country)

20. Exact Occupation clerk

21. Industry or Business store clerk

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4 9

23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 9
(c) Born alive and now dead. x (d) Stillborn. x

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Katherine Felker (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct. 1, 1951 (Date received) (b) Doris F. Madson (Registrar's signature)

25. Attendant's **OWN signature** Maria Morasch M.D. or (D.O., Midwife, etc.)

and address deceased Date

27. Given name added on.....by.....
(Registrar's signature)

State of New York
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Katherine Felker, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Daniel Felker (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Maria Morasch (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Katherine E. Felker Name

Pine Island, New York P. O. Address

Subscribed and sworn to before me on this 27th day of Sept., 1951.

(SEAL) Alice O. Daubert, Notary Public, State of New York, Appointed in Orange County, Commission expires March 30, 1952, No. 727

Alice O. Daubert Notary Public, residing at Pine Island

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 6 1951

DELAYED

613-218-044-551

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED OCT 10 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED OCT 13 1951 DIVISION OF VITAL STATISTICS

State File No. De51-2129
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~Mary~~ Mary Irene Watkins			2. Date of Birth (month) APRIL (day) 18 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale	
FATHER	6. Full Name of Father: Matt Watkins			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Lucinda Jane Evans			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Watkins) Mary Irene Guilford		11. Present Address of Registrant: 1205 E. Hayden, Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 10/4 1951	12. Signature of Notary: Del Mark		13. Notary Commission expires: 8/ 1951	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Dr. F. A. Schmitz, attendant at the time of	By whom issued and signed		Date Issued: birth attached to this	Date Orig. Entry
Class* A	Date of Birth: Apr. 18, 1915	Birth Place: Midvale, Idaho	Full Name of Mother	Name of Father: certificate.	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Oct. 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1981 97 130

A F F I D A V I T

STATE OF IDAHO)
SS
COUNTY OF WASHINGTON)

Dr. F. A. Schmitz, being first duly sworn, deposes and states:

That he has been a practising physician in Washington County, Idaho for 42 years.

That he officiated at the birth of MARY IRENE WATKINS.

That said Mary Irene Watkins was born at Midvale, Washington County, Idaho on April 18, 1915, the parents being Matt Watkins, father, who according to best information obtainable, was born at London, Ky., and Lucinda Jane Evans Watkins, mother, who was born at Midvale, Idaho.

F. A. Schmitz M.D.

Subscribed and sworn to before me, a notary public, this 14th day of February, 1951.

Bell Sonner
Notary Public,
Residing at Weiser, Idaho

My commission expires January 1, 1954

MAY 6 1974

APR 21 1966

A F F I D A V I T

STATE OF IDAHO)
)
COUNTY OF WASHINGTON)

Dr. F. A. Schmitz, being first duly sworn, deposes and states:

That he has been a practising physician in Washington County, Idaho for 42 years.

That he officiated at the birth of [illegible] IRENE WATKINS.

That said Mary Irene Watkins was born at Midvale, Washington County, Idaho on April 18, 1915; the parents being Matt Watkins, father, who according to best information obtainable, was born at London, Ky., and Lucinda Jane Evans Watkins, mother, who was born at Midvale, Idaho.

[illegible]

Subscribed and sworn to before me, a notary public, this [illegible] day of February, 1951.

Notary Public,
Residing at Weiser, Idaho

My commission expires January 1, 1954.

A F F I D A V I T

STATE OF IDAHO)
SS
COUNTY OF WASHINGTON)

Dr. F. A. Schmitz, being first duly sworn, deposes and states:

That he has been a practising physician in Washington County, Idaho for 42 years.

That he officiated at the birth of MARY IRENE WATKINS.

That said Mary Irene Watkins was born at Midvale, Washington County, Idaho on April 18, 1915, the parents being Matt Watkins, father, who according to best information obtainable, was born at London, Ky., and Lucinda Jane Evans Watkins, mother, who was born at Midvale, Idaho.

F A Schmitz M.D.

Subscribed and sworn to before me, a notary public, this 14th day of February, 1951.

Notary Public,
Residing at Weiser, Idaho

My commission expires January 1, 1954

A F F I D A V I T

STATE OF IDAHO)
) ss
COUNTY OF WASHINGTON)

Dr. P. A. Schmitz, being first duly sworn, deposes and states:

That he has been a practicing physician in Washington County, Idaho for 12 years.

That he officiated at the birth of MARY IRENE WATKINS.

That said Mary Irene Watkins was born at Midvale, Washington County, Idaho on April 16, 1915, the parents being Matt Watkins, father, who according to best information obtainable, was born at London, Ky., and Lucinda Jane Evans Watkins, mother, who was born at Midvale, Idaho.

Subscribed and sworn to before me, a notary public, this 14th day of February, 1921.

Notary Public.
Residing at Weiser, Idaho

My commission expires January 1, 1924.

513241004-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2134
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CORA NATE
2. Date of Birth (month) (day) (year): August 14 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Dingle Idaho

FATHER

6. Full Name of Father: EDWARD FRANKLIN NATE
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: LEONA DRUCILLA ROBISON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cora Nate
11. Present Address of Registrant: Cora Harris New Plymouth Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 14 1951
12. Signature of Notary: [illegible]
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Leona D. Nate		Oct. 15, 1951
Class* B	Date of Birth / Birth Place: Aug. 14, 1915, Dingle, Idaho	Full Name of Mother: Leona D. Robison	Name of Father: Edward Franklin Nate	
SUPPORTING RECORD 2.	Church Record	L. D. S. Church		11-7-1915
Class A	Aug. 14, 1915, Dingle, Idaho	Leona D. Robison	Edward F. Nate	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	Oct. 16, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 17 195

OCT 17 195

AFFIDAVIT

State of Idaho)
) s.s.
County of Payette)

I, Leona D. Nate, being first duly sworn on oath, do hereby state that

I am the mother of Cora Nate Morris and that said Cora Nate Morris was born on the 14th day of August 1915 at Dingle, Bear Lake County, Idaho.

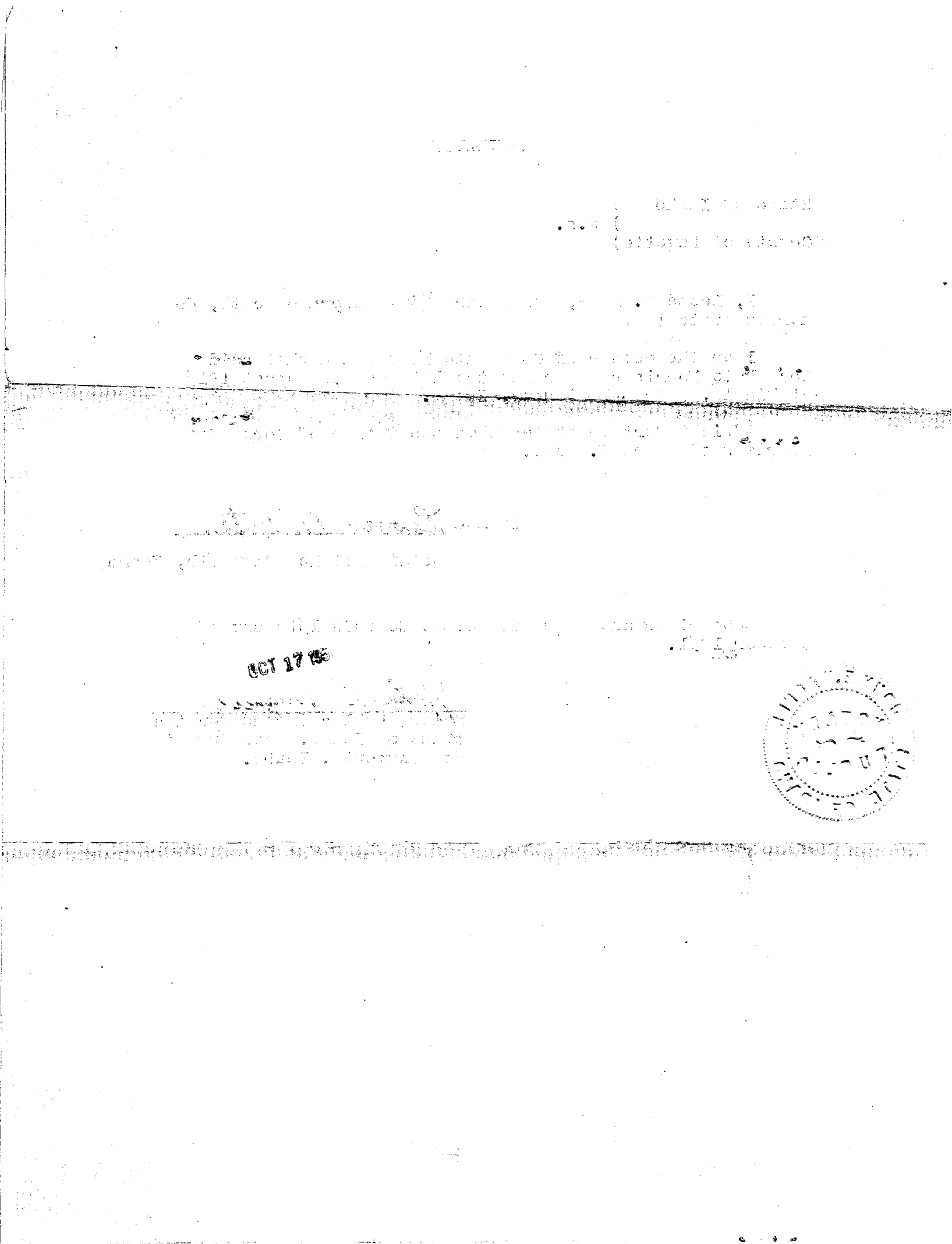
Affiant further states that the father of Cora Nate Morris was Edward F. Nate.

Signed Leona D. Nate.

Residing at New Plymouth, Idaho

Subscribed and sworn to before me this 15th day of October 1951.

John R. Wagner
Notary Public in and for the State of Idaho, Residing at New Plymouth, Idaho.



CERTIFICATE OF BIRTH

The Church of Jesus Christ of Latter-day Saints

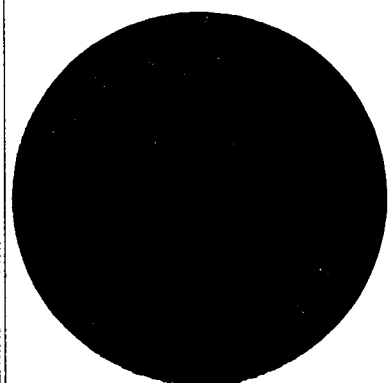
Salt Lake City 1, Utah, 4 October 1951

This Certifies that according to the Records of The Church of Jesus Christ of Latter-day Saints

- CORA NATE -

was born on the Fourteenth day of August, Nineteen Hundred and fifteen,

at Dingle, Bear Lake County, Idaho



Father's name Edward F. Nate

Mother's maiden name Leona D. Robison

Recorded in Bear Lake Stake, Dingle Ward Record of Members #9659, Page 247.

Entered on record 7 November 1915

Joseph Fielding Smith

Historian of the Church and ex officio Custodian of its Records

OCT 17 1951

513215 1606-215

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. De51-2220

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Bingham
City of Pingree
No. ..... St. .....
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD LENA MARIE VALENTY

3. Sex F. | (If plural births) 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June 15, 1915 (Month, Day, Year)

FATHER	MOTHER
9. Full name: SAM VALENTY	18. Full maiden name: ASSUNTA SANELLI
10. Residence (usual place of abode) (If non-resident, give place and State): Pingree	19. Residence (usual place of abode) (If non-resident, give place and State): Pingree
11. Color or race: X — 12. Age at last birthday: 27 (years)	20. Color or race: W — 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or country): Italy	22. Birthplace (city or place) (State or country): Buffalo N. Y.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: At present, 19	25. Date (month and year) last engaged in this work: at present, 19 .....
17. Total time (years) spent in this work: Lifetime	26. Total time (years) spent in this work: Since marriage

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sam Valenty, M.D.
or Father, Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed June, 1935

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

464-120-042-248

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 7 1952
DIVISION OF VITAL STATISTICS

State File No. De51-2340
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Allison Doughty		2. Date of Birth (month) November (day) 20 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Kimberly
FATHER	6. Full Name of Father: William Joseph Doughty		7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Buhler		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allison Doughty	11. Present Address of Registrant: Gen. Del., El Cajon, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 26 1951	12. Signature of Notary: Lois Evelyn Kelly	13. Notary Commission expires: September 5 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Class A School District, Kimberly, Idaho	Date Issued	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Nov. 20, 1915, Kimberly, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Ollie M. Tate	Date Issued: 1-2-51	Date Orig. Entry
Class B	Date of Birth / Birth Place: Nov. 20, 1915, Kimberly, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father and mother, Wm. J. and Mary Jane Doughty	By whom issued and signed	Date Issued	Date Orig. Entry: Jan. 6, 1952
Class B	Date of Birth / Birth Place: Nov. 20, 1915, Kimberly, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keeler	Date Filed: Jan. 8, 1952	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 9 1952

262-[illegible]
043-168

RECEIVED
JAN 14 1952
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE52-2355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall, Ida.

4. **FULL NAME OF CHILD** Ellen Jessie Koski

5. Date of Birth of Child (Month, day, year) Feb. 3, 1915

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Andrew Gust Koski
11. Color or Race W
12. Age at time of THIS birth 23 yrs.
13. Birthplace Alma (City or town), Wyoming (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Saima E. Johnson
17. Color or Race W
18. Age at time of THIS birth yrs.
19. Birthplace Alma (City or town), Wyoming (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Andrew Gust Koski (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's OWN signature [illegible] ~~M.D.~~ Midwife Address McCall, Ida. Date Dec. 13, 1949

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 14, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 17 1972

CORRECTED FILE # FROM DE51-2355A TO DE52-2355 ON 6/12/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

JAN 15 1952

314-218-056-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE52-2360
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Campbell			2. Date of Birth (month) June (day) 8 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho - Oneida County	b. City or Town of Birth: Juniper
FATHER	6. Full Name of Father: Raleigh Heleman Campbell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Effie Ballantyne			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jane Campbell		11. Present Address of Registrant: 1826 East Roma, Phoenix Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: December 28 1951	12. Signature of Notary: H. K. Larson		13. Notary Commission expires: Jan 26 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Dec. 5, 1915
Class* A	Date of Birth / Birth Place: June 8, 1915, Juniper, Idaho	Full Name of Mother: Effie Ballantyne	Name of Father: Raleigh Heleman Campbell	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Bishop E. Gayle	Date Issued: Jan. 14, 1952	Date Orig. Entry:
Class B	Date of Birth / Birth Place: June 8, 1915, Juniper, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Holden	Jan. 16, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2-

FILE # FROM DE51-2360 TO DE52-2360 PER FILE DATE-8/12/2016 KMC

JAN 17 1952

DELAYED

DUP OF 1915 - 81046

238-115-025-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2408
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frederick Andres Schweighardt
2. Date Of Birth: (month) July (day) 15 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Benewah; b. City or Town of Birth: Alder Creek

FATHER

6. Full Name of Father: Joseph Schweighardt
7. State or Country of Father's Birth: Austria - Hungary

MOTHER

8. Full Maiden Name of Mother: Rosalia Manner
9. State or Country of Mother's Birth: Austria - Hungary

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred A Schweighardt
11. Present Address of Registrant: St. Maries, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 28 1952
12. Signature of Notary: Nellie M Copenhafer
13. Notary Commission expires: Aug 30 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Honorable Discharge	United States Army	8-31-45	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15, 1915	Alder Creek, Idaho		

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	1920 census	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4 yrs and 3 months old	Idaho		

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Board of Education School Census	1-10-52	May 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15, 1915			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Jan. 30, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. District No.

REGISTRAR'S (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: July [illegible]
3. Color or Race: [illegible]
4. Sex: Male
5. Place of Birth: Benewah
6. City or Town of Birth: Alder Creek
7. State or Country of Father's Birth: [illegible]
8. Full Name of Father: Joseph [illegible]
9. State or Country of Mother's Birth: [illegible]
10. Full Maiden Name of Mother: [illegible]
11. Present Address of Registrant: [illegible], Idaho
12. Signature of Registrant: [illegible]
13. Notary Commission expires: [illegible] 19[illegible]
14. Signature of Notary: [illegible]

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	United States Army	[illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
July [illegible], 1919, Alder Creek, Idaho			

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	1920 census	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class [illegible]	[illegible]		

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Board of Education School Census	[illegible]	[illegible] 1920
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class [illegible]	[illegible]		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
W. W. Hanson	[illegible]	Jan. 30, 1952

JAN 31 1952

*Class A Records are those made and dated before the registrant's [illegible] birthday.
Class B Records are those made after the fourth birthday but are [illegible] years [illegible]

819-211-026-663

RECEIVED FEB 20 1952 OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2466
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: born at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho

4. FULL NAME OF CHILD Ruth Ann Harker

5. Date of Birth of Child (Month, day, year) May 11, 1915

6 Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Parley Harker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Taylorsville (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Boyes Walker
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth (First name) Boyes Walker (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Rhoda Gerard ~~M.D.~~ Midwife Address Lewisville Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2/20/52 by Mabel F. Elder, Deputy, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

1 copy pd

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child ~~born prior to the effective date of~~ Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 20 1952

313-215-016-963

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 27 1952
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2502
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No. Box 54
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City ALBION
   (d) Street Address or R.F.D. No. Box 54
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** HELEN RUTH LACKEY

5. Date of Birth of Child (Month, day, year) APRIL 15-1915

6 Sex FEMALE

7. Twin or Triplet ONE If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 — 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LEROY ELSWORTH LACKEY
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace Petersburg (City or town) Ill. (State or foreign country)
14. Exact Occupation Farmmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABEL MAY ROLLINS
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace Marshalltown (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Alameda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that DR HOWARD (First name) GREENE (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mabel Lackey Signature
22806 Happyland Ave Hayward O. Address

Subscribed and sworn to before me this 25th day of February, 1952

(SEAL) R. J. Shields, Notary Public, residing at Hayward, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 29, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 29 1952

DELAYED

415-210-001-46 **DELAYED CERTIFICATE OF BIRTH**

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. De52-2666
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Margaret Davis		2. Date Of Birth (month) 3 (day) -10- (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John Newton Davis		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Agnes Bridget Dowling		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline M Brannan	11. Present Address of Registrant: Riverton, Wyo. 410 E Adams St
NOTARY (Seal)	Subscribed and sworn to before me on 1/6/47 19__	12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct 24 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral	Date Issued:	Date Orig. Entry: 3-19-15
Class* A	Date of Birth: March 10,	Birth Place: 1915, Boise, Idaho	Full Name of Mother: Agnes Dowling	Name of Father: John Davis
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: Filed with the Bureau of Vital Statistics, Boise, 245647	Date Issued:	Date Orig. Entry: Aug. 2, 1936
Class B	Date of Birth: 21 yrs old	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Breslin	Apr. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Public Health
Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

CHILD — 1. Registrant's full name at birth

2. Date of birth (Month) (day) (year)

3. Color or race — 4. Sex — 5. Place of birth (County)

6. City or twp. of birth

FATHER — 7. Name — 8. State or Country of Father's Birth

MOTHER — 9. Maiden name of Mother — 10. State or Country of Mother's Birth

AFFIDAVIT — I hereby declare under oath that the above statement is true to the best of my knowledge and belief.

11. Signature of Informant — 12. Address of Informant

NOTARY — Subscribed and sworn to before me on [illegible] 19___

13. Signature of Notary — 14. Notary Commission expires

SUPPORTING RECORD — 15. Type of document — 16. Name issued and signed — 17. Date issued — 18. Date Orig. Entry

19. Date of birth — 20. Birth Place — 21. Full Name of Mother — 22. Name of Father — 23. Date issued — 24. Date Orig. Entry

SUPPORTING RECORD 2 — 25. Type of Document — 26. When issued and signed — 27. Date issued — 28. Date Orig. Entry

29. Date of birth — 30. Birth Place — 31. Full Name of Mother — 32. Name of Father

CERTIFICATION — 33. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person, and that documentary evidence has been received, which substantiates the facts as set forth in the supporting affidavit.

34. State Registrar — 35. Evidence received by — 36. Date Filed

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years o d.

494-23-028-454

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2884
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA DIMICO			2. Date of Birth (month) October (day) 13, (year) 1915
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Springston Idaho
FATHER	6. Full Name of Father: SEBASTIAN DIMICO			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: MARY ANN DeMARIA			9. State or Country of Mother's Birth: ITALY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Julia Felice		11. Present Address of Registrant: S. 608 Spokane St., Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 5th 1952	12. Signature of Notary: Victor J. Felice		13. Notary Commission expires: March 5th, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Roman Catholic Church by the Rev. Michael Mackey	May 10,1952	Jan.31,1920
Class* A	Date of Birth / Birth Place: Oct. 13, 1915, Springston, Idaho	Full Name of Mother: Marion Demaria	Name of Father: Sebastian Dimico	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Marian Milton, formerly Mrs. Marian Dimico	Date Issued: Mar.31,1952	Date Orig. Entry
Class B	Date of Birth / Birth Place: Oct. 13, 1951, Springston, Idaho	Full Name of Mother: Marion Dimico	Name of Father: Sebastian Dimico	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 5, 1952	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1952-2934
Local Reg. No.
Reg. Dist. No.

JUN 6 1952

REGISTRANT	1. Registrant's Name of Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered		October 23, 1915
	3. Color or Race	4. Place of Birth: Sex / Country / Mother's Birth Place
		Spring Ranch Idaho
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	6. Full Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	9. I declare upon oath that the statements are true to the best of my knowledge and belief	10. Signature of Registrant: [signature]
		11. Present Address of Registrant: 3, 605 Spokane St., Spokane, Wash.
NOTARY	12. Sworn to before me on: [signature]	13. Signature of Notary: [signature]
		14. Notary Commission expires: March 5th, 1955

VICTOR FELICE
NOTARY PUBLIC
MISSION EXPIRES MAY 5, 1955
STATE OF IDAHO

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church by the Rev. Michael Mackey	Date Issued: May 10, 1952	Date Orig. Entry: Jan. 31, 1920
	Birth Place	Full Name of Mother		
	Oct. 13, 1915, Springston, Idaho	Marion Demaris		
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Marian Milton, formerly Mrs. Marian Dimice	Date Issued: Mar. 31, 1952	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	
	Oct. 13, 1921, Springston, Idaho	Marion Dimice	Sebastian Dimice	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth, Birth Place	Full Name of Mother	Name of Father	

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

389-217-021-154

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3040
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ CHRISTENSEN
2. Date of Birth (month) (day) (year): Nov. 17 1915
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: FRANKLIN
b. City or Town of Birth: FRANKLIN

FATHER

6. Full Name of Father: IVAN LEROY CHRISTENSEN
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: EVA ANDERSON
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ineg Christensen (Crythall)
11. Present Address of Registrant: 1133 Talisman DRIVE SALT LAKE City UTAH

NOTARY (Seal) 3-4-56

Subscribed and sworn to before me on: July 16 1952
12. Signature of Notary: Jeanne Taylor
13. Notary Commission expires: March 4, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record, L.D.S. Church	Ella D. Jack	6/24/52	Baptized on 11/25/23

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1915	Franklin, Idaho	Eva Anderson	Ivan Christensen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's health record	Mrs. T. Kingsford, Nurse	July 22, 1918	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1915 2 yrs 8 mos.	Franklin, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Ltr from Northwestern Mutual Life Ins. Co. Re Policy No. 3 003 470	J. C. Noback	7/7/52	1/6/40

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 17, 1915	Franklin, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 22, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible]
3. Color or Race: White
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. Mother's Town of Birth: Franklin

PAINT

7. State or Country of Father's Birth: Utah
8. Full Name of Father: [illegible]
9. State or Country of Mother's Birth: Utah
10. Full Maiden Name of Mother: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]
12. Present Address of Registrant: [illegible]
13. Notary Commission Expires: [illegible]

STATE (Seal)

Subscribed and sworn to before me on: July 18, 1952

SUPPORTING RECORD 1

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Baptismal record, L.D.S. Church	Ella E. [illegible]	5/24/52	Replaced on 11/26/25

Date of Birth: [illegible] Place: [illegible] Full Name of Mother: [illegible] Name of Father: [illegible]

Class B

SUPPORTING RECORD 2

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Child's health record	[illegible]	July 22, 1918	

Date of Birth: Nov. 17, 1915 Franklin, Idaho Birth Place: 2 yrs 8 mos. Full Name of Mother: [illegible] Name of Father: [illegible]

Class B

SUPPORTING RECORD 3

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
Ins. from Northwestern Mutual Life Ins. Co. Ss Policy No. 3 003 470	J. [illegible]	7/7/52	1/6/40

Date of Birth: [illegible] Place: [illegible] Full Name of Mother: [illegible] Name of Father: [illegible]

Class B

QUALIFYING INFORMATION

Nov. 17, 1915 Franklin, Idaho

JUL 23

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Beeson	Edna Hamilton	July 22, 1952

Class A Records are those made and filed before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

893-224-044-234

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3062
Local Reg. No.
Reg. Dist. No.

DIVISION OF VITAL STATISTICS
JUL 26 1952

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Heath, Idaho

4. FULL NAME OF CHILD Margaret Nina Hillis

5. Date of Birth of Child (Month, day, year) Sept. 24, 1915

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Moffett Hillis
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Irene Stuart
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that Nina (First name) Nixon (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Hillis Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 19 52

(SEAL) Scott Brown Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-229-024-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3069
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRTLE GLADYS ANDREASEN		2. Date of Birth (month) (day) (year): MARCH 29 1915
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ~~HAGERMAN~~ b. City or Town of Birth: HAGERMAN
FATHER	6. Full Name of Father: Karl M. Andreasen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Margaret Georgia Saviers		9. State or Country of Mother's Birth: Shoshone, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys A. Davis	11. Present Address of Registrant: 705-45th St. Oakland Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1952	12. Signature of Notary: Verna L. Williams	13. Notary Commission expires: July 9th 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Margaret G. Andreasen	Date Issued: 6/30/52	Date Orig. Entry:
Class* B	Date of Birth: Mar.29,1915 Birth Place: Hagerman, Idaho	Full Name of Mother: Margaret Georgia Saviers	Name of Father: Karl M. Andreasen	
SUPPORTING RECORD 2.	Type of Document: Certification of Application for Insurance	By whom issued and signed: Mutual Life Insurance Co. William J. Stelzer, Sec.	Date Issued: 7/18/52	Date Orig. Entry: 3/27/46
Class B	Date of Birth: Mar.29, 1915 Birth Place: Hagerman, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Richmond Schools, George D. Minor	Date Issued: 7/14/52	Date Orig. Entry: 3/13/22
Class B	Date of Birth: Mar. 29, 1915 Birth Place:	Full Name of Mother:	Name of Father: Karl Andreason	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 1 1952

Mar. 29, 1919

Kari Andreason

Mar. 29, 1919 Bay [illegible], Idaho

Father

Kari Andreason

Mother

Full name

Kari Andreason

Mar. 29, 1919

Bay [illegible], Idaho

Father

795-102-004-312

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1952

State File No. De52-3161
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert LeRoy Preston		2. Date of Birth (month) (day) (year): June 2 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Raymond
FATHER	6. Full Name of Father: Bert Emmett Preston		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lillian Jane Lashbrook		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert LeRoy Preston	11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 7 1952	12. Signature of Notary: G. Standacher	13. Notary Commission expires: June 1, 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 1, 1951	Date Orig. Entry: Sept. 1, 1923
Class* B	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother: Lillian Lashbrook	Name of Father: Bert Preston	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Sept. 1, 1923
Class B	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother: Lillian Lashbrook	Name of Father: Bert Preston	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance Co., Galveston, Texas	Date Issued: May 11, 1938	Date Orig. Entry:
Class B	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Aug. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

State File No. DeE2-3161
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

AUG 2 1952

REGISTRANT (Person whom birth is being)	1. Registrant's Full Name at Birth: Robert Jeffery Preston	2. Date of Birth (month) (day) (year): June 2 1915
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Bear Lake	6. City or Town of Birth: Raymond
FATHER	6. Full Name of Father: Bert Preston	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lillian Lashbrook	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 1, 1951 / Date Orig. Entry: Aug. 1, 1923
	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother: Lillian Lashbrook	Name of Father: Bert Preston
SUPPORTING RECORD B	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 1, 1923 / Date Orig. Entry:
	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother: Lillian Lashbrook	Name of Father: Bert Preston
SUPPORTING RECORD C	Type of Document: Insurance Policy	By whom issued and signed: American National Insurance Co., Galveston, Texas	Date Issued: May 11, 1938 / Date Orig. Entry:
	Date of Birth / Birth Place: June 2, 1915, Raymond, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. W. Fanson		Aug. 21, 1952

*Class A Records are those made and dated before the registrant's [illegible]
Class B Records are those made after the [illegible] but are at least 4 years old.

342-22-010-967

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. Da52- 3252
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Russell			2. Date of Birth (month) Feb. (day) 27 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho ~~Ohio~~ Falls.	
FATHER	6. Full Name of Father: Almond Claude Russell			7. State or Country of Father's Birth: ~~Colorado~~ Ohio	
MOTHER	8. Full Maiden Name of Mother: Josephine Rogers			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Russell Killian		11. Present Address of Registrant: 803 E. 14th Street	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 10 19 52	12. Signature of Notary: W Royal Harker		13. Notary Commission expires: December 31 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record of births	By whom issued and signed: Examined by W. Royal Harker, Notary Public of Idaho Falls		Date Issued	Date Orig. Entry: Feb. 27, 1915
Class* A	Date of Birth: Feb. 27, 1915	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Josephine Russell		Date Issued: 9/16/52	Date Orig. Entry
Class B	Date of Birth: Feb. 27, 1915	Birth Place: Idaho Falls, Ida	Full Name of Mother: Josephine Russell	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Sept. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 6 1973

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR: 1. Registrant's Full Name at Birth
2. Date of Birth (Month) (Day) (Year)
3. Color or Race 4. Sex 5. Place of Birth 6. County 7. City or Town of Birth

FATHER: 6. Full Name of Father 7. State or Country of Father's Birth

MOTHER: 8. Full Maiden Name of Mother 9. State or Country of Mother's Birth

AFFIDAVIT: 10. Signature of Registrant 11. Present Address of Registrant

NOTARY: 12. Signature of Notary 13. Notary Commission expires

SEP 18 1972

SUPPORTING RECORD 1: Type of Document: Family Bible record of birth
By whom Issued and Signed: Examined by [illegible] Royal Barker, Notary Public of Idaho Falls
Date Issued: Date Orig. Entry: Feb. 27, 1915
Date of Birth: Birth Place: Full Name of Mother: Name of Father:

SUPPORTING RECORD 2: Type of Document: Affidavit by mother
By whom Issued and Signed: Josephine Russell
Date Issued: 9/18/52
Date Orig. Entry:
Date of Birth: Birth Place: Full Name of Mother: Name of Father:
Class B
Feb. 27, 1915 Idaho Falls, Idaho Josephine Russell

SUPPORTING RECORD 3: Type of Document: By whom Issued and Signed: Date Issued: Date Orig. Entry:
Date of Birth: Birth Place: Full Name of Mother: Name of Father:
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that document [illegible] which substantiates the facts as set forth in the foregoing statement.

State Registrar: W. W. Hanson
Fields reviewed by: Edna [illegible]
Date Filed: Sept. 17, 1952

*Class 4 Records are those made and [illegible]
Class 5 Records are those made after [illegible]

632.223.044-214

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3265
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City RFD#Weiser
   (c) Street Address or R.F.D. No. RFD#1
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In THIS county 11 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. RFD#1
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) RFD Weiser, Ida

4. **FULL NAME OF CHILD** Ethel Marguerite Olson

5. Date of Birth of Child (Month, day, year) April 23, 1915

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Christian Olson
11. Color or Race White US
12. Age at time of THIS birth 41 yrs.
13. Birthplace Monroe, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Housewife
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Saunders
17. Color or Race White US
18. Age at time of THIS birth 42 yrs.
19. Birthplace Aalborg, Denmark (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Olson Williams (First name) (Last name) who is related as older sister and midwife (Mother, etc.)

25. Attendant's **OWN** signature Martha Olson Williams Midwife Address Box 74, Payette, Idaho Date 9/18/52

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that I am the person (First name) (Last name), who attended this birth and (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Box 74, Payette, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of September, 19 52

(SEAL) , Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 19, 1952 by W. W. Benson, Registrar

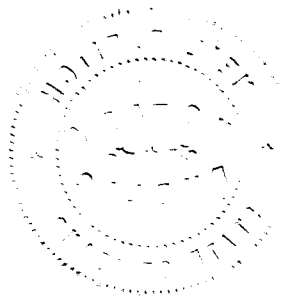
Form DPH-51130

SEP 19 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
-STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Marguerite Olson
2. Date of Birth (month) April (day) 23 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Washington; b. City or Town of Birth: Weiser RFD#1

FATHER

6. Full Name of Father: John Christian Olson
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Etta Saunders
9. State or Country of Mother's Birth: Monroe, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Olson Williams
11. Present Address of Registrant: P. O. Box 74, Payette, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on 11 September 1952

12. Signature of Notary: [signature]
13. Notary Commission expires: 10 March 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 2.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 3.

Class_____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

749-104-022-749

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Please rush

State File No. D52 3328
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Peter Purser		2. Date Of Birth (month) (day) (year): March 4th, 1915
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Fremont County,
			b. City or Town of Birth: Lamont, Idaho, (Fremont County
FATHER	6. Full Name of Father: William Purser, St. Anthony,		7. State or Country of Father's Birth: Idaho (Jefferson County)
MOTHER	8. Full Maiden Name of Mother: Anna May Purser, (Now Mrs. May Mang, of Ashton, Fremont County, Idaho)		9. State or Country of Mother's Birth: Detroit Lakes, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Peter Purser	11. Present Address of Registrant: Mrs. May Mang (mother) Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 10th, day of July, 1952	12. Signature of Notary: Murray Dawn	13. Notary Commission expires: June 25, 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. May Mang	Date Issued: 7/14/52	Date Orig. Entry:
Class* B	Date of Birth: Mar. 4, 1915 / Birth Place: Lamont, Idaho	Full Name of Mother:	Name of Father: William Purser	
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: Guarantee Reserve Life Ins. Co. Indianapolis, Indiana	Date Issued: April 22, 1941	Date Orig. Entry:
Class B	Date of Birth: Mar. 4, 1915 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Account No.	By whom issued and signed: U. S. Social Security Act	Date Issued: Apr. 5, 1937	Date Orig. Entry:
Class B	Date of Birth: Mar. 4, 1915 / Birth Place: Lamont, Idaho	Full Name of Mother:	Name of Father: William Purser	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Oct. 8, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Please rush

State File No. 0652 5320
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Charles Peter Purser
2. Date of Birth (month) (day) (year): March 4th, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth (Country): Fremont County.
6. Birth Place of Birth: Lamont, Idaho, (Fremont County)

FATHER

6. Full Name of Father: William Purser, St. Anthony,
7. State or Country of Father's Birth: Idaho (Jefferson County)

MOTHER

8. Full Maiden Name of Mother: Anna May Purser, (Mrs. Mrs. May Mang, Ashton, Fremont County,)
9. State or Country of Mother's Birth: Detroit Lakes, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Mrs. May Mang (mother) Ashton, Idaho

NOTARY PUBLIC

Subscribed and sworn to before me on: 10th, day of July, 1952
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 25, 1955

SUPPORTING RECORD 1

Type of Document: Affidavit by mother
Date of Birth / Birth Place: [illegible]
By whom issued and signed: Mrs. May Mang
Full Name of Mother: [illegible]
Date Issued: 7/14/52
Date Orig. Entry:
Name of Father: William Purser

SUPPORTING RECORD 2

Type of Document: Application for Insurance
Date of Birth / Birth Place: Mar. 4, 1915
By whom issued and signed: Indianapolis, Indiana
Full Name of Mother: [illegible]
Date Issued: April 22, 1941
Date Orig. Entry:
Name of Father: [illegible]

Class B

SUPPORTING RECORD 3

Type of Document: Application for Account No.
Date of Birth / Birth Place: Mar. 4, 1915 Lamont, Idaho
By whom issued and signed: U. S. Social Security Act
Full Name of Mother: [illegible]
Date Issued: Apr. 5, 1937
Date Orig. Entry:
Name of Father: William Purser

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Oct. 8, 1952

*Class A Records are those made [illegible] the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday [illegible] years old.

Form DPH 4904

318-104-016-769

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-73
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GUY HARVEY TAYLOR		2. Date Of Birth (month) June (day) 4 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia-Farm near Murtaugh; b. City or Town of Birth: Farm near Murtaugh
FATHER	6. Full Name of Father: Roy Earl Taylor		7. State or Country of Father's Birth: Iowa - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Maude Alexandria Porter		9. State or Country of Mother's Birth: Iowa - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Guy H. Taylor	11. Present Address of Registrant: 5111 N.E.Alameda,Portland,Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: January 21, 19 53	12. Signature of Notary: Evelyn A Blais	13. Notary Commission expires: March 11, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book	By whom issued and signed: Family Record	Date issued:	Date Orig. Entry: June 4, 1915
Class* A	Date of Birth: June 4, 1915; Birth Place: [illegible]	Full Name of Mother: Maude Taylor	Name of Father: R. E. Taylor	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Maude Porter Taylor	Date issued: 2-11-52	Date Orig. Entry:
Class B	Date of Birth: June 4, 1915; Birth Place: Cassia County,	Full Name of Mother: Idaho Maude Porter Taylor	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: James W. Porter	Date issued: 1-23-53	Date Orig. Entry:
Class B	Date of Birth: June 4, 1915; Birth Place: Cassia County,	Full Name of Mother: Idaho Maude Porter Taylor	Name of Father: Roy E. Taylor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Fedor	1-26-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GUY HARVEY TAYLOR	2. Date of Birth (month) June (day) 4 (year) 1915
	3. Color or Race: White	5. Place of Birth: Cassia-Farm near Murtaugh (County)
		6. City or Town of Birth: Farm near Murtaugh
FATHER	4. Full Name of Father: Roy Earl Taylor	7. State or Country of Father's Birth: Iowa - U.S.A.
	8. Full Maiden Name of Mother: Maude Alexandria Porter	9. State or Country of Mother's Birth: Iowa - U.S.A.
	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 5111 N.E. Alameda, Portland, Ore.
	12. Signature of Notary: [signature]	13. Notary Commission expires: March 11, 1955
	Subscribed and sworn to before me on January 21, 1953	

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Family Record		June 4, 1915
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 4, 1915, [illegible]	Maude Taylor	R. E. Taylor	

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Maude Porter Taylor	2-11-52	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 4, 1915, Cassia County,	Idaho Maude Porter Taylor		

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle	James W. Porter	1-22-53	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
June 4, 1915, Cassia County,	Idaho Maude Porter Taylor	Roy E. Taylor	

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	1-26-53

*Class A Records are those made and dated before the Registrant's fourth Birthday.
Class B Records are those made after the fourth Birthday but are at least 1 years old.

Form DHH 40063

238-121-001-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

MAR 21 1953

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-289
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Rt #2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. Rt #2
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.
(f) Mother's mailing address Rt #2

3. RESIDENCE of FATHER (city, state) Sheridan, Wyoming

4. FULL NAME OF CHILD Lester Ronald Schooler

5. Date of Birth (Month, day year) Oct 21, 1915

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ronald Rupert Schooler

11. Color or Race white

12. Age at time of THIS birth 18 yrs.

13. Birthplace Alton (City or town) Kansas (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Krout Schooler

17. Color or Race white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Big Horn, Wyoming (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Amanda C. Kraut (First name) (Last name), who is related to this child as grandmother (Mother, etc.)

26. (a) March 23, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature X Amanda C Kraut (D.O., Midwife, etc.)
and address 1502 Leopard Date 3/13/53

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

MAR 24 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

434/151016-449

MAR 21 [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

[illegible]AYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-290
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lavon Walter McDaniel	2. Date Of Birth (month) (day) (year): October 15, 1915
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Almo, Idaho; a. County: Cassis	b. City or Town of Birth: Almo, Idaho
FATHER	6. Full Name of Father: Walter McDaniel	7. State or Country of Father's Birth: Blackfoot, Idaho
MOTHER	8. Full Maiden Name of Mother: Myrtle Eunice Durfee	9. State or Country of Mother's Birth: Almo, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lavon Walter McDaniel; 11. Present Address of Registrant: 363 East Maple, Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 17, 1953	12. Signature of Notary: P. H. Carlson; 13. Notary Commission expires: June 1, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: Nov. 7, 1915
Class* A	Date of Birth: Oct. 15, 1915; Birth Place: Almo, Idaho	Full Name of Mother: Myrtle Durfee	Name of Father: Walter McDaniel	
SUPPORTING RECORD 2.	Type of Document: Insurance Record	By whom issued and signed: Railroad Retirement Board	Date issued: Feb. 18, 1941	Date Orig. Entry:
Class B	Date of Birth: Oct. 15, 1915; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Myrtle Eunice McDaniel, Walter McDaniel	Date issued: 3-7-53	Date Orig. Entry:
Class B	Date of Birth: Oct. 15, 1915; Birth Place: Almo, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	3-23-53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 21 [illegible]

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 23 [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lyron Walter McDaniel	2. Date of Birth (month) (day) (year): October 15, 1915
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Almo, Idaho; 6. County: Cassia	7. City or Town of Birth: Almo, Idaho
FATHER	8. Full Name of Father: Walter McDaniel	9. State or Country of Father's Birth: Blackfoot, Idaho
MOTHER	10. Full Maiden Name of Mother: Cyrtle Eunice Murfee	11. State or Country of Mother's Birth: Almo, Idaho
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]
		13. Present Address of Registrant: 363 East Maple, Pocatello Idaho
MOTARY (Seal)	Subscribed and sworn to before me on March 17, 1953	14. Signature of Notary: [signature]
		15. Notary Commission expires: June 1, 1956

ABSTRACT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued	Date Orig. Entry: Nov. 7, 1915
	Date of Birth: Oct. 15, 1915	Full Name of Mother: Cyrtle Murfee	Name of Father: Walter McDaniel	
	Class			
SUPPORTING RECORD 2	Type of Document: Insurance Record	By whom issued and signed: Railroad Retirement Board	Date Issued: Feb. 15, 1951	Date Orig. Entry
	Date of Birth: Oct. 15, 1915	Full Name of Mother	Name of Father	
	Class			
SUPPORTING RECORD 3	Type of Document: Affidavit [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth: Oct. 15, 1915	Full Name of Mother	Name of Father	
	Class			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

*Class A Records are those made and dated before the registrant's tenth birthday.
Class B Records are those made after the [illegible] [illegible] [illegible] [illegible]

632-223-005-613

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-307
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No. Riverdale
   (e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries Idaho

4. **FULL NAME OF CHILD** VIVIAN ELIZABETH OLSON

5. Date of Birth of Child (Month, day, year) July 23, 1915

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Olson
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sweden (Ornskoldsvik) (City or town) (State or foreign country)
14. Exact Occupation Farmer - Lumbergrader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Walhstrom
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Sweden (Ornskoldsvik) (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Olson (Last name)

who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Address Route No. 2 St. Maries, Idaho Date March 16, 1953

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAR 26 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

482-201-022-414

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-334
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Dollie Dybbro
2. Date of Birth (month) Nov. (day) 1, (year) 1915
3. Color or Race: white
4. Sex: fem
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Paul Christianson Dybbro
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Dollie Dauwalter
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice Dollie Dybbro Evans
11. Present Address of Registrant: 811 6th, Anacortes, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: March 2th 1953
12. Signature of Notary: [signature]
13. Notary Commission expires: January 23 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Return	Anacortes Skagit County, Washington	May 28, 1938	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 yrs	Ashton, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Paul C. Dybbro	Mch 23, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 1, 1915	Ashton, Idaho	Dollie Dauwalter	Paul C. Dybbro

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	State of Washington		July 10, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
27 yrs old	Ashton, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Renson	[signature]	Apr. 2, 1943

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 9 1953

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Bernice Dollie Dybbro	2. Date of Birth (Mth) (day) (year): Nov. 1, 1915	
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth: Asaton, Bremen
	6. Full Name of Father: Paul Christianson Dybbro	7. State or Country of Father's Birth: Denmark	
	8. Full Maiden Name of Mother: Dollie Dauwalter	9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 811 6th Anacortes, Washington
NOTARY FILE	Subscribed and sworn to before me on: March 2th 1953	12. Signature of Notary: [signature]	13. Notary Commission expires: January 23 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Mar 25, 1953	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Oct 25, 1953	Date Orig. Entry
	Date of Birth: Nov. 1, 1915	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: Paul C. Dybbro
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: July 19, 1953
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [signature]	Date Filed: Apr. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

Form [illegible]

493-22-20-519

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-406
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Miller
2. Date Of Birth (month) June (day) 27 (year) 1915
3. Color or Race: white
4. Sex:
5. Place of Birth: a. County: Bannock
b. City or Town of Birth: Alpine Idaho

FATHER

6. Full Name of Father: Omer R Miller
7. State or Country of Father's Birth: Kamas Utah

MOTHER

8. Full Maiden Name of Mother: Hattie Amandy Vail
9. State or Country of Mother's Birth: Driggs Teton Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hattie Waits (mother)
11. Present Address of Registrant: Alpine Idaho

NOTARY (SEAL) APR 6 1953 IDAHO

Subscribed and sworn to before me on: April - 6 - 1953

12. Signature of Notary: Earl V. Ford Postmaster
13. Notary Commission expires: X 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Blessed	March 18, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27, 1915	Alpine, Idaho	Hattie Vail	Omer R. Miller

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Hattie Amandy Vail Waits	Apr. 16, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 27, 1915	Alpine, Idaho	Hattie Amanda Vail Waits	Omer B. Miller

SUPPORTING RECORD 3. Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Bleeden	Apr. 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

289.125.040753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 581
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 4 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Ida

4. FULL NAME OF CHILD Stuart Lee Shreve

5. Date of Birth of Child (Month, day, year) Oct. 25, 1915

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Francis Shreve
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace LaPort County, Ind. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Henrietta Peterson
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Chicago, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by C. Gordon Shreve (First name) (Last name) who is related as Brother (Mother, etc.)

25. Attendant's OWN signature X T. R. Mason M.D. Midwife Address Kellogg Date Feb.

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 8, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K Form DPH-51130

JUN 9 1953

DEC 27 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-27-003-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D53 582
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Louise Woollums
2. Date of Birth (month) (day) (year): August 27 - 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho - Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Arthur Woollums
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Nellie Myrtle Watts
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Mildred Noble
11. Present Address of Registrant: 325 South H Street Lompoc, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1953
12. Signature of Notary: R. M. Ramos
13. Notary Commission expires: June 16 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Mount Ayr, Iowa Mount Ayr Public Schools	Enrolled	1923-33
Class* B	Date of Birth / Birth Place: Aug. 27, 1915	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by brother	Clifford Woollums	3-13-53	
Class B	Date of Birth / Birth Place: Aug. 27, 1915, Pocatello, Idaho	Full Name of Mother: Nellie Watts	Name of Father: Arthur Woollums	
SUPPORTING RECORD 3.	Affidavit by older brother	Leo Woollums	May 29, 1953	
Class B	Date of Birth / Birth Place: Aug. 27, 1915 Pocatello, Idaho	Full Name of Mother: Nellie Watts Woollums	Name of Father: Arthur Woollums	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W.Benson	Edna Hamilton	June 8, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 5653 682

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Country)	6. City or Town of Birth
FATHER	7. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	12. Signature of Notary	13. Notary Commission expires

JUN 1 5 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Record	By whom Issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother	By whom Issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth: Birth Place: Aug. 27, [illegible], Pocatello, Idaho Bellis Watts	Full Name of Mother	Name of Father: Arthur Woollums	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older brother	By whom Issued and signed: Leo Woollums	Date Issued: May 29, 1955	Date Orig. Entry
	Date of Birth: Birth Place: Aug. 27, 1917 Pocatello, Idaho Bellis Watts Woollums	Full Name of Mother	Name of Father: Arthur Woollums	
QUALIFICATION INFORMATION				

REGISTRATION CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Edna Hamilton	June 8, 1965

*Class A [illegible] are those [illegible] the Registrant's Fourth Birthday.
Class B [illegible] are those [illegible] the Fourth Birthday, but [illegible]

455-222-022-437

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-664
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Virginia Devaney			2. Date of Birth (month) November (day) 22 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Kilgore, Idaho a. County: Fremont	b. City or Town of Birth: Kilgore, Idaho	
FATHER	6. Full Name of Father: Dennis Claude Devaney			7. State or Country of Father's Birth: Valey Jct., Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Mabel Gertrude McGovran			9. State or Country of Mother's Birth: Glyndon, Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen V. Devaney Fisher		11. Present Address of Registrant: 2814 Edson Street, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 3rd day of July 1953	12. Signature of Notary: Paula L. Fleenor		13. Notary Commission expires: Oct 23 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's Birth Certificate	By whom issued and signed: File # 380853 On file In B.V.S, State of Idaho		Date Issued: Oct 18-43	Date Orig. Entry: Oct 18, 1943
	Date of Birth: Age 27	Birth Place: Kilgore, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit for Marriage License	By whom issued and signed: Kenneth Downing, County Recorder Owyhee County, Idaho		Date Issued: June 30, 1953	Date Orig. Entry: Dec 14, 1940
	Date of Birth: Age 25	Birth Place:	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: New York Life Ins. Policy	By whom issued and signed: New York Life Ins. Co.		Date Issued: Jan 2, 1943	Date Orig. Entry: Jan 2, 1943
	Date of Birth: 11-22-1915	Birth Place: Kilgore, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Joyce B Folk	Date Filed: July 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Virginia Levaney
2. Date of Birth (month) (day) (year): November 22 1915
3. Color or Race (Mr. Sex): Female
4. Place of Birth (County): Wilmore, Idaho Fremont
5. City or Town of Birth: Wilmore, Idaho

FATHER

6. Full Name of Father: Fernie Claude Levaney
7. State or Country of Father's Birth: Valley Ark., Wisconsin

MOTHER

8. Full Maiden Name of Mother: Lake Mathew McGovern
9. State or Country of Mother's Birth: Virginia, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible] Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document: Childs Birth Certificate
By whom issued and signed: [illegible]
Date Issued: Oct 18-43
Date Orig. Entry: Oct 19, 1943
Date of Birth: Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD

Type of Document: Marriage License
By whom issued and signed: Kenneth Dunning, Mayor Recorder, Owyhee County, Idaho
Date Issued: June 30, 1943
Date Orig. Entry: Dec 14, 1940
Date of Birth: Age 25
Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD

Type of Document: New York Life Ins. Policy
By whom issued and signed: New York Life Ins. Co.
Date Issued: Jan 2, 1943
Date Orig. Entry: Jan 2, 1943
Date of Birth: 22-1915
Birth Place: Wilmore, Idaho
Full Name of Mother
Name of Father

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant, and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.

Date Registered: [illegible]
Evidence reviewed by: [illegible]
Date Filed: July 3, 1953

Delayed Records are those made and dated before the Registration Year Birthday.
Delayed Records are those made after the Birth Birthday but are at least 3 years old.

713-115-004-811

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-676
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ____ days.
In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Montpelier Ida

4. **FULL NAME OF CHILD** John William Pace

5. Date of Birth (Month, day, year) Nov-15-1915

6. Sex Male

7. ~~Twin or~~ Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Olenn Pace
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Brookfield (City or town) Missouri (State or foreign country)
14. Exact Occupation R.R. Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Hartman
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at One A. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Pace (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 7, 1953 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** D.W. Lyon M.D. (D.O., Midwife, etc.)
and address 415 E. Compton Date 3-7-41
Bird Compton Calif.

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

JUL 7 - 1953

DEC 20 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

556226-014-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 690
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MABLE ORNELIA NEWTON
2. Date of Birth (month) (day) (year): December 26, 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Leo Howard Newton
7. State or Country of Father's Birth: La Grande, Oregon

MOTHER

8. Full Maiden Name of Mother: Myrtle Ina Benson
9. State or Country of Mother's Birth: Boise, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mable Ornelia Anderson
11. Present Address of Registrant: R. 1 Box 68 A Pendleton, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: July 1 19 53
12. Signature of Notary: Anna M. Hartbrong, Notary Public for Oregon
13. Notary Commission expires: January 3 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Children's Bureau Weighing and Measuring Test	Department of Labor, by Ben F. Roseman, M. D. **	June 30, 1953	Examination on Aug. 3, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 26, 1915			

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record of 1920	Bureau of the Census	7/6/53	Census of ~~Jan. 1, 1920~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4 yrs old	Idaho	Myrtle I. Newton	Heo H. Newton

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Record/ No. 24 Dist./	Baker County Oregon	6/30/53	School Census of Oct. 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
12 yrs old			

QUALIFYING INFORMATION

Class B. Affidavit by parents, that Mable Ornelia Newton was born at Caldwell, Idaho on December 26, 1915.

Oregon Notary Public

** The original Certificate of Weighing and Measuring Test examined by Anna M. Hartbrong

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	July 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME	a. First b. Middle c. Last (If illegitimate, use mother's last name at birth)
CHILD	2. Color or Race 3. Sex 4. Place of Birth (County) 5. Date of Birth
	JUL 1 1953
FATHER	6. Full name of Father 7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother 9. State or Country of Mother's Birth
ATTENDANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Deponent 11. Profession, Address of Deponent
REGISTRAR	12. Date Received 13. Signature of Registrar

14. Number of Previous Children Born Alive to This Mother

15. Number of Previous Children Now Living

16. Number of Previous Children Now Dead

17. Number of Previous Stillbirths

18. Was Mother Married to Father at Time of Birth of Child? (Yes or No)

19. Was Mother Married to Father at Time of Conception? (Yes or No)

20. Was Child Born Out of Wedlock? (Yes or No)

21. Was Child Legitimated? (Yes or No)

22. Date Legitimation Filed

23. Was Child Adopted? (Yes or No)

24. Date Adoption Decree Filed

25. Was Child Born Dead? (Yes or No)

26. Was Child Born Alive? (Yes or No)

27. Was Child Born Alive but Died Before Registration? (Yes or No)

28. Was Child Born Alive but Died Before Registration? (Yes or No)

29. Was Child Born Alive but Died Before Registration? (Yes or No)

30. Was Child Born Alive but Died Before Registration? (Yes or No)

31. Was Child Born Alive but Died Before Registration? (Yes or No)

32. Was Child Born Alive but Died Before Registration? (Yes or No)

33. Was Child Born Alive but Died Before Registration? (Yes or No)

34. Was Child Born Alive but Died Before Registration? (Yes or No)

35. Was Child Born Alive but Died Before Registration? (Yes or No)

36. Was Child Born Alive but Died Before Registration? (Yes or No)

37. Was Child Born Alive but Died Before Registration? (Yes or No)

38. Was Child Born Alive but Died Before Registration? (Yes or No)

39. Was Child Born Alive but Died Before Registration? (Yes or No)

40. Was Child Born Alive but Died Before Registration? (Yes or No)

41. Was Child Born Alive but Died Before Registration? (Yes or No)

42. Was Child Born Alive but Died Before Registration? (Yes or No)

43. Was Child Born Alive but Died Before Registration? (Yes or No)

44. Was Child Born Alive but Died Before Registration? (Yes or No)

45. Was Child Born Alive but Died Before Registration? (Yes or No)

46. Was Child Born Alive but Died Before Registration? (Yes or No)

47. Was Child Born Alive but Died Before Registration? (Yes or No)

48. Was Child Born Alive but Died Before Registration? (Yes or No)

49. Was Child Born Alive but Died Before Registration? (Yes or No)

50. Was Child Born Alive but Died Before Registration? (Yes or No)

296-207-019-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-812
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Azalia Brown	2. Date Of Birth (month) May (day) 7 (year) 1915
	3. Color or Race: wh; 4. Sex: female; 5. Place of Birth: a. County Idaho Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Robert Garrett Brown	7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Eunice Eliza Farnham	9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Brown Chandler (Elva Brown Chandler); 11. Present Address of Registrant: Georgetown, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1953	12. Signature of Notary: Amy L. Drysdale (Amy L. Drysdale); 13. Notary Commission expires: Oct. 1 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: Grace Methodist Church Santa Cruz, Calif.	Date issued: Baptized	Date Orig. Entry: Mch 3, 1929
Class* B	Date of Birth: May 7, 1915; Birth Place: Mackay, Idaho	Full Name of Mother: Eunice E. Brown	Name of Father: Robert G. Brown	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Eunice Farnham Brown	Date issued: Aug. 7, 1953	Date Orig. Entry:
Class B	Date of Birth: May 7, 1915; Birth Place: Mackay, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit of father	By whom issued and signed: R. G. Brown	Date issued: Aug. 7, 1953	Date Orig. Entry:
Class B	Date of Birth: May 7, 1915; Birth Place: Mackay, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Aug. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

AUG 25 1953

1. Name of Person	2. Date of Birth		
3. Date of Birth	4. Place of Birth	5. Place of Birth	
6. Full Name of Father	7. State or Country of Father's Birth		
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth		
10. Signature of Registrar	11. Present Address of Registrant		
12. Signature of Notary	13. Notary Commission expires		

SUPPORTING RECORD 1	Type of Document: Church Record	By whom issued and signed: Race Methodist Church, Santa Cruz, Calif.	Date Issued: Baptized	Date Orig. Entry: Mch 3, 1929
	Date of Birth: May 7, 1915	Birth Place: Mackay, Idaho	Full Name of Mother: Eunice E. Brown	Name of Father: Robert L. Brown
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Eunice Farnham Brown	Date Issued: Aug. 7, 1953	Date Orig. Entry:
	Date of Birth: May 7, 1915	Birth Place: Mackay, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Affidavit of father	By whom issued and signed: R. G. Brown	Date Issued: Aug. 7, 1953	Date Orig. Entry:
	Date of Birth: May 7, 1915	Birth Place: Mackay, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Senior Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: Aug. 24, 1953

995-222-001-947

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-851
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Zivkovich (Now) Mary Ann Zivic
2. Date of Birth: (month) 11 (day) 22 (year) 15
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise,

FATHER

6. Full Name of Father: Stephan Michael Zivkovich
7. State or Country of Father's Birth: Bilaj, Yugoslavia

MOTHER

8. Full Maiden Name of Mother: Rose Zupan
9. State or Country of Mother's Birth: Barlete, Yugoslavia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ann Zivic
11. Present Address of Registrant: 994 N.2nd.San Jose, Calif

NOTARY (Seal)

Subscribed and sworn to before me on Aug. 10 1953

12. Signature of Notary: W. W. Ferguson
13. Notary Commission expires: March 11 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	Metropolitan Life Insurance Co.		Nov. 1, 1939
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**		**Name of Father**
	Nov. 22, 1915, Idaho			
SUPPORTING RECORD 2.	Certificate of Baptism	St. John's Cathedral, Boise, Remi Stephen Keyzer, Rector	Baptized	Dec. 19, 1915
Class A	Nov. 22, 1915, Boise, Idaho	Reza Zupan		Stephan Zivkovich
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary Feeder	Sept. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Des-351
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Zivkovich (Now) Mary Ann Zivic	2. Date of Birth (month) 11 (day) 22 (year) 16	
	3. Color or Race: White; 4. Sex: Female	5. Place of Birth: Idaho; 6. County: Ada	7. City or Town of Birth: Boise,
FATHER	8. Full Name of Father: Stephen Zivkovich	9. State or Country of Father's Birth: Ilaj, Yugoslavia	
MOTHER	9. Full Maiden Name of Mother: Rosa Zupan	10. State or Country of Mother's Birth: Karlete, Yugoslavia	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant: Sue N. End, San Jose, Calif
NOTARY (State)	14. Subscribed and sworn to before me on	15. Signature of Notary	13. Notary Commission expires

SEP 9 1939

APPLICATION — DO NOT WRITE BELOW THIS LINE

Type of Document: Application for Insurance	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued:	Date Orig. Entry: Nov. 1, 1939
Date of Birth / Birth Place: Nov. 22, 1915, Idaho	Full Name of Mother	Name of Father	
Class: B			

SUPPORTING RECORD 1. Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Remi Stephen Keyzer, Rector	Date Issued: Baptized	Date Orig. Entry: Dec. 19, 1915
Date of Birth / Birth Place: Nov. 22, 1915, Boise, Idaho	Full Name of Mother: Reza Zupan	Name of Father: Stephan Zivkovich	
Class: A			
SUPPORTING RECORD 2. Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class			
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: W. W. Henson	Evidence reviewed by	Date Filed: Sept. 9, 1939

Class: [illegible] are those made and [illegible] by [illegible] Attorney.
Class: [illegible] are those made [illegible] by [illegible]

212-21-203-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1063
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE MAE BASSETT		2. Date of Birth (month) Dec. (day) 11 (year) 1915	
	3. Color or Race: American-white	4. Sex: F	5. Place of Birth: Niter, Idaho a. County: Bannock	b. City or Town of Birth: Niter, Idaho
FATHER	6. Full Name of Father: Harry Freeman Bassett		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Matilda Mae Gardner		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Mae Bassett	11. Present Address of Registrant: Roswell, New Mexico	
NOTARY (Seal)	Subscribed and sworn to before me on: July 14, 1953	12. Signature of Notary: Anne R. Daniel	13. Notary Commission expires: Oct. 13, 1955	

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Bible viewed by Family Bible Anne R. Daniel		Dec. 11, 1915
Class* A	Date of Birth / Birth Place: Dec. 11, 1915,	Full Name of Mother: Notary Mae Bassett	Name of Father: Harry F. Bassett	
SUPPORTING RECORD 2.	School Record	Class A School District #25 Bannock County		June 3, 1927
Class B	Dec. 11, 1915,			
SUPPORTING RECORD 3.	Affidavit by mother	Matilda M Bassett	Nov. 18, 1953	
Class B	Dec. 11, 1915, Niter, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel E. Eagen	Nov. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy issued

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. _____
Reg. Dist. No. _____

NOV 24 1953

RECIPIENT (Person whose birth is being registered)	1. Registrant's Full Name: ALICE MAE BASSETT	2. Date of Birth (month) (day) (year): Dec. 11 1915
	3. Color or Race: American-White F	4. Sex:	5. Place of Birth (Below): Niter, Idaho Bannock	6. Birth or Town of Birth: Niter, Idaho
FATHER	8. Full Name of Father: Harry Freeman Bassett	7. State or Country of Father's Birth: Utah
MOTHER	9. Full Maiden Name of Mother: Matilda Mae Gardner	9. State or Country of Mother's Birth: Utah
APPLICANT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Roswell, New Mexico
NOTARY (Seal)	Subscribed and sworn to before me on: July 24, 1953	12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct. 13, 1955

APPLICANT — DO NOT WRITE BELOW DOTTING

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible [illegible]	Date Issued:	Date Orig. Entry: Dec. 11, 1915
	Date of Birth: Dec. 11, 1915	Birth Place:	Full Name of Mother: Notary	Name of Father: [illegible]
Class: B				
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Class A School [illegible] #25 Bannock County	Date Issued:	Date Orig. Entry: June 3, 1927
	Date of Birth: Dec. 11, 1915	Birth Place:	Full Name of Mother:	Name of Father:
Class: B				
SUPPORTING RECORD 3.	Type of Document: [illegible] by Mother	By whom issued and signed: [illegible]	Date Issued: Nov. 1[illegible], 1953	Date Orig. Entry:
	Date of Birth: Dec. 11, 1915	Birth Place: Niter, Idaho	Full Name of Mother:	Name of Father:
Class: B				
QUALIFYING INFORMATION				

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: Nov. 24, 1953

[illegible]

485-208-025-882

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 26 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1135
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GeneYA LeoTA MYERS			2. Date of Birth (month) Dec. (day) 8 (year) 1915
	3. Color or Race: WHiTe	4. Sex: FeM.	5. Place of Birth a. County: KooTeNAi	b. City or Town of Birth: KooTeNAi
FATHER	6. Full Name of Father: ORLAND KeRWiN MYeRS			7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: LiNDA ETHeL HiBBARD			9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva Leota Jackson		11. Present Address of Registrant: 7106 B Hood St. Huntington Park Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd December 1953.	12. Signature of Notary: M. Evelyn Ellerhorst		13. Notary Commission expires: January 5 1957. M. EVELYN ELLERHORST, Notary Public In and for the County of Los Angeles, State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT By Father	By whom issued and signed: Orland K. Myers	Date Issued: Dec. 5, 1953	Date Orig. Entry: Dec. 5, 1953
Class* B	Date of Birth: Dec. 8, 1915 / Birth Place: Kootenai, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Census Records	By whom issued and signed: Eugene Public Schools, Clarence Hines, Clerk	Date Issued: 11/20/53	Date Orig. Entry: Census of Oct. 25, 1928
Class B	Date of Birth: Dec. 8, 1915 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Census Record	By whom issued and signed: Eugene Public Schools Clarence Hines, Clerk	Date Issued: 11/20/53	Date Orig. Entry: Census of October 1934
Class B	Date of Birth: Dec. 8, 1915 / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CLASS B. Affidavit by Grandmother, Mrs. Mary Myers Snode, dated December 10, 1953 giving date of birth as December 8, 1915 and place of birth as Kootenai, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Dec. 28, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 28 1950

565-221-037-463

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NELLIE MARIA ~~MOKM~~ NONINI
2. Date Of Birth: (month) Sept. (day) 21 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: (Sinker Station) Silver City

FATHER

6. Full Name of Father: John Albert Nonini
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Maria Molatore
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie Nonini Talarchi
11. Present Address of Registrant: Route 2, Box 283 Atascadero, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 26th Day of December 1953

12. Signature of Notary: W. J. Benson
13. Notary Commission expires: My Commission Expires May 26, 1957 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Church of St. Joseph, Cayucos, Calif.	Baptized	Sept. 2, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1915	Silver City Idaho	Maria Molatore	John Nonini

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by attendant at birth	Ceserina Nerelli	Sept. 28, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 21, 1915	Sinker Station		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary Eleda	Jan. 4, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

695-117-039-994

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 20 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D054-38
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Elmo William Frey			2. Date of Birth (month) (day) (year): December 17 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: at home Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Jacob Henry Frey			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Elsa Caroline Zimmerman			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmo William Frey		11. Present Address of Registrant: 5150 Portland Rd. Salem, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1953	12. Signature of Notary: Edgar H. White		13. Notary Commission expires: Jan. 28 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	E. Wuest, Pastor	Baptized	July 30, 1916
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 17, 1915,	Elsa Zimmerman	Jacob Frey	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Lutheran Brotherhood, Minne-	Date Issued: June 16, 1943	Date Orig. Entry
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother** apolis, Minn.	**Name of Father**	
	12-17-1915 / American Falls, Idaho			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Melvin Feldman	Date Filed: 1-20-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 20 1954

Department of Public Health
Division of Vital Statistics
Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Person of Birth: Elmo William Frey
2. Date of Birth: December 17 1915
3. Color or Race: White
4. Sex: male
5. Place of Birth: at home
6. County: Power
7. City or Town of Birth: American Falls, Idaho
8. State or Country of Mother's Birth: Kansas
9. State or Country of Mother's Birth: Iowa

FATHER

10. Full Name of Father: Jacob Henry Frey

MOTHER

11. Full Maiden Name of Mother: Elsa Caroline Zimmerman

AFFIDAVIT

12. Declare upon oath that the statements are true to the best knowledge and belief.
13. Signature of Registrant: [signature]
14. Present Address of Registrant: [illegible]
15. Notary Commission expires: Jan 28 1956
16. Sworn to before me on: [illegible] 18 1953
17. Signature of Notary: [signature]

NOTARY PUBLIC

APPLICANT — DO NOT WRITE BELOW THIS LINE

Date Issued	Date Orig. Entry
[illegible]	July 30, 1915

Name of Mother

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

RECORD 2

Lutheran Brotherhood, [illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 2

Date of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that no other birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Sub-Registrar	Evidence reviewed by	Date Filed
[illegible]	[signature]	1-[illegible]

Note: A Records are those made on dates before the Registrant's fourth birthday.

243-209-1010-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 28 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-64
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Maurice Sullivan		2. Date of Birth (month) (day) (year): April 9 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Falls, Ida, Bonneville — b. City or Town of Birth: Idaho Falls (St. Leon)
FATHER	6. Full Name of Father: James Raphael Sullivan		7. State or Country of Father's Birth: Iowa, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Myrtle Stanger		9. State or Country of Mother's Birth: Idaho, Bannock County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Helen M. Harkley	11. Present Address of Registrant: 229 Tomas, Ida Falls
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1954	12. Signature of Notary: H Royal Hooker	13. Notary Commission expires: Dec 31 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Class A District #91 Idaho Falls, Idaho	Date Issued: 1-25-54	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: April 9, 1915, St. Leon, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Idaho Falls L. D. S. Hospital	Date Issued:	Date Orig. Entry: July 26, 1939
Class B	Date of Birth / Birth Place: 24yrs old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Ray Sullivan	Date Issued: 1-26-54	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Apr. 9, 1915, St. Leon, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Felton	Date Filed: Jan 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registration Number

Division of Vital Statistics

Date

Reg. Dist. No.

REGISTRAR

Person whose Birth is being Registered

Date of Birth

Place of Birth

Name of Father

Name of Mother

State or Country of Mother's Birth

Mother's Seal

Signature of Registrant

Signature of Notary

Notary Commission expires

Date Issued

Date Orig. Entry

Date of Document

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

Date of Birth

Birth Place

Full Name of Mother

Name of Father

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that document, delayed, has been reviewed which reasonably attests the facts as set forth in the regular abstract.

Date Registrar

Evidence Reviewed by

Date Filed

JAN 29, 19[illegible]

319-113-001-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
FEB 11 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-127
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Lyle Carey		2. Date Of Birth (month) 11 (day) 13 (year) 1915
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth: a. County: Boise, Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Herbert Lyle Carey		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Mabel Pearl Story		9. State or Country of Mother's Birth: Hailey, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Lyle Carey	11. Present Address of Registrant: 1103 Scott Ave. Bremerton, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: 25th Jan 1954	12. Signature of Notary: J. Luther Campbell	13. Notary Commission expires: Aug 6 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Oc.t 12, 1945	Date Orig. Entry:
Class* B	Date of Birth: Nov. 13, 1915	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics #430780	Date Issued: 1-28-1947	Date Orig. Entry:
Class B	Date of Birth: 31 yrs old	Birth Place: Boise, Idaho	Full Name of Mother: Boise, Idaho	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Adm.	Date Issued: 1-17-37	Date Orig. Entry:
Class B	Date of Birth: Nov. 13, 1915	Birth Place: Boise, Idaho	Full Name of Mother: Mabel Storey	Name of Father: Herbert Carey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heefer	2-15-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 16 1954

394-105-001-652

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-378
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Benjamin Cruzen		2. Date Of Birth (month) March (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John Benjamin Cruzen		7. State or Country of Father's Birth: Des Moines, Iowa
MOTHER	8. Full Maiden Name of Mother: Stella Marie Webster		9. State or Country of Mother's Birth: Louistown, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Benjamin Cruzen	11. Present Address of Registrant: 1213 Harrison Blvd. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 54	12. Signature of Notary: Joseph M. Anhoff Jr.	13. Notary Commission expires: January 5 19 56

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date issued: Dec. 20, 1940	Date Orig. Entry:
Class* B	Date of Birth: Mch 5, 1915; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Standard Insurance Co.	Date issued: July 21, 1952	Date Orig. Entry:
Class B	Date of Birth: Mch 5, 1915; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: National Service Life Insurance United States of America	Date issued: 1-1-41	Date Orig. Entry:
Class B	Date of Birth: 26 yrs; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel E. Elder	May 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT
Person whose birth is being registered

1. Registrant's Full Name at Birth: James Benjamin Cruzen
2. Date of Birth (month) (day) (year): March 5 1915
3. Color or Race: White
4. Place of Birth (Ward) (City or Town) (County): Boise, Idaho
5. Full Name of Father: John Benjamin Cruzen
6. State or Country of Father's Birth: Des Moines, Iowa
7. Full Maiden Name of Mother: [illegible]
8. State or Country of Mother's Birth: [illegible] Illinois

CERTIFICATE OF INDIVIDUAL
FUELIC
STATE OF IDAHO

Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
Described and sworn to before me on May 11 19[illegible]

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 1213 Harrison Blvd. Boise
12. Signature of Notary: [illegible]
13. Notary Commission expires: January 5 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.
Type of Document: Honorable Discharge
By whom issued and signed: Army of the United States
Date Issued: Dec. 20, 1960
Date Orig. Entry: MAY 11 1954
Date of Birth: Mch 5, 1915
Birth Place: Boise, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.
Type of Document: Insurance Policy
By whom issued and signed: Standard Insurance Co.
Date Issued: July 21, 1952
Date of Birth: Mch 5, 1915
Birth Place: Boise, Idaho
Full Name of Father:
Name of Father:

SUPPORTING RECORD 3.
Type of Document: Insurance Policy
By whom issued and signed: Mutual Service Life Insurance United States of America
Date Issued: 1-1-41
Date Orig. Entry:
Date of Birth: 20 yrs
Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

DECEASED

REGISTRAR'S CERTIFICATION (Seal)
Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Sixth Registrar: [illegible] W. Benson
Evidence reviewed by: [illegible]
Date Filed: May 11, 19[illegible]

Class A Records are those made from [illegible] the Registrant's fourth birthday.
Class B Records are [illegible] birthday but are at least 6 years old.

FORM APPROVED
BUDGET BUREAU NO. 47-R063.3

DEPARTMENT OF STATE
PASSPORT OFFICE

BIRTH AFFIDAVIT

(Completed affidavits will be retained permanently by the Passport Office. Copies desired should be made at the time of execution.)

A birth affidavit should be submitted with an application for a passport only when a native-born citizen cannot obtain an acceptable birth or baptismal certificate.

The birth affidavit should be made by a person who has knowledge of the date and place of birth of the person whose birth in the United States is to be proved. The affidavit shall state briefly how and through what source the knowledge was acquired. It is preferred that the affidavit be made by an older blood relative although it may be made by the attending physician or any other person who has a personal knowledge of the birth.

NOTE - Under Section 1001, Title 18, U. S. Code, a severe penalty (fine and/or imprisonment) is provided for false statements made knowingly and willfully in or in support of an application for a passport.

NAME OF PERSON WHOSE BIRTH IN THE UNITED STATES IS TO BE PROVED	SEX	NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON
Linus Benjamin Cruzen	[X] MALE [ ] FEMALE	49 years
PERSON'S PLACE OF BIRTH (City or town and State)		**PERSON'S DATE OF BIRTH** (Month, day, year)
Boise Idaho		March 5. 1915
PERSON'S PRESENT RESIDENCE (Street address, city or town and state) **IF DECEASED, SO STATE**		**PERSON'S RELATIONSHIP TO YOU** (If not related, so state)
1213 Harrison Blvd. Boise Idaho		Brother

FACTS ON WHICH THE PLACE AND DATE OF BIRTH ARE BASED (*If affiant is not closely related to person whose birth in the U. S. is to be proved, state how and through what source the knowledge was acquired.*)

I called the Cab for Mother to be Taken
to St Alphonsus Hospital on March 5. 1915.
Dr Collister was the attending Physician.
I have personal knowledge of the birth of Linus B Cruzen
on March 5. 1915 at Boise Idaho

I, the undersigned, do solemnly swear that the above information given by me is true and correct to the best of my knowledge and belief.

Lawrence C Lund age 69
(SIGNATURE of affiant)

3917 State St
(Number and street)

Boise Idaho
(City and State)

Subscribed and sworn to before me this 25th *day of* January, 1965

Josephine Smith
(Agent of the Department of State, Clerk of Court or Notary Public)

(IMPORTANT - Use impression seal)

FORM DSP-10A
1-63

GPO 870-390

JAN 2 1 1998

279-129-002-279

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-537
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Sprecher			2. Date of Birth (month) (day) (year): January 29, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho, Blaine	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: August Sprecher			7. State or Country of Father's Birth: North Dakota
MOTHER	8. Full Maiden Name of Mother: Elizabeth Sprecher			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvin Sprecher	11. Present Address of Registrant: Benton Harbor, Michigan
NOTARY (Seal)	Subscribed and sworn to before me on: JUN 22 1954 19		12. Signature of Notary: Wm R. Fletcher	13. Notary Commission expires: Wm. R. Fletcher, Notary Public, Berrien County, Michigan 19 — My Commission Expires June 21, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: K. K. Maier, Pastor		Date Issued: Baptized	Date Orig. Entry: May 2, 1915
Class* A	Date of Birth: Jan 29, 1915	Birth Place: American Falls	Full Name of Mother: Elizabeth Sprecher	Name of Father: August Sprecher	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: County of Grant Carson, North Dakota		Date Issued: year 1930	Date Orig. Entry:
Class B	Date of Birth: Jan. 29, 1915	Birth Place:	Full Name of Mother:	Name of Father: August Sprecher	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeman	June 28, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Reg. Dist. No. 1524

Local Reg. No.

Reg. Dist. of Birth: Malta
St. No. of VA or St. Institu
Malta, Idaho

JUN 2 8 1954

CHILD

1. Child's Full Name at Birth

Alvin Sorocco

2. Date of Birth (month) (day) (year)

January 29, 1915

3. Color or Race

White

4. Sex

Male

5. Place of Birth (county)

Idaho

Blaine

6. City or Town of Birth

American Falls

FATHER

7. Full Name of Father

August Sorocco

8. Birthplace of Father (State or Country)

North Dakota

MOTHER

9. Full Maiden Name of Mother

Elizabeth Sorocco

10. Birthplace of Mother (State or Country)

Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Informant

Benton Harbor, Michigan

NOTARY (Seal)

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission Expires

CERTIFICATION OF BIRTH

Date Issued

By whom issued and signed

A. E. Meier, Mayor

Date of Issuance

January 29, 1915

Certification of Baptism

Name of Father

Name of Mother

Date of Birth Birth Place

Date Issued

By whom issued and signed

Date of Issuance

259-106-004-844

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-981
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sammuel, Boyd Berrey			2. Date Of Birth (month) September (day) 6 (year) 1915
	3. Color or Race: Cauc.	4. Sex: Male	5. Place of Birth a. County: Idaho; Wardboro, Bear Lake County,	b. City or Town of Birth
FATHER	6. Full Name of Father: John Alfonzo Berrey			7. State or Country of Father's Birth: Pingle Bear, Lake County, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Elizabth Humpherys			9. State or Country of Mother's Birth: Paris, Bear Lake County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Samuel B Berrey		11. Present Address of Registrant: 1167 Blackfield Way, Mountain View, California
NOTARY (Seal)	Subscribed and sworn to before me on: 2 February 1953	12. Signature of Notary: Lt. USNR, Paul E Foster		13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church		Date Issued: Baptized	Date Orig. Entry: Sept. 6, 1923
Class* B	Date of Birth: Sept. 6,	Birth Place: 1915, Wardboro,	Full Name of Mother: Idaho Mary E. Humphreys	Name of Father: John A. Berrey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church		Date Issued: July 21, 1935	Date Orig. Entry:
Class B	Date of Birth: Sept. 6,	Birth Place: 1915, Wardboro,	Full Name of Mother: Idaho Mary E. Humphreys	Name of Father: John A. Berrey	
SUPPORTING RECORD 3.	Type of Document: Certificate of Naval Aviator, Dep't of the Navy	By whom issued and signed:		Date Issued: 7-31-41	Date Orig. Entry:
Class B	Date of Birth: Sept. 6,	Birth Place: 1915	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	Dec. 8, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

967-125-029-312

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1020
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Russell Donald Rogers
2. Date of Birth (month) (day) (year): March 29 1915
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Genesee Latah
b. City or Town of Birth: Genesee Idaho

FATHER

6. Full Name of Father: Albert Lee Rogers
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Mary Gladys Case
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell Rogers
11. Present Address of Registrant: 504-6th Ave Lewiston Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 4 1953
12. Signature of Notary: Bruce A. Tarbet
13. Notary Commission expires: May 1, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Mary G. Rogers Albert L. Rogers	Dec. 2, 1954	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 29, 1915	Genesee, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate #397873	Idaho Bureau of Vital Statistics	Filed on Nov. 1, 1944	Child born on Oct. 22, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
29 yrs old	Genesee, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Northern Life Insurance	Co.	Feb. 7, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mch. 29,	1915, Genesee,	Idaho	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh Mabel Fields	Dec. 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 8 1954

238-231-035-731

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-8
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Theresa Schultz	2. Date Of Birth (month) July (day) 31 (year) 1915
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Cameron, Idaho
FATHER	6. Full Name of Father: Charley John Schultz	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Hanna Catherine Gladen	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Theresa Steen (nee) Wilma Theresa Schultz; 11. Present Address of Registrant: 228 Azalia Drive Palo Alto, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on May 11, 19 54	12. Signature of Notary: Fayette M. Riddley; 13. Notary Commission expires: MY COMMISSION EXPIRES DEC. 8-1956 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: 1920 Census	Date Orig. Entry
Class* A	Date of Birth: 4 yrs 5 mo. Birth Place: Idaho	Full Name of Mother: Hannah C. and	Name of Father: Charley J. Schultz	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Charley John Schultz	Date Issued: Aug. 30,	Date Orig. Entry: 1954
Class B	Date of Birth: July 31, Birth Place: 1915, Cameron,	Full Name of Mother: Idaho Hanna C. Gladen	Name of Father: Charley John Schultz	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Hanna Catherine Gladen Schultz	Date Issued: Aug. 30,	Date Orig. Entry: 1954
Class B	Date of Birth: July 31, Birth Place: 1915, Cameron,	Full Name of Mother: Idaho Hanna Catherine Gladen	Name of Father: Charley John Schultz	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

356-203-011-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-50
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 19 1955 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DELLA MAE Lewis
2. Date of Birth: (month) March (day) 3 (year) 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Kootenai-now Boundery; b. City or Town of Birth: Eastport, Idaho

FATHER

6. Full Name of Father: Spencer Adelbert Lewis
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Daisy Brownwick
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Della M. Cowan
11. Present Address of Registrant: Box 295 Pullman, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: January 18, 1955
12. Signature of Notary: [illegible]
13. Notary Commission expires: 1-25-56 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Census Record	Department of Commerce Bureau of the Census	census of 1920	
	Date of Birth / Birth Place: 4 yrs 10 mo. Idaho	Full Name of Mother:	Name of Father: Spencer A. Lewis	
SUPPORTING RECORD 2. Class B	Insurance Policy	Idaho Mutual Assoc.	Apr. 25, 1950	
	Date of Birth / Birth Place: Mch 3, 1915, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	School Record	Class A Dist 101 Bonners Ferry, Idaho	Apr. 14, 1951	
	Date of Birth / Birth Place: Mch 3, 1915, Eastport, Idaho	Full Name of Mother:	Name of Father: Spencer Lewis	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 19, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 19 1955

283-225-012-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 7 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-52
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Pearl Kyle			2. Date Of Birth (month) Feb. (day) 25 (year) 1915	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Butte	b. City or Town of Birth: Howe	
FATHER	6. Full Name of Father: Chas W. Kyle			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Anna Margaret Peck			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie Kyle Taylor		11. Present Address of Registrant: Box 329, Arco, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: JAN. 4 1955	12. Signature of Notary: [illegible]		13. Notary Commission expires: 10-20 1955	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Administration		Date Issued: Jan. 12, 1937	Date Orig. Entry
Class* B	Date of Birth: Feb. 25,	Birth Place: 1915, Howe, Ida	Full Name of Mother: ho Anna M. Peck	Name of Father: Charley Kyle	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Chas. Kyle		Date Issued: Oct. 23, 1954	Date Orig. Entry
Class B	Date of Birth: Feb. 25,	Birth Place: 1915, Howe, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Presbyterian Church Idaho Falls, Idaho		Date Issued: Baptized	Date Orig. Entry: May 3, 1931
Class B	Date of Birth: Feb. 25,	Birth Place: 1915	Full Name of Mother: Anna Kyle	Name of Father: Chas. Kyle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleder	Date Filed: Jan. 20, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 20 1955

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Date of Birth (month) (day) (year)
4. Place of Birth (Place of Birth) (County)
5. Place of Birth (Town of Birth)

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

APPLICANT

10. Signature of Registrant
11. Present Address of Registrant

NOTARY (Person) Subscribed and sworn to before me on
12. Signature of Notary
13. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document: Application for Social Security Administration
By whom issued and signed: Social Security Administration
Date Issued: Jan. 12, 1957
Date of Birth: Feb. 28, 1917
Birth Place: Idaho Falls, Idaho
Full Name of Mother: Anna M. Lane
Name of Father: Charles Lane

SUPPORTING RECORD 2.

Type of Document: Affidavit of Father
By whom issued and signed: Chas. Lane
Date Issued: Oct. 29, 1917
Date of Birth: Feb. 28, 1917
Birth Place: Idaho Falls, Idaho
Full Name of Mother: Anna M. Lane
Name of Father: Chas. Lane

SUPPORTING RECORD 3.

Type of Document: Certificate of Baptism
By whom issued and signed: Presbyterian Church, Idaho Falls, Idaho
Date Issued: Jan. 4, 1917
Date of Birth: Feb. 28, 1917
Birth Place: Idaho Falls, Idaho
Full Name of Mother: Anna Lane
Name of Father: Chas. Lane

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date Filed: Jan. 20, 1955

Please & Record: Please make and date entire [illegible] Clerk's Records [illegible] made after the fourth birth [illegible] but are at least 7 years old.

635-326-035-933

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED MAR 23 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED JAN 22 1955 Division of Vital Statistics

State File No. De55-59
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Ida Margaret Fleming			2. Date Of Birth: (month) October (day) 26 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Gifford	
FATHER	6. Full Name of Father: George Francis Fleming			7. State or Country of Father's Birth: Liberty, Kansas	
MOTHER	8. Full Maiden Name of Mother: Jennie Fanton Ellis			9. State or Country of Mother's Birth: Edgeley, North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ida Margaret Wittrock (nee Fleming)	11. Present Address of Registrant: Loyalist, Alberta, Canada	
NOTARY (Seal)	Subscribed and sworn to before me on: February 19th 1954		12. Signature of Notary: [illegible]	13. Notary Commission expires only at the pleasure of the Lieut-Governor of the Province of Alberta 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit Aunt	By whom issued and signed: Emma M. Butler	Date Issued: Nov. 18, 1953	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Oct. 26, 1915, Gifford, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Jennie Fleming	Date Issued: Nov. 18, 1953	Date Orig. Entry
Class B	Date of Birth / Birth Place: Oct. 26, 1915, Gifford, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: Province of Alberta	Date Issued: Dec. 12, 1940	Date Orig. Entry
Class B	Date of Birth / Birth Place: 25 yrs old, Idaho	Full Name of Mother: Jennie E11is Canada	Name of Father: George Fleming	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleder	Jan. 24, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[illegible] CERTIFICATE OF BIRTH

[illegible] STATE OF IDAHO

[illegible]

JAN 25 1958

[illegible]	1. Registrar [illegible]	2. Date of Birth	[illegible]
[illegible]	3. Color or Race [illegible]	4. Place of Birth	[illegible]
FATHER	5. Full Name of Father	6. State or Country of Fathers Birth	[illegible]
MOTHER	7. Maiden Name of Mother	8. State or Country of Mother's Birth	[illegible]
AFFIDAVIT	1. Hereby declare [illegible] above [illegible]	10. Signature of Registrar	11. Present Address of Registrar
NOTARY	12. Subscribed and sworn to before [illegible]	13. Signature of Notary	14. Notary Commission expires [illegible]

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class: B	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class: B	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class:	[illegible]	[illegible]	[illegible]
QUALIFYING INFORMATION			

DEFINITION & CERTIFICATION (Seal)	I hereby certify that no prior [illegible] certificate has been [illegible] in the [illegible] statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the following abstract.		
	State Registrar	Evidence reviewed by	Date Filed

*Class 1 Records are those made and dated before the [illegible] Records are those made after the [illegible]

763-206-0242-944

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
FEB 14 1955
Division of Vital Statistics

State File No. De55-133
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Jean Gott
2. Date of Birth: (month) Sept (day) 6 (year) 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: ~~Jerome~~ Twin Falls Co. b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Harold Bruce Gott
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Lucille Rudolph
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Jean Neptune (Mrs Robert Neptune)
11. Present Address of Registrant: 1626 Mendocino St. Richmond Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: February 11 1955
12. Signature of Notary: Luck T. Showalter
13. Notary Commission expires: January 24 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	First Methodist Church	Baptized	Nov. 5, 1922
Class* B	Date of Birth / Birth Place: Sept. 6, 1915	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Record	Burlingame High School Burlingame, Calif.	attended	1929-1933
Class B	Date of Birth / Birth Place: Sept. 6, 1915, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by mother	Mrs. J. J. Heacock	Nov. 24,	1954
Class B	Date of Birth / Birth Place: Sept. 6, 1915, Twin Falls, Idaho	Full Name of Mother: Lucille R. Gott	Name of Father: Harold Bruce Gott	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	Feb. 15, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

FEB 15 [illegible]

1. Registrant's Full Name of Birth		2. Date of Birth (month) (day) (year)	
3. Color of Race	4. Sex	5. Place of Birth	6. Birth Place
7. Full Name of Father		8. State or Country of Father's Birth	
9. Full Name of Mother		9. State or Country of Mother's Birth	
10. Signature of Registrant		11. Present Address of Registrant	
12. Signature of Notary		13. Notary Commission expires	

APPLICATION DO NOT WRITE WHICH THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: First Methodist Church	Date Issued: Baptized	Date Orig. Entry: Nov. 5, 1922
Class A	Date of Birth / Birth Place: Sept. 6, 1915	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Burlingame High School Burlingame, Calif.	Date Issued: attended	Date Orig. Entry: 1929-1933
Class B	Date of Birth / Birth Place: Sept. 6, 1915, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. J. J. Heacock	Date Issued: Nov. 24, 1954	Date Orig. Entry
Class B	Date of Birth / Birth Place: Sept. 6, 1915, Twin Falls, Idaho	Full Name of Mother: Lucille R. Gott	Name of Father: Harold Bruce Gott	

QUALITYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar: [illegible] N. Benson	Evidence reviewed by: [signature]	Date Filed: Feb. 15, 1965

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

295-220-034-419

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 14 1955
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-135
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvina Pauline Biederman			2. Date Of Birth (month) 3 (day) 20 (year) 1915	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Minndoka	b. City or Town of Birth: Adelaide Idaho	
FATHER	6. Full Name of Father: John Biederman			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Carolina Maier			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvina Pauline Biederman Gischkowsky	11. Present Address of Registrant: 1120 Cedar St. Gridley Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: November 23 1954		12. Signature of Notary: C. E. Baumtrak	13. Notary Commission expires: 3/10/57 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: John and Caroline Biederman	Date Issued: Nov. 23, 1954	Date Orig. Entry
Class* B	Date of Birth: Mch. 20,	Birth Place: 1915, Adelaide,	Full Name of Mother: Idaho Caroline Biederman	Name of Father: John Biederman	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: H. C. Schulze, Pastor Ev. Lutheran	Date Issued: Baptized	Date Orig. Entry: Sept. 12, 1915
Class A	Date of Birth: Mch 20,	Birth Place: 1915, Adelaide,	Full Name of ~~Mother~~ Father: Ida. Johannes Biederman	Name of ~~Father~~ Mother: Karolina Maier	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Minidoka County Schools Rupert, Idaho	Date Issued: census of	Date Orig. Entry: 1915-28
Class A	Date of Birth: Mch. 20,	Birth Place: 1915, Adelaide,	Full Name of Mother: Ida. Caroline Maier	Name of Father: John Biederman	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Mabel Fields	Date Filed: Feb. 15, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 15 1955

1. Full name of Registrant	Alvina Pauline Biederman
2. Date of Birth	3 20 1915
3. Color or Race	White
4. Sex	Female
5. Place of Birth	Minnidoka
6. Birth Place	Adelaide Idaho
7. Full name of Father	John Biederman
8. State or Country of Father's Birth	Russia
9. Full Maiden Name of Mother	Carolina Maier
10. State or Country of Mother's Birth	Russia
11. Present Address of Registrant	1120 Cedar St. Gridley
12. Signature of Notary	
13. Notary Commission expires	3/10/57

APPLICATION DO NOT WRITE BELOW THIS LINE

Type of Document	Affidavit by parents	By whom issued and signed	John and Caroline Biederman
Date Issued	Nov. 23, 1954	Date Orig. Entry	
Date of Birth	Mch. 20, 1915	Birth Place	Adelaide, Idaho
Full Name of Mother	Caroline Biederman	Name of Father	John Biederman
Type of Document	Certificate of Baptism	By whom issued and signed	H. C. Schulze, Pastor, Ky. Lutheran
Date Issued	Baptized Sept. 12, 1915	Date Orig. Entry	
Date of Birth	Mch 20, 1915	Birth Place	Adelaide, Idaho
Full Name of Mother	Ida. Johannes Biederman	Name of Father	Karolina Maier
Type of Document	School Record	By whom issued and signed	Minidoka County Schools Rupert, Idaho
Date Issued	Census of 1915-28	Date Orig. Entry	
Date of Birth	Mch. 20, 1915	Birth Place	Adelaide, Idaho
Full Name of Mother	Ida. Caroline Maier	Name of Father	John Biederman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	By whom reviewed by	Date Filed
[illegible] W. Henson		Feb. 15, 1955

Class 1 Record, are those made and dated before the Registrar's forms [illegible].
Class 2 Record, are those made after the fourth birth [illegible] are at least [illegible].

349-128-039-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1955
Division of Vital Statistics

Correction By Henry J. Currier

State File No. De55-225
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HENRY WEST CURRIER			2. Date Of Birth (month) OCT. (day) 28 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: Idaho, POWER	b. City or Town of Birth: AMERICAN FALLS, Idaho
FATHER	6. Full Name of Father: WALTER NATHANIEL CURRIER			7. State or Country of Father's Birth: MAINE
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE AGUSTA KELLERMAN			9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry West Currier		11. Present Address of Registrant: P.O. Box 1071 Oroville, Cal
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 17 1955	12. Signature of Notary: Frances Hempen		13. Notary Commission expires: April 2 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Calif. Western States Life Insurance Company	Date Issued: 7-25-41	Date Orig. Entry:
Class* B	Date of Birth: Oct. 28, 1915	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Charlotte Agusta Currier	Date Issued: Feb. 17, 1955	Date Orig. Entry:
Class B	Date of Birth: Oct. 28, 1915	Birth Place: American	Full Name of Mother: Falls, Ida. Charlotte A.	Name of Father: Currier, Walter N.
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Chico High School Chico, Calif.	Date Issued:	Date Orig. Entry: Sept. 1929
Class B	Date of Birth: Oct. 28, 1915	Birth Place: American	Full Name of Mother: Falls, Idaho	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fuller	Mch. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

Receipt No — 13455 Jan. 29-1955

MAR 8 1955

293-218-032-859

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55- 228
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marcella Bitterman
2. Date of Birth (month) (day) (year): January 18 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Dietrich Lincoln
b. City or Town of Birth: Dietrich

FATHER

6. Full Name of Father: August Bitterman
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Eva Heiser
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marcella Bitterman Heil
11. Present Address of Registrant: 1820-Yakima Pasco, Wash

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1955
12. Signature of Notary: Kent Burson
13. Notary Commission expires: February 8 1958

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	George Eichler, Pastor	Baptized 1916	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 18, 1915	Dietrich, Idaho	Eva Heiser	August Bitterman

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	City Supt. of Schools Cheyenne, Wyoming		Sept. 8, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 18, 1915	Dietrich, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

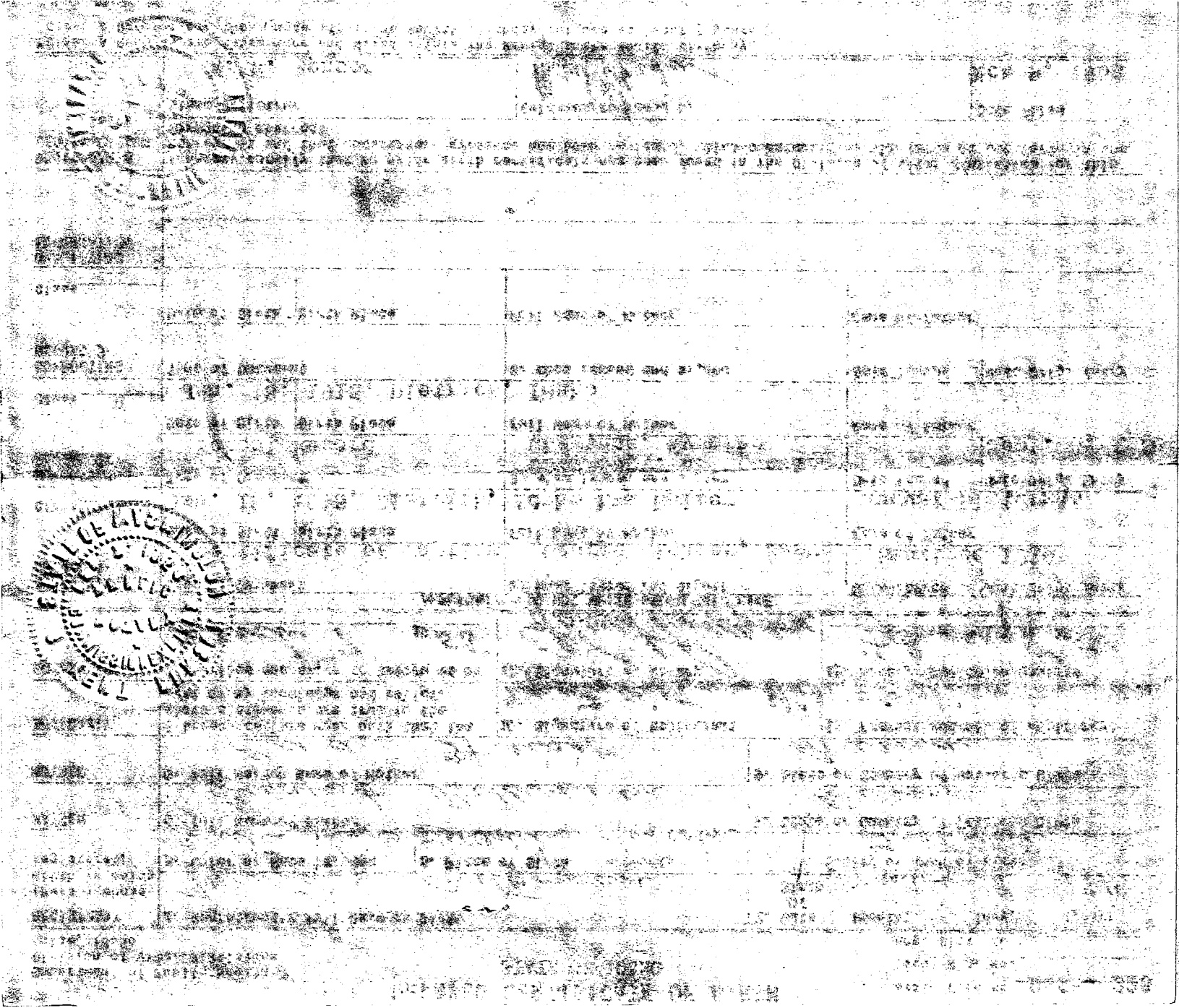
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	Mch 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



764-201-C12-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-290
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verda Louise Godfrey
2. Date Of Birth: (month) 12 (day) 1 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Chester, Idaho

FATHER

6. Full Name of Father: LeRoy Henry Godfrey
7. State or Country of Father's Birth: Star Valley, Wyoming

MOTHER

8. Full Maiden Name of Mother: Sarah Pearl Cooke Godfrey
9. State or Country of Mother's Birth: Grouse Creek, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verda Louise Godfrey Hutchinson
11. Present Address of Registrant: 614 N. Commi[illegible], Emmett, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on Febr. 22, 1955

12. Signature of Notary: Margaret J. Hunter
13. Notary Commission expires: June 4 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Sarah Pearl Cooke		Dec. 1, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 1, 1915	Chester, Idaho	Sarah Pearl Cooke	Leroy Henry Godfrey

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	LeRoy Godfrey		Feb. 22, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.1, 1915	Chester, Idaho	Sarah Pearl Godfrey	LeRoy Godfrey

SUPPORTING RECORD 3.

Class _____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joanne Hallstrom	Mar. 30, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 31 1968

APR 10 1968

897-103-003-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 6 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-325
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milo Wilford Higginson		2. Date Of Birth (month) November (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Hatch, Idaho . Bannock; b. City or Town of Birth: Hatch, Idaho
FATHER	6. Full Name of Father: Thomas Henry Higginson		7. State or Country of Father's Birth: Goshen, Utah
MOTHER	8. Full Maiden Name of Mother: Clara Almina Detton		9. State or Country of Mother's Birth: Brigham City, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milo Wilford Higginson	11. Present Address of Registrant: 810 South Ione, Kennewick, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1955	12. Signature of Notary: Hazel Miller	13. Notary Commission expires: 11-11 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued: entered	Date Orig. Entry: Dec. 26,1915
Class* B	Date of Birth: Nov. 3, 1915; Birth Place: Hatch, Idaho	Full Name of Mother: Clara Detton	Name of Father: Thomas H. Higginson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Assurance Society	Date issued: Dec. 13,	Date Orig. Entry: 1928
Class B	Date of Birth: Nov. 3, 1915; Birth Place: Hatch, Idaho	Full Name of Mother: Clara Almina and	Name of Father: Thomas H. Higginson	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by Lewis O. Thorn, Notary	Date issued:	Date Orig. Entry: Nov. 3, 1915
Class B	Date of Birth: Nov. 3, 1915; Birth Place: Hatch, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 7 1955

993-124-039-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED

APR 13 1955

Division of Vital Statistics

State File No. De55-374
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl W. Richardson		2. Date Of Birth (month) March (day) 24 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Ben James Richardson		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Rhoda Frances Warner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl W. Richardson	11. Present Address of Registrant: Chehalis, Washington Rt. 3, B343
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1955	12. Signature of Notary: [signature]	13. Notary Commission expires: Feb 24 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Return	By whom issued and signed: County of Lewis State of Washington	Date Issued:	Date Orig. Entry: May 31, 1940
Class* B	Date of Birth / Birth Place: 25 yrs old, American Falls, Idaho	Full Name of Mother: Rhoda Warner	Name of Father: Ben James Richardson	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Sun Life Assurance Company	Date Issued: Dec. 7, 1942	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Mch 24, 1915, American Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Ben James Richardson	Date Issued: Apr. 16, 1955	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Mch 24, 1915, American Falls, Idaho	Full Name of Mother: Rhoda Frances Warner	Name of Father: Ben James Richardson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

418-228-036-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 1 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-710
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AFTON LYDIA BURRIE MAYHER	2. Date Of Birth (month) April (day) 28 (year) 1915
	3. Color or Race: Caucasian; 4. Sex: Female; 5. Place of Birth: Daniels; a. County: Oneida	b. City or Town of Birth: Daniels, Idaho
FATHER	6. Full Name of Father: Frank Mayher	7. State or Country of Father's Birth: Oklahoma U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mattie Burrie	9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Afton Lydia Burrie; 11. Present Address of Registrant: 849 Menlo Avenue Menlo Park, California
NOTARY (Seal)	Subscribed and sworn to before me on July 27, 1955 19	12. Signature of Notary: [signature]; 13. Notary Commission expires April 18 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record		By whom issued and signed: L. D. S. CHURCH	Date issued: 5-18-55	Date Orig. Entry: entered on record July 4, 1915
Class* A	Date of Birth: April 28, 1915	Birth Place: Daniels, Idaho Oneida County	Full Name of Mother: Mattie Buri	Name of Father: Frank Mayher	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Mattie Burrie Deardoff	Date issued: 6-15-55	Date Orig. Entry:
Class B	Date of Birth: April 28, 1915	Birth Place: Daniels, Idaho Oneida County	Full Name of Mother: Mattie Burrie	Name of Father: Frank Mayher	
SUPPORTING RECORD 3.	Type of Document: application for insurance		By whom issued and signed: PENN MUTUAL LIFE INSURANCE #2230264	Date issued:	Date Orig. Entry: July 31, 1939
Class B	Date of Birth: April 28, 1915	Birth Place: Daniels, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	August 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Birth Name (Given) (Middle) (Last)
ARTHUR [illegible] MAYNES

2. Date of Birth (month) (day) (year)
April 28 1915

3. Color or Race | 4. Sex | 5. Place of Birth | 6. County
Caucasian | Male | Daniels | Oneida

7. City or Town of Birth
Daniels, Idaho

FATHER

8. Full Name of Father
Frank [illegible]

9. State or Country of Father's Birth
Oklahoma U.S.A.

MOTHER

10. Full Maiden Name of Mother
Mattie [illegible]

11. State or Country of Mother's Birth
Utah, U.S.A.

AFFIDAVIT

12. Signature of Registrant
[illegible]

13. Present Address of Registrant
[illegible] Menlo Avenue
Menlo Park, California

NOTARY

14. Signature of Notary
[illegible]

15. Notary Commission expires
April 18 1956

Sworn to before me on
July 27, 1955

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document
[illegible]

Date of Birth | Birth Place
[illegible]

Full Name of Mother
[illegible]

Name of Father
[illegible]

Date Issued | Date Orig. Entry
[illegible]

Class [illegible]

SUPPORTING RECORD 2

Type of Document
[illegible]

By whom issued and signed
[illegible]

Date Issued | Date Orig. Entry
[illegible]

Class [illegible]

SUPPORTING RECORD 3

Type of Document
[illegible]

By whom issued and signed
[illegible]

Date Issued | Date Orig. Entry
[illegible]

Class [illegible]

QUALIFYING

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supports the facts as set forth in the foregoing abstract.

Date Registrar | Evidence reviewed by | Date Filed
[illegible] | [illegible] | [illegible]

Class [illegible] are those made [illegible] before the registrant's [illegible]
Class [illegible] are those made [illegible] fourth birthday but [illegible]

389-11-003-169

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-966
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Christian Christensen			2. Date of Birth (month) June, (day) 10, (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Central, Idaho
FATHER	6. Full Name of Father: Christian Miller Christensen			7. State or Country of Father's Birth: Logan, Utah, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Pearl Eliza Jorgensen			9. State or Country of Mother's Birth: Ogden, Utah, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo C. Christensen		11. Present Address of Registrant: 3430 North 51st. St. Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 19 55	12. Signature of Notary: Mildred L. Bringle		13. Notary Commission expires: My Commission Expires Feb. 18, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security record		By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: October 29 1938
Class* B	Date of Birth: June 10 1915	Birth Place: Central, Idaho	Full Name of Mother: #518-18-2742 Pearl Jorgensen	Name of Father: Christian Christensen	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents		By whom issued and signed: Christian Miller Christensen Pearl Eliza Jorgensen	Date Issued: 6-10-50	Date Orig. Entry:
Class B	Date of Birth: June 10 1915	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Pearl Eliza Jorgensen	Name of Father: Christian Miller Christensen	
SUPPORTING RECORD 3.	Type of Document: insurance application		By whom issued and signed: THE CAPITOL LIFE INSURANCE CO. Denver, Colorado #81889	Date Issued:	Date Orig. Entry: April 18 1941
Class B	Date of Birth: June 10 1915	Birth Place: Central, Idaho	Full Name of Mother: Pearl E. Christensen	Name of Father: Christian M. Christensen	
QUALIFYING INFORMATION	daughter's birth certificate, STATE OF IDAHO #284466, child born - Sept. 22, 1939 father: 24 years old; birthplace: Central, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Betty Waller		Date Filed: November 7 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 8 1955

NOV 16 1973

Leo Christian Christensen

Central, Idaho

Christian Miller Christensen

Pearl Eliza Jorgensen

Ogden, Utah, U. S. A.

Social Security Record

Insurance application

Class 10

215-228-003-48

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 13 '55
Division of Vital Statistics

State File No. De55-984
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth MaRion Shepard
2. Date Of Birth (month) (day) (year): August 28 1915
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth: a. County: McCAMMON / BANNOCK
b. City or Town of Birth: McCAMMON Idaho

FATHER

6. Full Name of Father: Charles D. Shepard
7. State or Country of Father's Birth: June 8, 1868 Bellplace Wisconsin

MOTHER

8. Full Maiden Name of Mother: Winifred Bertha Dahlke
9. State or Country of Mother's Birth: Clintonville Wisconsin 2/24/1883

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth M. Bolen
11. Present Address of Registrant: FORT HALL - Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 6 1955
12. Signature of Notary: [signature]
13. Notary Commission expires: Oct 10 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	baptism certificate	August 28, 1915		Methodist Church Downey, Idaho				baptized April 27, 1919
SUPPORTING RECORD 2. Class B	affidavit by mother	August 28 1915	McCammon, Idaho Bannock County	Winifred B. Cornelison	Winifred B. Dahlke		Charles D. Shepard	
SUPPORTING RECORD 3. Class B	insurance policy	8 years old next birthday		METROPOLITAN LIFE INSURANCE CO. #32183543				July 30 1923

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barnum
Evidence reviewed by: bw Betty Waller
Date Filed: November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1955

645-P4-639-279

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE ~~OF~~ IDAHO

State File No. ~~De55-988~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jacob L. Funk			2. Date Of Birth (month) October (day) 24th, (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Power	b. City or Town of Birth: 16 miles west of American Falls
FATHER	6. Full Name of Father: Friedrich Funk			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Spies			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jacob L. Funk		11. Present Address of Registrant: American Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: October 18th, 1955.	12. Signature of Notary: W. C. Loofbourrow Residing at American Falls,		13. Notary Commission expires: Jan. 3, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary Funk	Date Issued: 10-18-55	Date Orig. Entry:
Class* B	Date of Birth: October 24, 1915	Birth Place: American Falls, Power County	Full Name of Mother: Idaho Mary Spies	Name of Father: Friedrich Funk
SUPPORTING RECORD 2.	Type of Document: Bible record	By whom issued and signed: viewed by W. C. Loofbourrow Notary Public, American Falls	Date Issued: 10-19-55	Date Orig. Entry:
Class A	Date of Birth: October 24, 1915	Birth Place: American Falls Idaho	Full Name of Mother: Idaho Mary Spies	Name of Father: Friedrich Funk
SUPPORTING RECORD 3.	Type of Document: church record	By whom issued and signed: LUTHERN CHURCH George L. Sprattler, pastor	Date Issued:	Date Orig. Entry: baptized March 12, 1916
Class A	Date of Birth: October 24, 1915	Birth Place: American Falls Idaho	Full Name of Mother: Maria Spies	Name of Father: Friedrich Funk
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: November 15 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Class A

Local Reg. No.
Reg. State No.

REGISTRANT — 1. Registrant's Full Name of Birth — 2. Date of Birth (month) (day) (year)

[illegible] 1915

NOV 16 1955

3. Place of Birth — 4. Place of Birth — 5. City or Town of Birth

Ellis Wash of American Falls

6. Name of Father — 7. State or Country of Father's Birth

Spain

8. Name of Mother — 9. State or Country of Mother's Birth

AFFIDAVIT — 10. Signature of Registrant — 11. Present Address of Registrant

Pocatello, Idaho

NOTARY — 12. Signature of Notary — 13. Notary Commission expires

[illegible]

SUPPORTING RECORD 1 — Type of Document: affidavit by mother — Date Issued: 10-18-55 — Date Orig. Entry

Class A — Date of Birth: October 24, 1915 — Birth Place: American Falls, Idaho — Full Name of Mother: Mary Spies — Name of Father: Friedrich Bunk

SUPPORTING RECORD 2 — Type of Document: Bible record — Date Issued: Viewed by W. C. Loorbo, Notary Public, American Falls — Date Issued: Nov 10-19-55

Class A — Date of Birth: October 24, 1915 — Birth Place: American Falls, Idaho — Full Name of Mother: Mary Spies — Name of Father: Friedrich Bunk

SUPPORTING RECORD 3 — Type of Document: church record — Date Issued: Lutheran Church, George L. Sumatrian, Pastor — Date Issued: Baptized March 12 1916

Class A — Date of Birth: October 24, 1915 — Birth Place: American Falls, Idaho — Full Name of Mother: Maria Spies — Name of Father: Friedrich Bunk

CLASSIFYING INFORMATION

RADIATION & CERTIFICATION (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar — Reviewed by: Betty Waller — Date Filed: November 15 1955

Class A Records are those such as are required by the Registrant's Fourth Reading.
Class B Records are those which are the Fourth Reading but are of less than [illegible]

531-225-04-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1043
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Edna Elam	2. Date Of Birth (month) Nov. (day) 25 (year) 1915
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Byron Delbert Elam	7. State or Country of Father's Birth: Clearmont, Mo. Nodaway, Co.
MOTHER	8. Full Maiden Name of Mother: Elsie May Keifer	9. State or Country of Mother's Birth: Smith Center, Kan. Smith Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Edna Elam McPherson; 11. Present Address of Registrant: Eagle, Idaho. Route 1.
NOTARY (Seal)	Subscribed and sworn to before me on: 21st day of April 1953	12. Signature of Notary: Donal T Ostrout; 13. Notary Commission expires: 3-16 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: daughter's birth certificate		By whom issued and signed: STATE OF IDAHO #229439	Date issued:	Date Orig. Entry: child born February 18, 1935
	Date of Birth: 19 years old	Birth Place: Payette, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit		By whom issued and signed: Elsie Clark - Mother	Date issued: Oct. 12, 1955	Date Orig. Entry: Oct. 12. 1955
	Date of Birth: Nov. 25, 1915	Birth Place: Payette, Idaho	Full Name of Mother: Elsie May Keifer	Name of Father: Byron Delbert Elam	
SUPPORTING RECORD 3. Class A	Type of Document: Census Record		By whom issued and signed: Bureau of Census Department of Commerce	Date issued: Nov. 23, 1955	Date Orig. Entry: Census of January 1, 1920
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Elsie Elam	Name of Father: Byron Elam	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw	December 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 2 1955

Department of Health
Division of Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth
2. Date of Birth (month, day, year)
3. Color or Race
4. Sex
5. Place of Birth
6. Birth Place
7. State or Country of Father's Birth
8. Full Name of Father
9. Birth Place
10. State or Country of Mother's Birth
11. Maiden Name of Mother
12. Mother's Birth Place

ATTEST

Hereby declare that the above statements are true to the best of my knowledge and belief.

Signature of Registrant
Signature of Mother
Signature of Mother

Address of Registrant
Boise, Idaho, Route 1.

COUNTY (Seal)
Qualified and sworn to before me on
Date of Commission expires
3-16 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document
Daughter's birth certificate
Date of Birth (Birth Place)
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

Class D

APPORTING RECORD 2.

Type of Document
Date of Birth (Birth Place)
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

Class B

APPORTING RECORD 3.

Type of Document
Date of Birth (Birth Place)
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

Class A

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the statement set forth in the foregoing abstract.

State Registrar
Evidence reviewed by
Date Filed
December 1, 1957

Class A Records are those made of date before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are of [illegible]

619-221-036-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-017
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WANDA MAE WARD
2. Date of Birth (month) (day) (year): DECEMBER-21-15
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: ONEIDA
b. City or Town of Birth: WOODRUFF

FATHER

6. Full Name of Father: ARTHUR MINOR WARD
7. State or Country of Father's Birth: ONEIDA COUNTY, IDAHO

MOTHER

8. Full Maiden Name of Mother: SARAH CECIL MOSS
9. State or Country of Mother's Birth: ONEIDA COUNTY, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Mae Ward Nopin
11. Present Address of Registrant: Rt. #1 - Malad, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: November 23 19 55

12. Signature of Notary: John W. McAllister
Clerk of the Dist. Court

13. Notary Commission expires: January 12 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	CHURCH RECORD	L.D.S. CHURCH	12-15-55	baptized Jan. 6, 1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 21, 1915 / Woodruff, Idaho Oneida County	Sarah Cecil Moss	Arthur M. Ward	
SUPPORTING RECORD 2. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #330128	Date Issued: 12-15-55	Date Orig. Entry: child born ~~Dec. 14, 1941~~
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	25 years old / Woodruff, Idaho			
SUPPORTING RECORD 3. Class A	Type of Document: AFFIDAVIT BY MIDWIFE	By whom issued and signed: EUNICE A. HARRIS	Date Issued: 12-15-55	Date Orig. Entry:
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 21 1915 / Woodruff, Idaho Oneida County	Sarah Cecil Moss	Arthur Minor Ward	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	January 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DRH #0067

DELAYED CERTIFICATE OF BIRTH

296-219-
005-236

RECEIVED
JAN 31 1956
Division of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-089
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benders Ida.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Benewah
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benders, Ida
d. STREET ADDRESS (If rural, give location): Farm Near Benders

3. CHILD'S NAME (Type or print): a. (First) Eleanor; b. (Middle) Mergh; c. (Last) Brown

4. SEX: F

5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH: (Month) (Day) (Year): Oct 19 - 1915

FATHER OF CHILD

7. FULL NAME: a. (First) Joseph; b. (Middle) M.; c. (Last) Brown

8. COLOR OR RACE: White

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Finland Perch Lake

11a. USUAL OCCUPATION: Saw Milling

11b. KIND OF BUSINESS OR INDUSTRY: Milling Lumber

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Mabel (Mabel) F.; b. (Middle); c. (Last) Blomquist

13. COLOR OR RACE: White

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Whatcom Co Wash

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? none

c. How many children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Joseph M. Brown, Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. A. Nelson

18b. ATTENDANT AT BIRTH: M. D. ☑ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Lewiston, Wash

18d. DATE SIGNED: June 13 - 1952

Copy of Doctor's affidavit

19. DATE REC'D BY LOCAL REG.

20. REGISTRAR'S SIGNATURE

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 9 LBS. — OZS.

23. Was a standard serological test for syphilis performed? YES ☐ NO ☑

Approximate date

DELAYED

DECEASED 1-2-05 ID 05-114

Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol 1%

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

FEB 3 1956

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

395-213-033-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-124
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: FREIDA TREISE			2. Date of Birth (month) MAY (day) 13 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: IDAHO MADISON	b. City or Town of Birth: SUGAR CITY	
FATHER	6. Full Name of Father: Alex Treise			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Marcia Katrina Walters			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Freida Treise Menard	11. Present Address of Registrant: Wapato Wash Rt 1.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 1, 1956		12. Signature of Notary: E. V. Carr	13. Notary Commission expires: Feb. 19, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: ALEX TREISE Wapato, Washington	Date Issued: 1-11-56	Date Orig. Entry:	
	Date of Birth: May 13 1915	Birth Place: Sugar City Idaho	Full Name of Mother: Maria Katrina Walters	Name of Father: Alex Treise	
SUPPORTING RECORD 2. Class A	Type of Document: CHURCH RECORD	By whom issued and signed: ST. PAUL'S CHURCH Sugar City, Idaho	Date Issued:	Date Orig. Entry: baptized Aug. 8, 1915	
	Date of Birth: May 13 1915	Birth Place: Sugar City, Idaho	Full Name of Mother: F. Brenneche, pastor	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: HOSPITAL RECORD OF SON'S BIRTH	By whom issued and signed: COMMUNITY HOSPITAL TOPPENISH, WASHINGTON	Date Issued:	Date Orig. Entry: child born May 30, 1945	
	Date of Birth: May 13 1915	Birth Place: Sugar City Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

364203-039-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-277
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NORMA CAROLINA LAURA MINNIE COMNICK
2. Date of Birth: (month) OCTOBER (day) 3 (year) 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County IDAHO; b. City or Town of Birth ROCKLAND

FATHER

6. Full Name of Father: Albert Comnick
7. State or Country of Father's Birth: MINNESOTA U.S.A.

MOTHER

8. Full Maiden Name of Mother: Anna Bielke
9. State or Country of Mother's Birth: MINNESOTA U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Comnick Diehn
11. Present Address of Registrant: ARLington, Minnesota

NOTARY (Seal)

Subscribed and sworn to before me on March 7th 1956
12. Signature of Notary: Robert J. Major
13. Notary Commission expires: December 19 62

ROBERT J. MAJOR
Notary Public, Sibley County, Minn.
My Commission Expires Dec. 22, 1962.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	STATEMENT RE CHURCH RECORD	ST. JOHN'S LUTHERAN CHURCH American Falls, Idaho	1-4-56	baptized Nov. 14, 1915
	Date of Birth October 3 1915	**Birth Place**	**Full Name of Mother** Anna Bielke	**Name of Father** Albert Comnick
SUPPORTING RECORD 2. Class B	AFFIDAVIT BY FATHER	ALBERT COMNICK Arlington, Minnesota	3-6-56	
	Date of Birth October 3 1915	**Birth Place** Rockland Idaho	**Full Name of Mother** Anna Bielke	**Name of Father** Albert Comnick
SUPPORTING RECORD 3. Class B	DAUGHTER'S BIRTH CERTIFICATE	MINNESOTA STATE DEPARTMENT OF HEALTH, Sibley County	3-7-56	child born July 28, 1942
	Date of Birth 26 years old	**Birth Place** Rockland Idaho	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	bw Betty Waller	March 15, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1956

396-B0-043-458

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MELVIN HARVEY CROSS		2. Date Of Birth (month) (day) (year): October 30, 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Vanwyck Valley; b. City or Town of Birth: Vanwyck, Idaho
FATHER	6. Full Name of Father: W. LAWRENCE CROSS		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: MYRTLE AMANDA DeHAAS		9. State or Country of Mother's Birth: Vanwyck, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin Harvey Cross	11. Present Address of Registrant: Cascade, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1956	12. Signature of Notary: Robert H Lamphere	13. Notary Commission expires: September 23, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Vital Statistics Division Washington State File #1937	Date Issued: June 7,1937	Date Orig. Entry: June 7, 1937
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Family Record	By whom issued and signed: Seattle, Washington The Swedish Hospital	Date Issued: Mar.25,1939	Date Orig. Entry: March 25, 1939
	Date of Birth: Oct.30,1915	Birth Place: Cascade, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: (Mother) Myrtle Amanda Cross Buchanan	Date Issued: Jan. 1956	Date Orig. Entry: Jan. 1956
	Date of Birth: Oct. 30,1915	Birth Place: Vanwyck, Idaho	Full Name of Mother: Myrtle Amanda Cross Buchanan	Name of Father: W. Lawrence Cross
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Verna Reisch	March 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-V0067

241-119c 33-692

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-329
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Raymond Bradshaw
2. Date of Birth (month) Feb (day) 19 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: ~~Fremont~~ MADISON
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: Edward Bradshaw
7. State or Country of Father's Birth: Wyo.

MOTHER

8. Full Maiden Name of Mother: Thursa Amelia Fisher
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Carl Raymond Bradshaw
11. Present Address of Registrant: Hamilton Hall #2

NOTARY (Seal)

Subscribed and sworn to before me on: March 19 1956
12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 16 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry	Class*
SUPPORTING RECORD 1.	CHURCH RECORD	February 19, 1915	Idaho	L.D.S. CHURCH	Thursia Fisher	1-7-24	Edward Browshaw	baptized July 1, 1923	B
SUPPORTING RECORD 2.	MILITARY RECORD	27 years old		MADISON COUNTY BATTALION IDAHO VOLUNTEER RESERVES		11-20-43		enlisted May 20, 1942	B
SUPPORTING RECORD 3.	APPLICATION FOR INSURANCE	February 19, 1915	Idaho	BENEFICIAL LIFE INSURANCE CO. #75749			Edward Bradshaw	July 21 1927	B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	March 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 28 1950

REGISTRANT (Person whose birth is being registered)

1. Full Name of Birth [illegible]

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth | 6. County | 7. City or Town of Birth

FATHER

8. Full Name of Father [illegible]

9. State or Country of Father's Birth [illegible]

MOTHER

10. Full Maiden Name of Mother [illegible]

11. State or Country of Mother's Birth [illegible]

AFFIDAVIT

[illegible] Declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant [illegible]

11. Present Address of Registrant [illegible]

NOTARY

[illegible] and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary [illegible]

13. Notary Commission expires [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Class [illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Class [illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Class [illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which data satisfies the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

Class A [illegible] are those made and [illegible] before the registrant's fourth birthday.
Class B [illegible] are those made after the fourth birthday but are at least 5 years.

356-216-024-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-346
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Isabell Troxel		2. Date Of Birth: (month) March (day) 16 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Gooding	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Jacob Abijah Troxel		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Ida May Thompson		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Isabell Mannon	11. Present Address of Registrant: Hines, Oregon Box 155	
NOTARY (Seal)	Subscribed and sworn to before me on: My April 4 1956	12. Signature of Notary: Elvin C. Simmons	13. Notary Commission expires: 3-24 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Child's Birth Certificate	By whom issued and signed: on file Div. Vital Statistics Idaho File No. 360994	Date Issued: 10-6-1942	Date Orig. Entry: Child Date of Birth Oct 6, 1942
	Date of Birth: Age 27 / Birth Place: Wendell, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class_____	Type of Document: Affidavit by Father	By whom issued and signed: Jacob Abijah Troxel	Date Issued: Apr 4,1956	Date Orig. Entry:
	Date of Birth: March 16,1915 / Birth Place: Wendell,Idaho	Full Name of Mother: Ida May Thompson	Name of Father: Jacob Abijah Troxel	
SUPPORTING RECORD 3. Class_____	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn	Date Issued: Jan 4,1940	Date Orig. Entry:
	Date of Birth: March 16,1915 / Birth Place: Wendell, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form PBH-H0061

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

239-121-037-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-422
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Burton Strickland
2. Date of Birth: (month) August (day) 21 (year) 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Grasmere; Idaho

FATHER

6. Full Name of Father: Burton Edward Strickland
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Susie Taylor
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Burton Strickland
11. Present Address of Registrant: Beowawe, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: April 13th 1956
12. Signature of Notary: Grok Boucher
13. Notary Commission expires: June 29th 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: AFFIDAVIT BY UNCLE
By whom issued and signed: GEORGE W. TAYLOR, Valmy, Nevada
Date Issued: 4-9-56
Date Orig. Entry:
Date of Birth: August 21 1915
Birth Place: Grasmere Idaho
Full Name of Mother:
Name of Father:
Class* B

SUPPORTING RECORD 2.

Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 530-01-7925
By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service
Date Issued:
Date Orig. Entry: applied March 30, 1939
Date of Birth: August 21 1915
Birth Place: Idaho
Full Name of Mother: Susie Taylor
Name of Father: Edward Burton Strickland
Class B

SUPPORTING RECORD 3.

Type of Document: SCHOOL RECORD
By whom issued and signed: SCHOOL DISTRICT NO. 1 Elko, Nevada
Date Issued:
Date Orig. Entry: May 25 1931
Date of Birth: 15 years old
Birth Place:
Full Name of Mother:
Name of Father:
Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: April 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 20 1956

699-205-017-5-52

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-506
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elma Marie Friesen		2. Date of Birth (month) January (day) 5 (year) 1915	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Clark	b. City or Town of Birth: Dubois
FATHER	6. Full Name of Father: John H. Friesen		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Katie Ensz		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elma Marie Friesen	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 19 56	12. Signature of Notary: M. D. Linscheid	13. Notary Commission expires: 12-31 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: application for insurance	By whom issued and signed: Northwestern National Life Insurance Co.	Date Issued:	Date Orig. Entry: applied Nov. 15, 1941
	Date of Birth: January 5, 1915 / Birth Place: Dubois Idaho	Full Name of Mother: Mrs. Katie Friesen	Name of Father: John H. Friesen	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by father	By whom issued and signed: John H. Friesen Aberdeen, Idaho	Date Issued: 5-9-56	Date Orig. Entry:
	Date of Birth: January 5, 1915 / Birth Place: Dubois Idaho	Full Name of Mother: Katie Ensz Friesen	Name of Father: John Henry Friesen	
SUPPORTING RECORD 3. Class B	Type of Document: Bible record	By whom issued and signed: viewed by M. D. Linscheid Notary, Aberdeen, Idaho	Date Issued: 5-9-56	Date Orig. Entry:
	Date of Birth: January 5, 1915 / Birth Place: Dubois Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: R. L. Benson	Evidence reviewed by: Betty Waller	Date Filed: May 15, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

465-20-034-665

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-590
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Moncur			2. Date of Birth (month) June (day) 20 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Charles Moncur			7. State or Country of Father's Birth: Mount Carmel, Utah
MOTHER	8. Full Maiden Name of Mother: Laura Estelle Owens			9. State or Country of Mother's Birth: Price, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June Sorenson	11. Present Address of Registrant: 1123 Garfield, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1956		12. Signature of Notary: L M Beaglesk	13. Notary Commission expires: February 29 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: application for Social Security number	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: applied July 13, 1943
	Date of Birth: June 20 1915 / Birth Place: Heyburn, Idaho Minidoka County	Full Name of Mother: Laura Owen		Name of Father: Charles Moncur
SUPPORTING RECORD 2. Class A	Type of Document: church record	By whom issued and signed: L.D.S. Church Heyburn Ward	Date Issued:	Date Orig. Entry: blessed Aug. 1, 1915
	Date of Birth: June 20 1915 / Birth Place: Heyburn, Idaho Minidoka County	Full Name of Mother: Laura Owens		Name of Father: Charles Moncur
SUPPORTING RECORD 3. Class B	Type of Document: daughter's birth certificate	By whom issued and signed: State of Idaho #387822	Date Issued:	Date Orig. Entry: child born Sept. 19, 1944
	Date of Birth: 29 years old / Birth Place: Heyburn Idaho	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	Betty Waller	June 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Division of Vital Statistics
Idaho

REGISTRAR [redacted] 1960

1. Name of Birth: [illegible] Concur
2. Date of Birth: [illegible] 20 1915
3. Place of Birth: [illegible]
4. Sex: Female
5. Place of Birth: [illegible]
6. Full Name of Father: [illegible]
7. Place of Birth: [illegible]
8. Full Name of Mother: [illegible]
9. Place of Birth: [illegible]

AFFIDAVIT: I hereby certify upon oath that the [illegible] are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 123 [illegible] Idaho Falls, Idaho

NOTARY (Seal): Subscribed and sworn to before me on [illegible] 22 [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: February 22 1960

SUPPORTING RECORD 1: Type of Document: Application for Social Security number
Date of Birth: June 20 1915
Birth Place: Weyburn, Idaho
Date Issued: [illegible]
Date Orig. Entry: Applied [illegible] 18, 1943
Full Name of Mother: [illegible]
Name of Father: Charles [illegible]

SUPPORTING RECORD 2: Type of Document: church record
Date of Birth: June 20 1915
Birth Place: Weyburn, Idaho
Date Issued: [illegible]
Date Orig. Entry: [illegible] 1915
Full Name of Mother: Laura Owens
Name of Father: Charles [illegible]

SUPPORTING RECORD 3: Type of Document: daughter's birth certificate
Date of Birth: [illegible] 1915
Birth Place: Weyburn, Idaho
Date Issued: [illegible]
Date Orig. Entry: Child born [illegible] 18, 1944
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFYING INFORMATION:

SECRETARIAL CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: Betty Waller
Date Filed: June 1, 1960

*Class A records are those made and [illegible]
Class B records are those made after [illegible]

323-125-035-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-667
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Peter Tschantz
2. Date of Birth (month) (day) (year): March 25 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Southwick Idaho

FATHER

6. Full Name of Father: Joseph Tschantz
7. State or Country of Father's Birth: Alsace Lordine, Germany

MOTHER

8. Full Maiden Name of Mother: Anna Graber
9. State or Country of Mother's Birth: Alsace Lordine, Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pete Tschantz
11. Present Address of Registrant: 10105 Hudson S. W. Tacoma 99, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on 15th day of June 1956

12. Signature of Notary: Goldie M. McCall
13. Notary Commission expires: Dec. 16 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
military record	Army of the United States		inducted April 23, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 25 1915	Southwick Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by neighbor of parents	Ethel Hepler Kendrick, Idaho	6-13-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 25 1915	Southwick Idaho	Ann Graber Tschantz	Joseph Tschantz

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	viewed by Glenn W. Hall Notary, Lewiston, Idaho	6-11-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 25 1915		Anna Graber	Joseph Tschantz

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Betty Waller	June 27, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

DELAYED CERTIFICATE OF BIRTH

363-120-006-256

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-712
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fredc Tolles.
2. Date of Birth (month) 3 (day) 20 (year) 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County Blackfoot Ida Bingham; b. City or Town of Birth

FATHER

6. Full Name of Father: Claude William Tolles
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Grace Laura Broadbent
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fredc Tolles.
11. Present Address of Registrant: 636 S Jackson Portland Ore

NOTARY (Seal)

Subscribed and sworn to before me on March 26 1956

12. Signature of Notary: O.L. Westbrook
13. Notary Commission expires: My commission expires Jan. 19 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
MILITARY RECORD	ARMY OF THE UNITED STATES		discharged Dec. 22, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 20 1915	Blackfoot Idaho		

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
518-14-2397 application for Social Security number	Treasury Department Internal Revenue Service		applied April 27, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 20, 1915	Blackfoot Idaho	Grace Laura Broadbent	Claude William Tolles

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Mrs. Grace Tolles Multnoma Co., Oregon	4-25-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 20, 1915	Blackfoot Idaho	Grace Laura Tolles	Claude William Tolles

QUALIFYING INFORMATION

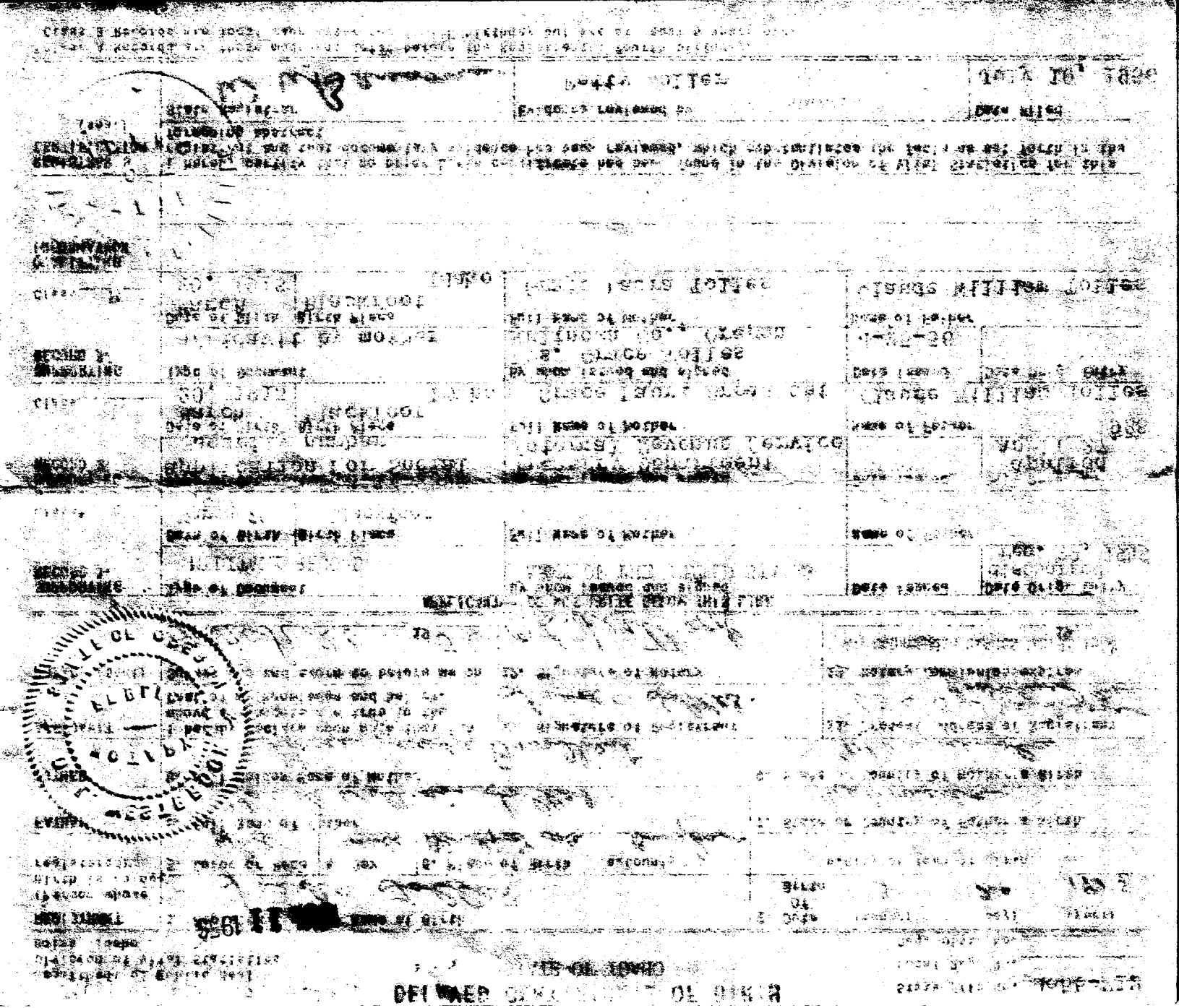
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	July 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



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Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-715
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Robert Maxson Vickers
2. Date of Birth: October 27 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Richard Maxson Vickers
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Dakota E. Prentiss
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert Maxson Vickers
11. Present Address of Registrant: 457-6th St. San Bernardino, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on July 7 1956

12. Signature of Notary: Ralph B. Smedley
13. Notary's Commission expires: My Commission Expires Nov. 19, 1959 / My Commission Expires Nov. 19, 1999

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: affidavit by midwife	By whom issued and signed: Inez A. Flora, Twin Falls, Idaho	Date Issued: 4-16-56	Date Orig. Entry:
	Date of Birth: October 27, 1915 / Birth Place: Twin Falls Idaho	Full Name of Mother: Dakota E. Prentiss	Name of Father: Richard Maxson Vickers	
SUPPORTING RECORD 2. Class B	Type of Document: statement re school record	By whom issued and signed: San Bernardino High School, San Bernardino	Date Issued: 3-20-56	Date Orig. Entry: enrolled Sept. 14, 1931
	Date of Birth: October 27, 1915 / Birth Place: Twin Falls Idaho	Full Name of Mother: California	Name of Father: R, M. Vickers	
SUPPORTING RECORD 3. Class B	Type of Document: personnel record	By whom issued and signed: San Bernardino Police Department	Date Issued:	Date Orig. Entry: appointed Oct. 1, 1948
	Date of Birth: October 27 1915 / Birth Place: Twin Falls Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRATION — JUL 11 1956

(Person whose birth is being registered)	1. Full Name of Birth: [illegible]		2. Date of Birth (Month) October	(Year) [illegible]
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho	6. County: Twin Falls
				7. City or Town of Birth: Twin Falls
FATHER	8. Full Name of Father: [illegible]			9. State or Country of Father's Birth: [illegible]
MOTHER	10. Full Mother Name of Mother: [illegible]			11. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]		11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on 19 [illegible]	12. Signature of Notary: [illegible]		13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible] Twin Falls, Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Class	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible] School record	By whom issued and signed: [illegible] School, San Bernardino, California	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Class	Date of Birth: [illegible]	Birth Place: Twin Falls, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible] Personnel record	By whom issued and signed: San Bernardino Police Department	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Class	Date of Birth: [illegible]	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRATION CERTIFICATION — I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty [illegible]	July 11, 1956

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] years old.

464-209-005-236

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-753
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARA HAZEL MOURNING		2. Date Of Birth (month) (day) (year): NOVEMBER 9, 1915
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: EMIDA; a. County: BENEWAH; b. City or Town of Birth: EMIDA, IDAHO
FATHER	6. Full Name of Father: CLARENCE RICHARD MOURNING		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: HAZEL ALICE SCOTT		9. State or Country of Mother's Birth: OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Hazel Hanley	11. Present Address of Registrant: VALLEY, WASHINGTON
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 15, 1956	12. Signature of Notary: Carl R. Morgan	13. Notary Commission expires: SEPTEMBER 13, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of marriage		By whom issued and signed: State of Washington #52020 A	Date issued:	Date Orig. Entry: married March 7, 1936
Class* B	Date of Birth: 20 years old	Birth Place: Emida Idaho	Full Name of Mother: Hazel A. Scott	Name of Father: Clarence R. Mourning	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Hazel French St. Maries, Idaho	Date issued: 6-15-56	Date Orig. Entry:
Class B	Date of Birth: November 9, 1915	Birth Place: Emida, Idaho Benewah County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: 536-30-4271 application for Social Security number		By whom issued and signed: Treasury Department Internal Revenue Service	Date issued:	Date Orig. Entry: applied March 2, 1951
Class B	Date of Birth: November 9, 1915	Birth Place: Benewah County Idaho	Full Name of Mother: Hazel Alice Scott	Name of Father: Clarence R. Mourning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

545-124.025-313

PLACE OF BIRTH

RECEIVED
AUG - 9 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of IDAHO

City of WOODLAND

No. ..... St.

Registration District No. .....

File No. De-56-811

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD GLEN ERNEST EMERY

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		yes	DECEMBER 24 1915

What bacterioidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	STEPHEN ERNEST EMERY	FULL MAIDEN NAME	ELLA LALLEY
RESIDENCE	WOODLAND, IDAHO	RESIDENCE	WOODLAND, IDAHO
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M. D.

C. H. Bryan M.D.

(Physician or midwife)

Give names added from a supplemental report.

Address Kamiah, Idaho

..... 192....

W. W. Benson

Registrar.

Filed Aug 1956

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1977

SEP 14 1956

DELAYED

556-104-010-396

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-863
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alden Franklin Newman
2. Date of Birth (month) (day) (year): Nov. 4 1915
3. Color or Race: W.
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Franklin Hughes Newman
7. State or Country of Father's Birth: Utah. U.S.A.

MOTHER

8. Full Maiden Name of Mother: Ethel Amelda Crowley.
9. State or Country of Mother's Birth: Idaho. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alden F. Newman
11. Present Address of Registrant: 3420 Duff St. Boise.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 21st 1956
12. Signature of Notary: L. Marvin Peterson
13. Notary Commission expires: Feb 29 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own Child's Birth Certificate	Doctor State of Idaho-Walter E. Hoge	6 Dec. 52	
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 36 / Milo, Idaho			
SUPPORTING RECORD 2.	Service Discharge	By whom issued and signed: Personal Officer U. S. Army Andrew H. Bachison	Date Issued: Dec. 8, 1945	Date Orig. Entry
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 4, 1915 / Iona, Idaho			
SUPPORTING RECORD 3.	Affidavit	By whom issued and signed: Franklin Hughes Newman-Father	Date Issued: Aug. 20, 1956	Date Orig. Entry
Class B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 4, 1915 / Iona, Idaho	Ethel Amelda Crowley	Franklin Hughes Newman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Aug. 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible]
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible]
6. City or Town of Birth: [illegible]

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

OCCUPATION

11. Present Address of Registrant: [illegible]
12. Signature of Registrant: [illegible]
13. Notary Commission expires: Feb 29 1960
14. Signature of Notary: [illegible]
15. Signature of Registrant: [illegible]
16. Signature of Notary: [illegible]

APPLICATION: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Oak Grove's Birth Certificate	State of Idaho-Fuller L. Hoyt 6 Dec. 42		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]		

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Service Discharge	U. S. Army Armed Forces Officer	Dec. [illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. [illegible]	[illegible]		

Class B

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	Aug. 28, [illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 8, 1942	Ione, Idaho	[illegible]	Franklin Hughes Hemman

Class B

PLACEMENT INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that the [illegible] has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Joan [illegible]	Aug. 21, 1956

Class A Records are those made and [illegible] Registrant's Forms [illegible]
Class B Records are those made after [illegible] Registrant's Forms [illegible]

BOTH DELAYED

DUP 06 1915-D71-464

669-213-044-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-864
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nelda Marie Ford		2. Date of Birth (month) January (day) 13 (year) 1915
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: Washington; b. City or Town of Birth: Midvale, Idaho
FATHER	6. Full Name of Father: William Fred'k Ford		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Linnie Bird Simmons		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nelda Marie Hartnett	11. Present Address of Registrant: Rt-1. Weiser, Ida
NOTARY (Seal)	Subscribed and sworn to before me on August 6, 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan. 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Insurance Policy No.GC5269	Idaho Mutual Benefit Association		March 1,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan 13,1915 / Midvale, Idaho			
SUPPORTING RECORD 2. Class_____	Affidavit by Father	William F. Ford	8-20-1956	Aug 20,1956
	Jan 13,1915 / Midvale, Idaho		William F. Ford	
SUPPORTING RECORD 3. Class_____	Child's Birth Certificate	on file, Vital Statistics, Boise Idaho #275331		Dec 7,1938
	Age 23 / Midvale, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Aug. 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 28 1956

DECEASED

316-230-037-331

PLACE OF BIRTH

RECEIVED
AUG 31 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Rural

No. ..... St.

Registration District No. .....

File No. De56-897

Hospital Born at Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Helen Frances Lawson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 30 1915

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jesse James Lawson	FULL MAIDEN NAME	Mary Agnes Clark
RESIDENCE	Rural - Owyhee County	RESIDENCE	Rural Owyhee County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Albion Idaho	BIRTHPLACE	Laclead Missouri
OCCUPATION	Retired Logger	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Jones M.D.
(Physician or midwife)

Address Jordan Valley, Oregon

Give names added from a supplemental report.

....., 192....

W W Benson
Registrar.

Filed ..... 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1958

DELAYED

759-101-036-857

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-969
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Gering			2. Date of Birth (month) Nov. (day) 1 (year) 1915
	3. Color or Race: wh	4. Sex: male	5. Place of Birth: a. County Oneida; b. City or Town of Birth: Rockland	
FATHER	6. Full Name of Father: Martin Gering			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Bertha Reimann			9. State or Country of Mother's Birth: Eugene, Ore.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Daniel Gering		11. Present Address of Registrant: Lynden, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 6 1956	12. Signature of Notary: A. Vendrick		13. Notary Commission expires: 3-29 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Martin Gering	September 4, 1956	
Class* B	Date of Birth: November 1,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Bertha Reimann	Name of Father: Martin Gering
SUPPORTING RECORD 2.	Family Bible	Gering Family	Viewed by Notary. Sept. 4,1956	
Class B	Date of Birth: November 1,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Bertha Reimann	Name of Father: Martin Gering
SUPPORTING RECORD 3.	School Record	Willis G. George-Princ. Monroe Public School	Sept.7,56	Sept.4,1922
Class B	Date of Birth: Age 6	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Reisch	Date Filed: Sept.18,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 18 1968

OCT 4 1968

249-128-003-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1101
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LELAND EARL SMITH
2. Date of Birth: (month) 7 (day) 28 (year) 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: WAPELLO, IDA BANNOCK; b. City or Town of Birth: WAPELLO, IDAHO

FATHER

6. Full Name of Father: FRED EARL SMITH
7. State or Country of Father's Birth: LEHIGH UTAH

MOTHER

8. Full Maiden Name of Mother: JENNIE DAYLEY
9. State or Country of Mother's Birth: ~~UTAH~~ BASIN IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leland Earl Smith
11. Present Address of Registrant: 4178 Alabama SAN DIEGO CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: October 19 1956

12. Signature of Notary: Evelyn H. Payne
13. Notary Commission expires: June 17 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Boise, Idaho Idaho File #235902	Jun 5 56	9/18/1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 20	Wapello, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Wm. H. Allen-Pocatello L.D.S. Church	April 13, 1930	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 28, 1915	Wapello, Idaho	Jennie Dayley	Fred E. Smith

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	Sept. 18, 56	Census of 1930 April 1

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 14	Idaho	Jennie Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Be	Verna Wilson	Oct. 22, 1956

*Class A Records are those made ~~and dated~~ before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

OCT 22 1958

215-222-007-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE57-0005
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fay Charlotte Baldwin
2. Date of Birth (month) (day) (year): January 22 - 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gannett Blaine
b. City or Town of Birth: Gannett Blaine to Idaho

FATHER

6. Full Name of Father: Alex Wilson Baldwin
7. State or Country of Father's Birth: Gainsville Ohio

MOTHER

8. Full Maiden Name of Mother: Minnie Addie White
9. State or Country of Mother's Birth: Tintic Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fay Charlotte Baldwin
11. Present Address of Registrant: 1697 S.E. 57th ave West Linn Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 6 1956
12. Signature of Notary: Owen C. Marine
13. Notary Commission expires: For State of Oregon County of Clackamas Feb. 4 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by Attendant at Birth	Sarah E. Broadie- Age 84	Dec. 7, 1955	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 22, 1915	Gannett, Idaho	Minnie Addie White	Alex Wilson Baldwin

SUPPORTING RECORD 2.

Class____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Minnie Addie Baldwin-Mother	Dec. 7, 1955	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 22, 1915	Gannett, Idaho		

SUPPORTING RECORD 3.

Class____

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record Book	Mother-Minnie Addie Baldwin	At time of	Birth-Viewed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 22, 1915			book, obviously old.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Shirley Cooper	1-3-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CORRECTED FILE # FROM 57-005 TO DE57-0005 ON 6/12/12-EMC

695-213-025-756

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-045
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Mary Finney		2. Date of Birth (month) (day) (year): Apr 13, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Woodland, Idaho; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Frank Abraham Finney		7. State or Country of Father's Birth: Woodson County, Kansas
MOTHER	8. Full Maiden Name of Mother: Mabel Lilly George		9. State or Country of Mother's Birth: Guide Rock, Webster Co, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Mary Finney	11. Present Address of Registrant: 1843 7th Ave., Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 13, 1956 19	12. Signature of Notary: A. W. Barker	13. Notary Commission expires: December 17, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's Birth Certificate	Idaho 379052	Sept. 10, 1941	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 26	Idaho County		
SUPPORTING RECORD 2. Class B	Family Genealogy Record	Charles W. Finney	Jan 19, 1944	
	Apr. 13 1913	Woodland	Mabel Lilly George	Frank Abraham Finney
SUPPORTING RECORD 3. Class B	Affidavit by Grandmother	Sarah J. George	11/26/56	
	Apr. 13, 1915	Woodland, Ida.	Mabel Lilly Finney	Frank Abraham Finney
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Jan. 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 17 1957

FEB 18 1957

Boise, Idaho

REGISTRY

Registrar's Full Name of Birth

Frances Mary Finney

Color or Race | Sex | 5. Place of Birth (County)

White | Female | Woodland, Idaho

Birthplace (City or Town of Birth)

Idaho

FATHER

6. Full Name of Father

Frank Abraham Finney

7. State or Country of Father's Birth

Woodson County, Kansas

MOTHER

Full Maiden Name of Mother

Isabel Lillie George

8. State or Country of Mother's Birth

Guide Rock, Webster Co., Nebraska

AFFIDAVIT

Parties declare upon oath that the above statements are true to the best of their knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

1843 7th Ave., Lewiston, Idaho

12. Signature of Notary

13. Notary Commission Expires

December 17, 1956

Subscribed and sworn to before me on

Jan 13, 1956

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document

Date Issued

Date Orig. Entry

Jan 19, 1944

Place of Birth (Birth Place)

Full Name of Mother

Isabel Lillie George

Name of Father

Frank Abraham Finney

Class

SUPPORTING RECORD 2

Type of Document

By whom Issued and Signed

Date Issued

Date Orig. Entry

Place of Birth (Birth Place)

Full Name of Mother

Name of Father

Class

SUPPORTING RECORD 3

Type of Document

By whom Issued and Signed

Date Issued

Date Orig. Entry

Place of Birth (Birth Place)

Full Name of Mother

Name of Father

Class

QUALIFIED INDEXER

Certified that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] above extract.

Signature

Evidence reviewed by

Date Filed

STATE OF IDAHO

DEPT. OF HEALTH

VITAL STATISTICS

COPY OF RECORD

BARKER

COUNTY

PUBLIC

STATE OF IDAHO

259-115-026-242

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-225
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Bush Sermon
2. Date of Birth (month) (day) (year): May 15 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Ririe

FATHER

6. Full Name of Father: Henry Sermon
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Louise E. Bush
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Bush Sermon
11. Present Address of Registrant: Ririe Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 12 1957
12. Signature of Notary: I. Hansen
13. Notary Commission expires: March 26 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Certificate of Baptism	L. D. S. Rigby Stake, Idaho		Apr. 29, 1944
	Date of Birth May 15, 1915	**Birth Place** Jefferson Co., Ririe, Idaho	**Full Name of Mother** Louise E. Bush	**Name of Father** Henry Sermon
SUPPORTING RECORD 2. Class B	Insurance Policy	Idaho Mutual Benefit Association	5-19-49	
	Date of Birth May 15, 1915	**Birth Place** Ririe, Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Elizabeth Peck	2-27-57	
	Date of Birth May 15, 1915	**Birth Place** Jefferson Co., Ririe, Idaho	**Full Name of Mother** Louise E. Bush Sermon	**Name of Father** Henry Sermon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Ms Shirley Straubhar
Date Filed: Mar. 7, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. Registrant's Full Name of Birth

MAR [illegible]

2. Sex of Birth

3. Date of Birth

4. Birth Place of Birth

5. Birth Place of Birth

6. Birth Place of Birth

7. State or Country of Father's Birth

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

10. Signature of Registrant

11. Present Address of Registrant

12. Signature of Notary

13. Notary Commission Expires

SUPPORTING RECORD 1

Date Issued

Date Orig. Entry

Full Name of Mother

Name of Father

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Full Name of Mother

Name of Father

SUPPORTING RECORD 3

Type of Document

By whom issued and signed

Date Issued

Date Orig. Entry

Full Name of Mother

Name of Father

STATE OF IDAHO

DEPARTMENT OF HEALTH

DELAYED CERTIFICATE

1947

295-21-8024-338

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-342
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Irene Brevick
2. Date of Birth (month) (day) (year): June 18 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Wendell Gooding
b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Christian Hetman Brevick
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Lulu Victoria Clyde
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Irene Brevick Erikson
11. Present Address of Registrant: N. 4327 Maple

NOTARY (Seal)

Subscribed and sworn to before me on: January 8 1957
12. Signature of Notary: [signature]
13. Notary Commission expires: April 9 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Mother	Lula V. Brevick	9-20-56	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 18, 1915 / Wendell, Idaho	Lula Victoria Clyde	Christian Hetman Brevick	
SUPPORTING RECORD 2. Class B	Type of Document: certified copy son's birth certificate	By whom issued and signed: of Washington State Dept. Health	Date Issued: 3-14-57	Date Orig. Entry: child born 4-10-1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 24 / Wendell, Idaho	---	---	
SUPPORTING RECORD 3. Class	Type of Document: application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Jan. 9, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 18, 1915 / Wendell, Idaho	Lulu Clyde	Chris Brevick	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	ss Nancy Richards	4-2-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy filed

Form DPH-49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

APR 3 1957

REGISTRANT

1. Registrant's Full Name at Birth

2. Date of Birth (month) (day) (year)

3. Sex

4. Place of Birth

5. County

6. City or Town of Birth

FATHER

6. Full Name of Father

7. Name or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

Mother declare upon oath that the above statements are true to the [illegible] knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission expires

19

APPLICANT - DO NOT WRITE BELOW THIS LINE

Supporting Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Wendell, Idaho	Lula Victoria Clyde	Christian [illegible]

Supporting Record 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	certified copy of Birth certificate	Washington State Dept. of Health	9-14-57	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Wendell, Idaho	---	---

Supporting Record 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Application for Social Security Account Number	Treasury Department		Jan. 9, 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18, 1957	Wendell, Idaho	Lula Clyde	Chris [illegible]

QUALIFYING INFORMATION

[illegible] that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Registrar.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	[illegible]

DUP 001915-49396

265-105029-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Carl Koepp			2. Date Of Birth (month) (day) (year): December 5, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Southwick, Idaho
FATHER	6. Full Name of Father: Carl Koepp			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Minnie Catherine Dorothy Brammer			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter C. Koepp		11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 31st 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 11th 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Theo. Meske, Pastor of Kendrick, Ida. Cameron, Emmanuel Luth. Ch.	Date Issued: 1-28-57	Date Orig. Entry: Dec. 15, 1915
	Date of Birth: Dec. 5, 1915 / Birth Place:	Full Name of Mother: Mrs. Carl Koepp	Name of Father: Mr. Carl Koepp	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Carl Koepp	Date Issued: 2-15-57	Date Orig. Entry:
	Date of Birth: Dec. 5, 1915 / Birth Place: Southwick	Full Name of Mother: Minnie Koepp	Name of Father: Carl Koepp	
SUPPORTING RECORD 3.	Type of Document: Statement regarding application for Insurance	By whom issued and signed: Western Life Insurance Co. Helena, Montana	Date Issued: 3-26-1957	Date Orig. Entry: Nov 14, 1945
	Date of Birth: Dec 5, 1915 / Birth Place: Southwick, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: ss Joyce B. Foltz	Date Filed: April 10, 1957	

FORM BH 56067

APR 11 1957

691-205-007-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-399

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Isabel Wray
2. Date of Birth (month) 3 (day) 5 (year) 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth: Idaho County Blaine
b. City or Town of Birth: Manard

FATHER

6. Full Name of Father: Edward Marshall Wray
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Vivian Priscilla Allen
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Isabel Wray Mortensen
11. Present Address of Registrant: 2714 Regan Boise

NOTARY (Seal)

Subscribed and sworn to before me on April 2 19 57

12. Signature of Notary: Maxine D. Wright
13. Notary Commission expires: January 27 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Social Security Account Number	U. S. Treasury Department	8-28-1939	8-28-1939
	Date of Birth / Birth Place: March 5,1915 Manard, Idaho	Full Name of Mother: Vivian Priscilla Allen	Name of Father: Edward Marshall Wray	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt - Age 67	By whom issued and signed: Isabelle Wray Borup	Date Issued: March 28,1957	Date Orig. Entry
	Date of Birth / Birth Place: March 5, 1915 Manard, Idaho Blaine co.	Full Name of Mother: Vivian Priscilla Allen	Name of Father: Edward Marshall Wray	
SUPPORTING RECORD 3.	Type of Document: Statement regarding School Record	By whom issued and signed: Boise High School Clyde Langlois, Ass't Supt.	Date Issued: Feb 21,1957	Date Orig. Entry: Enrolled from 9-1929-5-1932
	Date of Birth / Birth Place: March 5, 1915	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Joyce B. Foltz	April 12,1957

FORM BH 56067

APR 14 1952

DECEASED

259-213-040-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helvi Maria Perttula		2. Date Of Birth (month) (day) (year): Sept. 13 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Mullan
FATHER	6. Full Name of Father: Charles Perttula		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Iempi Maria Kamppila		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helvi Gilbertson (Helvi Perttula nee)	11. Present Address of Registrant: Chehalis Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 5th 1957	12. Signature of Notary: Charles E Forelle	13. Notary Commission expires: July 1st 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Charles Perttula, Lempi Perttula	Date Issued: 3-5-57	Date Orig. Entry:
	Date of Birth: Sept. 13, 1915 / Birth Place: Mullan, Idaho	Full Name of Mother: Lempi Perttula	Name of Father: Charles Perttula	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: First Christian Church Chehalis, Washington	Date Issued: 4-1-45	Date Orig. Entry:
	Date of Birth: Sept. 13, 1915 / Birth Place: Mullan, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co., New York, N.Y.	Date Issued: 6-1-44	Date Orig. Entry: 6-1-44
	Date of Birth: age next birthday 29 / Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Nancy Richards ss	Date Filed: April 15, 1957

FORM BH 56067

APR 16 1957

DELAYED

Dupe of 1915. 33744

553-21 5 1004-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia Dorothy Nelson			2. Date Of Birth (month) Dec (day) 15 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Inkom, Bear Lake Co. Idaho	b. City or Town of Birth: Inkom, Idaho
FATHER	6. Full Name of Father: John Michael Nelson			7. State or Country of Father's Birth: Ebeltoft, Denmark 1877
MOTHER	8. Full Maiden Name of Mother: Christina Prang			9. State or Country of Mother's Birth: Ebeltoft, Denmark 1883
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvia Dorothy Nelson Fillius		11. Present Address of Registrant: Rawlins, Wyo. 306 East Buffalo St
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 19 57	12. Signature of Notary: Myrtle McFarlane		13. Notary Commission expires: June 18 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Rawlins Branch, Western States Mission L.D.S.	Date Issued: 7-15-29	Date Orig. Entry: 7-11-29	
	Date of Birth: Dec. 15, 1915	Birth Place: Bear Lake Co., Inkom, Idaho	Full Name of Mother: Christina Prang	Name of Father: John Michael Nelson	
SUPPORTING RECORD 2.	Type of Document: Voter's Registration	By whom issued and signed: Carbon County, Rawlins, Wyoming	Date Issued: 3-14-57	Date Orig. Entry: 7-18-44	
	Date of Birth: age 28	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: Oct. 11, 1948	
	Date of Birth: Dec. 15, 1915	Birth Place: Inkham, Idaho	Full Name of Mother: Christina Prang	Name of Father: John Michael Neilsen	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: ss Nancy Richards		Date Filed: April 18, 1957	

FORM BH 56067

APR 19

538-114-004-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-430

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Warke Etherington
2. Date of Birth: July 14 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Montpelier Bear Lake; b. City or Town of Birth: Montpelier Idaho

FATHER

6. Full Name of Father: James Warke Etherington
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Ida La Rue Marble
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Warke Etherington
11. Present Address of Registrant: 565 N SHERWOOD DR. LAYTON UTAH

NOTARY (Seal)

Subscribed and sworn to before me on 13 mar 1957
12. Signature of Notary: Walter Smedley
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	by neighbor Affidavit at time of birth	Andrew Nielsen, Jr.	3-2-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7-14-15 / Montpelier, Ida.	Mrs. Etherington		
SUPPORTING RECORD 2.	Church record	By whom issued and signed: LDS Layton 8th Ward, Layton Stake, Layton, Utah	Date Issued: 3-6-57	Date Orig. Entry: 9-5-15
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	7-14-15 / Montpelier, Ida. Bear Lake Co.	Ida Larue Marble	James Warwick Etherington	
SUPPORTING RECORD 3.	Type of Document: Service Record (Transfer Action)	By whom issued and signed: U. S. Navy	Date Issued: 3-25-46	Date Orig. Entry: 3-25-46
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 14, 1915 / Montpelier, Ida.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	April 19, 1957

FORM BH 56067

APR 28 1957

RESIDENCE

FATHER

MOTHER

AFFIDAVIT

Signature of Registrant

Signature of Notary

Notary Commission expires

SUPPORTING RECORD 1

Date Filed

Date Orig. Entry

5-3-57

Affidavit of time of birth Andrew Nielsen, Jr.

Montpelier, Ida. Bear Lake Co.

SUPPORTING RECORD 2

Church record

Date Issued

2-6-57

Date Orig. Entry

9-5-18

Date of Birth

Birthplace

Ida Barne Warble

Name of Father

James Warwick Sherrington

SUPPORTING RECORD 3

Date Issued

Date Orig. Entry

Birthplace

Full Name of Mother

Name of Father

Evidence reviewed by

Date Filed

April 19, 1957

255-125-00-493

RECEIVED MAY 24 1957 Division of Vital Statistics

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is complete and accurate)

State File No. De57-573
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Idaho Falls Idaho Short Street

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Walace b. (Middle) Miller c. (Last) Bennett

4. SEX: M

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct (Day) 25, (Year) 1915

FATHER OF CHILD

7. FULL NAME: a. (First) Harry b. (Middle) c. (Last) Bennett

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): England

11a. USUAL OCCUPATION: Meat Cutter

11b. KIND OF BUSINESS OR INDUSTRY: Butcher

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Belle b. (Middle) c. (Last) Miller

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho Falls

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? one
b. How many OTHER children were born alive but are now dead? none
c. How many children were stillborn (born dead after 20 weeks pregnancy)? none

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Harry Bennett Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [signature]
18c. ADDRESS: Idaho Falls, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18d. DATE SIGNED: May 21, 1957

19. DATE REC'D BY LOCAL REG.: May 24, 1957

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [X] NO [ ]
Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: 5% Argyrol

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

MAY 31 1957

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

413-108-007-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vincent Albert Dalgetty			2. Date Of Birth (month) January (day) 8, (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Soldier, Idaho
FATHER	6. Full Name of Father: Albert Dalgetty			7. State or Country of Father's Birth: Washington, Iowa
MOTHER	8. Full Maiden Name of Mother: Veronica Studer			9. State or Country of Mother's Birth: Atwood, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vincent Albert Dalgetty	11. Present Address of Registrant: 812 La Vega St. S.W. Albuquerque, N.M.
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1957		12. Signature of Notary: Jeane Thomas	13. Notary Commission expires: 9-27- 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Lady of Good Counsel Church, Mountain Home, Idaho	Date Issued: 5-23-46	Date Orig. Entry: July 17, 1916
	Date of Birth: Jan. 8, 1915	Birth Place: ---	Full Name of Mother: Veronica Studer	Name of Father: Albert Dalgetty	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Veronica Dalgetty	Date Issued: 5-11-57	Date Orig. Entry:
	Date of Birth: Jan. 8, 1915	Birth Place: Soldier, Idaho	Full Name of Mother: Veronica Dalgetty	Name of Father: Albert Dalgetty	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge		By whom issued and signed: U. S. Army	Date Issued: discharged 7-30-45	Date Orig. Entry: inducted Mar. 17, 1941
	Date of Birth: Jan. 8, 1915	Birth Place: Soldier, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 6, 1957

FORM BH 56067

JUN 6 1957

212-226-023-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-611

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Evelyn Baker			2. Date Of Birth (month) (day) (year): November 26, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Henry Kirby Baker			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Frances Kennedy			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Conrad		11. Present Address of Registrant: 3505 Lassen, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photostatic copy of Original Social Security Application	By whom issued and signed: Treasury Department Internal Revenue Service	Date Issued:	Date Orig. Entry: October 26, 1942
	Date of Birth: November 26, 1915	Birth Place: Emmett, Idaho	Full Name of Mother: Helen Frances Kennedy	Name of Father: Henry Kirby Baker
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #230679	Date Issued: Child's Birthdate May 16, 1935	Date Orig. Entry:
	Date of Birth: Age 19	Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Helen F. Baker	Date Issued: 6-14-57	Date Orig. Entry:
	Date of Birth: November 26, 1915	Birth Place: Emmett, Idaho	Full Name of Mother: Helen Frances Kennedy	Name of Father: Henry Kirby Baker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Cooper	June 14, 1957

FORM BH 56067

DEATH CERTIFICATE OF FINAL

STATE OF IDAHO

JUN 17 1957

693-205-028-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-941
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella MAY WILFORD			2. Date of Birth (month) MAY (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: ~~Coeur D'Alene~~ Kootenai	b. City or Town of Birth: Coeur D Alene
FATHER	6. Full Name of Father: George FRANK WILFORD			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: LETHA Rachel MORGAN			9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella M DeMoss		11. Present Address of Registrant: Rt 3 Box 153 Shelton Wn.
NOTARY (Seal)	Subscribed and sworn to before me on 6/19 1957	12. Signature of Notary: Herbert Bangle		13. Notary Commission expires: Feb 17 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Olympia Public Schools Olympia, Washington	Date Issued: 6-25-53	Date Orig. Entry: Sept. 1923
Class* B	Date of Birth: age 8	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: born Sept.13,1895 Affidavit by sister,		By whom issued and signed: Mrs. Emma M. Gautier	Date Issued: 9-12-57	Date Orig. Entry:
Class B	Date of Birth: May 5, 1915	Birth Place: Kootenai Co. Coeur d'Alene, Ida.	Full Name of Mother: Letha Rachel Wilford (nee Morgan)	Name of Father: George Frank Wilford	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #87 certified copy	Date Issued: 12-12-42	Date Orig. Entry: child born Oct. 26, 1931
Class B	Date of Birth: age 16	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	mr Nancy Richards	Sept. 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 Copy 1st

SEP 23 1957

364-214-028-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-996

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Gabriel Louis			2. Date of Birth (month) (day) (year): May 14 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Coeur d' Alene-Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Micheal Louis			7. State or Country of Father's Birth: LuxemBurg (Europe)
MOTHER	8. Full Maiden Name of Mother: Catherine Grotz			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris Gabriel Louis White		11. Present Address of Registrant: 637 East Myrna Drive Port Hueneme, California
NOTARY (Seal)	Subscribed and sworn to before me on: October 3 19 57	12. Signature of Notary: Jessie N. Stelling		13. Notary Commission expires: July 23 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of the Holy Rosary R. C. Church, Tacoma, Wash.		Date Issued: 3-16-45	Date Orig. Entry: June 28, 1915
	Date of Birth: May 14, 1915	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Catherine Grotz	Name of Father: Michael Louis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Michael Louis and Catherine Louis		Date Issued: 4-5-57	Date Orig. Entry:
	Date of Birth: May 14, 1915	Birth Place: Kootenai Co, Coeur d'Alene, Idaho	Full Name of Mother: Catherine Louis	Name of Father: Michael Louis	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #422068		Date Issued:	Date Orig. Entry: child born July 5, 1946
	Date of Birth: age 31	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

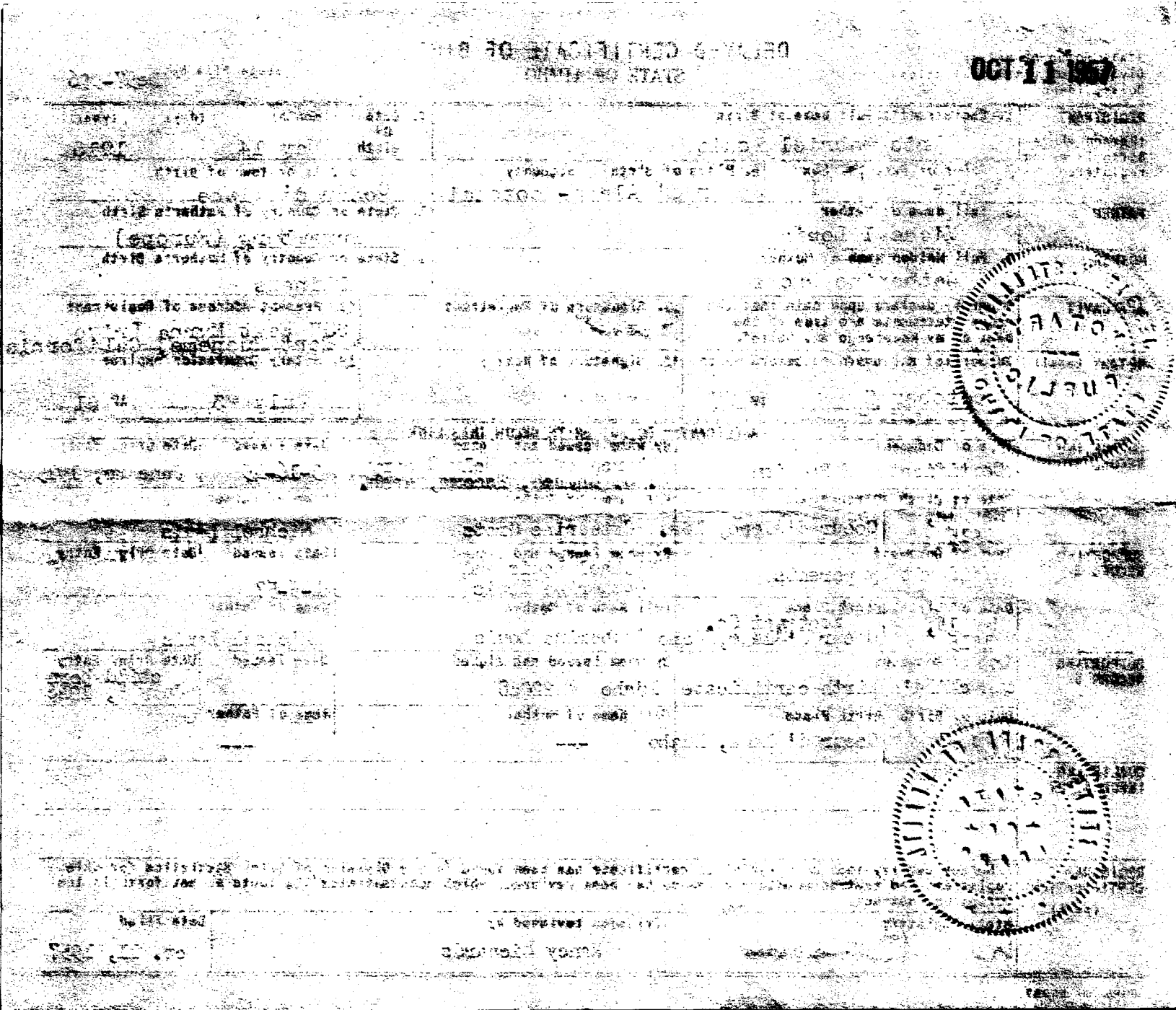
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jameson	Nancy Richards	Oct. 11, 1957

FORM BH 56067

1 Cert Issued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319-204005-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1019
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALICE SELMA LARSON
2. Date of Birth (month) (day) (year): JUNE 4, 1915
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BENEWAH
b. City or Town of Birth: ST. MARIES

FATHER

6. Full Name of Father: LOUIS O. LARSON
7. State or Country of Father's Birth: NORWAY

MOTHER

8. Full Maiden Name of Mother: CLARA M. LARSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice L. Brakebill
11. Present Address of Registrant: 3610 44th S. W. SEATTLE, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 17 1957
12. Signature of Notary: Paul F. Marsh
13. Notary Commission expires: June 19 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by mother	By whom issued and signed: Clara M. Larson	Date Issued: 9-16-57	Date Orig. Entry:	
	Date of Birth: June 4, 1915	Birth Place: Benewah Co. St. Marie, Idaho	Full Name of Mother: Clara M. Larson	Name of Father: Louis O. Larson	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 9-7-31	Date Orig. Entry: Sept. 7, 1931	
	Date of Birth: age next birthday 17 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: own child's birth certificate	By whom issued and signed: California #7316 certified copy	Date Issued: 12-3-48	Date Orig. Entry: child born Oct. 8, 1948	
	Date of Birth: age 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

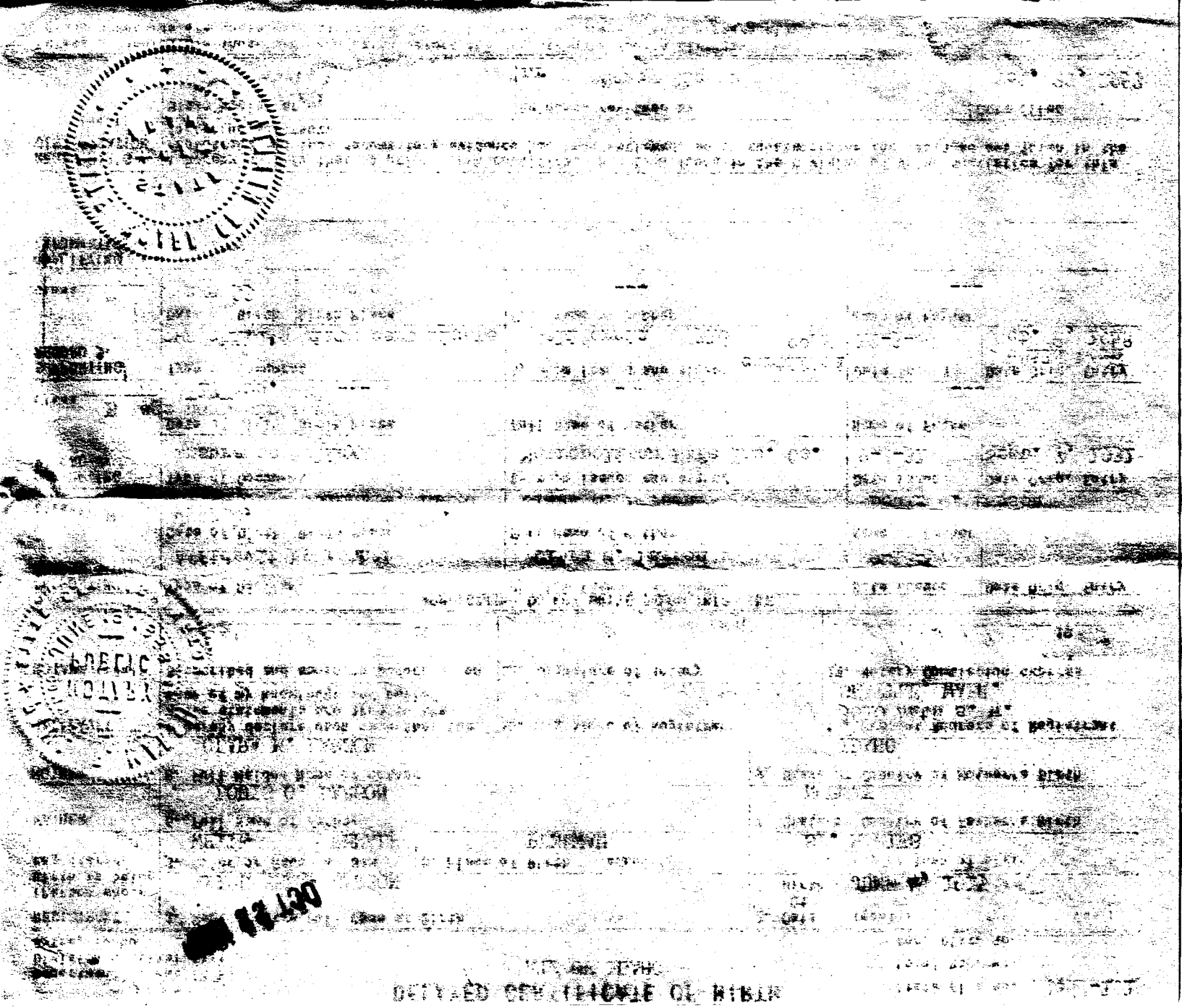
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. E. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Oct. 22, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy each

Form DPH #0067



553-114-029-023

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1040
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HJALMAR WALTER NELSON
2. Date of Birth (month) JAN (day) 14 (year) 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: Troy
a. County: LATAH
b. City or Town of Birth

FATHER

6. Full Name of Father: CARL OLAF NELSON
7. State or Country of Father's Birth: SWEDEN

MOTHER

8. Full Maiden Name of Mother: IDA AUGUSTA OSTROM
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hjalmar Walter Nelson
11. Present Address of Registrant: 918 LINDEN LEWISTON, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 12 1957
12. Signature of Notary: W W Johnson
13. Notary Commission expires: July 1, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Affidavit by sister, age 62 (present at birth)	Jan. 14, 1915	Latah Co. Troy, Idaho	Jennie Nelson Bachman	Ida Augusta Nelson	10-12-57		Carl Olaf Nelson
SUPPORTING RECORD 2. Class A	Church Record	Jan. 14, 1915	---	Troy Lutheran Church Troy, Idaho	Ida Augusta Nelson	8-1-57	Jan. 27, 1916	C. O. Nelson
SUPPORTING RECORD 3. Class B	Honorable Discharge	Jan. 14, 1915	Troy, Idaho	U. S. Navy	---	Discharged 2-26-46	Entered Feb. 15, 1945	---

QUALIFYING INFORMATION

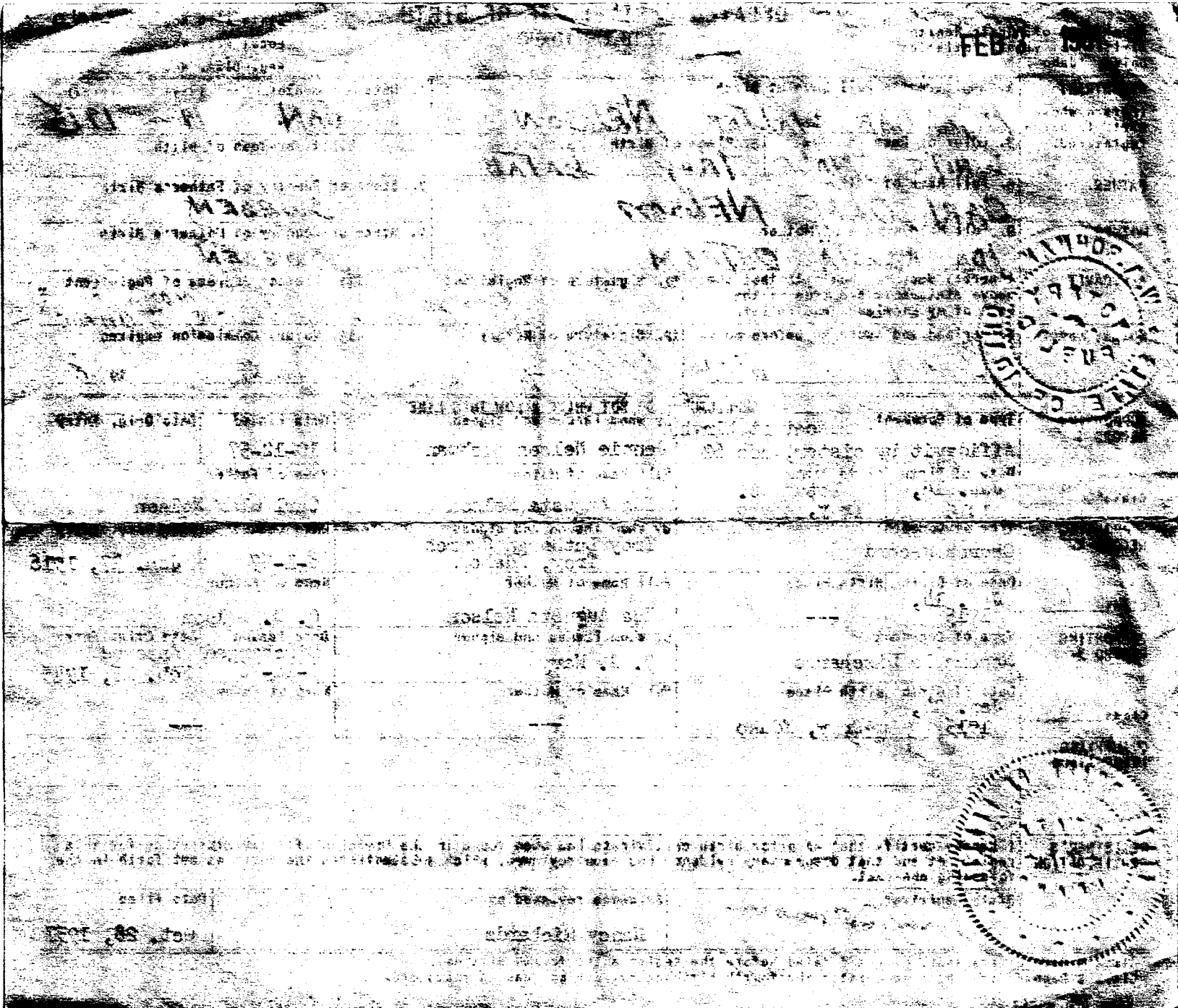
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Johnson	Nancy Richards	Oct. 28, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



859-204-042-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Louise Hero		2. Date of Birth (month) (day) (year): March 4th, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Murtaugh, Idaho. Twin Falls Co. b. City or Town of Birth: Murtaugh,
FATHER	6. Full Name of Father: George Walton Hero		7. State or Country of Father's Birth: Unknown.
MOTHER	8. Full Maiden Name of Mother: Alice Jeannette Grant		9. State or Country of Mother's Birth: New Hartford, Minnesota.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Louise Jackson	11. Present Address of Registrant: 169 Grand St., Winona, Minn
NOTARY (Seal)	Subscribed and sworn to before me on: October 15, 1957	12. Signature of Notary: E. D. Johansen	13. Notary Commission expires: March 12th, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: March 4, 1915 / Birth Place: Murtaugh, Idaho	Full Name of Mother: Alice Jeanette Grant		Name of Father: George Walton Hero
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Minnesota (Winona County)	Date Issued: 10-11-57	Date Orig. Entry: child born Dec. 23, 1939
	Date of Birth: age 24 / Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Baby Book record	By whom issued and signed: Mother, Alice J. Hero	Date Issued:	Date Orig. Entry: around time of birth
	Date of Birth: March 4, 1915 / Birth Place: Murtaugh, Idaho	Full Name of Mother: Alice J. Hero		Name of Father: George W. Hero

QUALIFYING INFORMATION

Birth Announcement as mailed March 5, 1915: born March 4, 1915; parents Alice & George Hero.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Nov. 4, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

[redacted] Louise Hero

Female Multiple, Identical Twin Twin Indeterminate

George Walton Hero

Alice Jeannette Grant

October 15, [illegible]

Social Security Agency

Jan. 3, 1936

Alice Jeannette Grant

Walter Hero

Farmer

Farmer

[illegible]

[illegible]

[illegible]

993-115-032-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1074

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELMER WILLIAM RICKETTS
2. Date of Birth: (month) June (day) 15 (year) 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: Lincoln Co.; b. City or Town of Birth: Shoshone, Idaho

FATHER

6. Full Name of Father: Volney Ricketts
7. State or Country of Father's Birth: Cripple creek Colorado

MOTHER

8. Full Maiden Name of Mother: Annie C. Skiver
9. State or Country of Mother's Birth: Roseville Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer Wm Ricketts
11. Present Address of Registrant: 919 S Allen ave St Louis Mo

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 14 1957

12. Signature of Notary: Frank Taylor

Notary Public, St. Louis County, Which Adjoins St. Louis City, Missouri
My Commission Expires May 26, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Oct. 12, 1937
	Date of Birth: June 15, 1915 / Birth Place: Lincon Co. Shoshone, Idaho	Full Name of Mother: Cassey Skiver	Name of Father: Volney Ricketts	
SUPPORTING RECORD 2.	Employment record	St. Louis Shipbuilding & Steel Co., St. Louis, Mo.	10-14-57	Dec. 1952
	Date of Birth: June 15, 1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Honorable Discharge	U. S. Navy	discharged 11-8-45	enlisted 10-28-42
	Date of Birth: June 15, 1915 / Birth Place: Shoshone, Idaho	Full Name of Mother: ----	Name of Father: ----	

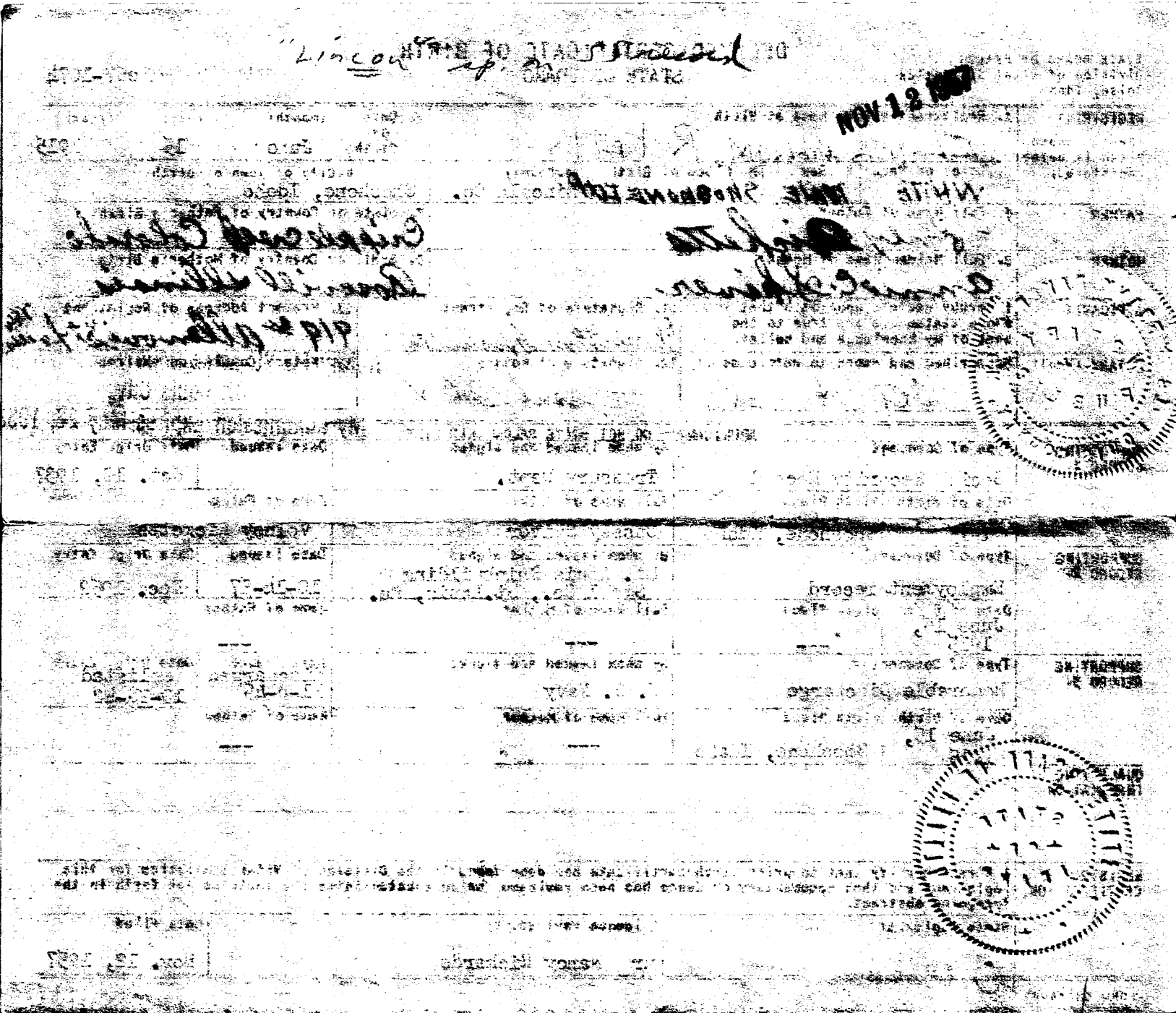
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	nr Nancy Richards	Nov. 12, 1957

FORM BH 56067



295-109-039-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Michael Roscoe Kress			2. Date of Birth (month) (day) (year): September 9th, 1915	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Power	b. City or Town of Birth: family farm near Roy, Idaho	
FATHER	6. Full Name of Father: Adam Kress			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: May Brown			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Michael Roscoe Kress		11. Present Address of Registrant: Rockland, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 22nd, 1957	12. Signature of Notary: W C Koofhouserow Residing at American Falls, Idaho.		13. Notary Commission expires: January 3d, 1959.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: May Kress		Date Issued: 11-22-57	Date Orig. Entry:
	Date of Birth: Sept. 9, 1915	Birth Place: family farm near Roy, Idaho, in Power County	Full Name of Mother: May Brown	Name of Father: Adam Kress	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: Ev. Luth. Church American Falls, Idaho		Date Issued:	Date Orig. Entry: June 17, 1917
	Date of Birth: Sept. 9, 1915	Birth Place: ----------	Full Name of Mother: May Kress, nee Brown	Name of Father: Adam Kress	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #342237		Date Issued:	Date Orig. Entry: child born March 17, 1942
	Date of Birth: age 26	Birth Place: Roy, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D M Benson	Nancy Richards	Dec. 5, 1957

FORM BH 56067 1 copy Rec'd

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC [redacted]

REGISTRANT	1. Registrant's Name at Birth: [redacted] Israel Isaacs Kress	2. Date of Birth (month) (day) (year): September 9th, 1929
	3. Color or Race: white	4. Sex: male
	5. Place of Birth (Country): Lower	6. Place of Birth (City): Fairfield near Hog, Idaho
FATHER	7. Full Name of Father: Max Kress	8. State or Country of Father's Birth: Indiana
MOTHER	9. Full Name of Mother: Mary Brown	10. State or Country of Mother's Birth: Indiana
AFFIDAVIT	11. Person Declare upon Oath that the statements are true to the best of Knowledge and Belief.	12. Signature of Registrant:
	13. Signature of Notary:	14. Present Address of Registrant: Rockland, Idaho
NOTARY	15. Date of Birth:	16. Notary Commission expires: January 24, 1950
SUPPORTING RECORD	Type of Document: Affidavit by mother	By whom Issued and Signed: Mary Kress
	Date Issued: 11-[illegible]-[illegible]	Date Orig. Entry:
	Name of Father: Adam Kress	
SUPPORTING RECORD 2	Type of Document: Delayed Certificate	By whom Issued and Signed: Mary Brown
	Date Issued: June 17, 1917	Date Orig. Entry:
	Name of Father: Adam Kress	
SUPPORTING RECORD 3	Type of Document: Delayed birth certificate	By whom Issued and Signed: Idaho [illegible]
	Date Issued: March 17, 1942	Date Orig. Entry: Child born
	Name of Father:	
QUALIFYING INFORMATION		
REGISTRAR'S CERTIFICATION	I hereby certify that no other certificate has been [illegible] by the Division of Vital Statistics for this registrant, and that documentary evidence has been [illegible] the facts as set forth in the foregoing [illegible]	
	Date Filed: Dec. 5, 1957	Evidence reviewed by: Nancy Richards

219-130-036-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Ray BARNEY			2. Date Of Birth (month) March (day) 30 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: IDAHO Holbrook	b. City or Town of Birth: Hol Brook Idaho	
FATHER	6. Full Name of Father: Oliver Nephi Barney			7. State or Country of Father's Birth: Spanish Fork Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Josephine McCarey			9. State or Country of Mother's Birth: FRANCE	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee R Barney		11. Present Address of Registrant: 10527 Capistrano Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1957	12. Signature of Notary: A. L. Horton Jr.		13. Notary Commission expires: October 7 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Son's birth certificate	By whom issued and signed: Texas #142		Date Issued: 2/14/52	Date Orig. Entry: Child born Jan. 17, 1952
	Date of Birth: age 36	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers	By whom issued and signed: U. S. Army		Date Issued:	Date Orig. Entry: Sep. 20, 1945
	Date of Birth: Mar. 30, 1915	Birth Place: Holbrook, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Nov. 26, 1936
	Date of Birth: March 30, 1915 (age 21)	Birth Place: Holbrook, Idaho Oneida Co.	Full Name of Mother: Mary McCarey	Name of Father: Oliver Barney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: ss Nancy Richards	Date Filed: Dec. 17, 1957

FORM BH 56067

DEC 17 1957

692-212-002-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AMY GRACE FISK			2. Date of Birth (month) (day) (year): MAY 12 1915
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ADAMS	b. City or Town of Birth: FRUITVALE
FATHER	6. Full Name of Father: EDWARD FENNER FISK			7. State or Country of Father's Birth: TEXAS
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH RIEGEL			9. State or Country of Mother's Birth: ALBANY N.Y.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Grace Fisk		11. Present Address of Registrant: FRUITVALE IDA
NOTARY (Seal)	Subscribed and sworn to before me on: December 18 1957	12. Signature of Notary: Carl H Swanstrom		13. Notary Commission expires: April 7 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at birth - Pete Robertson-Age 66	By whom issued and signed		Date Issued: 12-17-57	Date Orig. Entry
	Date of Birth: May 12, 1915	Birth Place: Fruitvale, Idaho	Full Name of Mother: Mary E. Riegel	Name of Father: Edward F. Fisk	
SUPPORTING RECORD 2.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho #368027		Date Issued: Child's birthdate February 26, 1943	Date Orig. Entry
	Date of Birth: Age 27	Birth Place: Fruitvale, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Marshal's Report	By whom issued and signed: Anna Mink Schwartz, Recorder Adams County, Idaho		Date Issued: 12-18-57	Date Orig. Entry: 10-4-1928
	Date of Birth: Age 13	Birth Place: ----	Full Name of Mother: ----	Name of Father: E. F. Fisk	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Brown	Evidence reviewed by: Shirley Cooper	Date Filed: Jan. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Division of Vital Statistics
Boise, Idaho

JAN 8 1950

REGISTRAR

Registrant's Full Name at Birth

Date of Birth

Place of Birth

Registered

1. Name of Person at Birth
[illegible]

2. Birth of Birth
[illegible]

3. Name of Town of Birth
[illegible]

FATHER

6. Full Name of Father
[illegible]

7. State of Country of Father's Birth
[illegible]

8. Full Maiden Name of Mother
[illegible]

9. State of Country of Mother's Birth
[illegible]

AFFIDAVIT

Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
[illegible]

11. Present Address of Registrant
[illegible]

NOTARY

Subscribed and sworn to before me on
[illegible] 1950

12. Signature of Notary
[illegible]

13. Notary Commission expires
[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Affidavit by person present at birth - Pete Robertson-Age 50

Date Issued: 12-17-57

Date Orig. Entry

Date of Birth: May 17, 1915

Birth Place: Fruitvale, Idaho

Full Name of Mother: Mary E. Riegel

Name of Father: Edward F. Fisk

SUPPORTING RECORD 2

Type of Document: Wm. Child's birth certificate

Date Issued: Child's birthdate February 28, 1943

Date Orig. Entry

Date of Birth: Age 27

Birth Place: Fruitvale, Idaho

Full Name of Mother: ----

Name of Father: ----

SUPPORTING RECORD 3

Type of Document: Census Marshal's Report

Date Issued: 2-15-57

Date Orig. Entry: [illegible]-1928

Date of Birth: Age 15

Birth Place: ----

Full Name of Mother: ----

Name of Father: [illegible]

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no person or birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by: Shirley Cooper

Date Filed: Jan. 8, 1950

419-225 032-695

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-72
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: IDA PAULINE MARTZ			2. Date Of Birth (month) OCTOBER (day) 25 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth: IDAHO a. County: LINCOLN	b. City or Town of Birth: KIMAMA
FATHER	6. Full Name of Father: Daniel Martz			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Eva Wiederich			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Pauline Brunmaier		11. Present Address of Registrant: 606 1st ave N.W. Aberdeen So Dak
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 6 1958	12. Signature of Notary: O H Christian		13. Notary Commission expires: June 26 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER		By whom issued and signed: DANIEL MARTZ	Date issued: 3-29-56	Date Orig. Entry:
Class* B	Date of Birth: October 25 1915	Birth Place: Kiminana, Idaho	Full Name of Mother: Eva Wiederich	Name of Father: Daniel Martz	
SUPPORTING RECORD 2.	Type of Document: Statement re SCHOOL RECORD		By whom issued and signed: SUPERINTENDENT OF SCHOOLS Ipswich, South Dakota	Date issued: 3-27-56	Date Orig. Entry: school year 1922
Class B	Date of Birth: 6 years old	Birth Place:	Full Name of Mother:	Name of Father: Daniel Martz	
SUPPORTING RECORD 3.	Type of Document: Child's Birth Cert. #83 Lorraine Mary Brunmaier		By whom issued and signed: Edmunds Co., Ipswich, S.D. Joe C. Heier, Clerk of Courts	Date issued: 1-9-1958	Date Orig. Entry: child born 3-23-1944
Class	Date of Birth: Age: 28	Birth Place: Kimena, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 3, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Birth No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible] 3 1958
2. Date of Birth (month) (day) (year): [illegible] 25 [illegible]
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho, Lincoln
6. City or Town of Birth: Kimama
7. State or Country of Father's Birth: South Dakota
8. Full Name of Father: [illegible]
9. State or Country of Mother's Birth: Russia
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

AFFIDAVIT (Seal)

1. Before me, [illegible] upon oath that the above statements are true to the [illegible] and belief.
2. Subscribed and sworn to before me on [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	Date Issued	Date Orig. Entry
[illegible] BY [illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	Date Issued	Date Orig. Entry
Statement [illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	Date Issued	Date Orig. Entry
Child's Birth Cert. #83 Lorraine Mary [illegible]	1-9-1958	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Kimama, Idaho	[illegible]	[illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
	[illegible]	[illegible]

Class [illegible] Record [illegible] dated before the registrant's fourth birthday.
Class [illegible] Record [illegible] after the fourth birthday but are at least [illegible]

238-209-025-459

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

RECEIVED
MAR 21 1958
Division of Vital Statistics

State File No. De58-157
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Schlager
2. Date of Birth: (month) January (day) 9 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Lincoln Idaho; b. City or Town of Birth Drakes

FATHER

6. Full Name of Father: Jacob P. Schlager
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Elizabeth Meines
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rose Schwartz
11. Present Address of Registrant: Lincoln, Nebr.

NOTARY (Seal)

Subscribed and sworn to before me on March 17 19 58
12. Signature of Notary: [illegible]
13. Notary Commission expires: Aug 11 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Voting Registration Record	Lancaster County, Nebraska	8-2-57	Oct. 23, 1940
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class B	Insurance Record (statement)	Metropolitan Life Ins. Co. #3 383 476-M	10-23-57	May 6, 1940
	Date of Birth: Jan. 9, 1915 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Affidavit by father, age 74	J. P. Schlager	1-8-58	
	Date of Birth: Jan. 9, 1915 / Birth Place: Drakes, Idaho	Full Name of Mother: Elizabeth Schlager	Name of Father: J. P. Schlager	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Nancy Richards nr	Feb. 28, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

[illegible] 28 1950

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Type	4. Sex	5. Place of Birth: County
			6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me as	13. Signature of Notary	14. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Voting Registration Record	By whom issued and signed: Lancaster County, Nebraska	Date Issued: 8-2-57	Date Orig. Entry: Oct. 22, 1950
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: Insurance Record (statement)	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 10-23-57	Date Orig. Entry: May 6, 1950
	Date of Birth: Jan. 9, 1915	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Affidavit by Father, age 74	By whom issued and signed: J. I. Schlager	Date Issued: 1-1-58	Date Orig. Entry:
	Date of Birth: Jan. 9, 1915	Birth Place: Arkansas, Idaho	Full Name of Mother: Elizabeth Schlager	Name of Father: J. I. Schlager

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by	Date filed
	Nancy Richards	Feb. 23, 1958

Class A Records are those made and [illegible] for the birth of [illegible] years old.
Class B Records are those made [illegible] for the birth of [illegible] years old.

546-218-013-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Ethel Edwards			2. Date Of Birth (month) December (day) 18 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Camas	b. City or Town of Birth: Fairfield Idaho	
FATHER	6. Full Name of Father: John Lyon Edwards			7. State or Country of Father's Birth: Bloomsburg, Penn.	
MOTHER	8. Full Maiden Name of Mother: Nancy Margaret Wardrop			9. State or Country of Mother's Birth: Soldier Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bessie Ethel Lee	11. Present Address of Registrant: Fairfield, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1958		12. Signature of ~~Notary~~ CLERK OF DISTRICT COURT: John Edwards	13. Notary Commission expires: January 17 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 20, 1942
	Date of Birth: Dec. 18, 1915	Birth Place: Camas Co. Fairfield, Idaho	Full Name of Mother: Nancy Margaret Wardrop	Name of Father: John Lyon Edwards	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 68		By whom issued and signed: Lydia Perkins	Date Issued: 2-12-58	Date Orig. Entry:
	Date of Birth: Dec. 18, 1915	Birth Place: Fairfield, Idaho	Full Name of Mother: Nancy Margaret Edwards	Name of Father: John L. Edwards	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Camas County School Records Custodian, Fairfield, Idaho	Date Issued: 1-24-58	Date Orig. Entry: 1931-32 school census
	Date of Birth: Dec. 18, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 28, 1958

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: [illegible] Bible Ethel [illegible]	2. Date of birth: December 16 1915	
	3. Sex: Female	4. Place of birth: Fairfield Idaho	
	5. Name of Father: John Lyon Edwards	6. Place of Birth: Bloomsburg, Penn.	
	7. Name of Mother: Nancy Margaret Wardrop	8. Place of Birth: Soldier Idaho	
	9. Signature of Registrant	10. Present Address of Registrant	
NOTARY (Seal)	11. Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD	Type of Document: Social Security Record	1. Name Issued and Signed: Treasury Dept.	Date Issued	Date Orig. Entry: Oct. 30, 1942
	Date of Birth: 1915	Place of Birth: Fairfield, Idaho	Full Name of Mother: Nancy Margaret Wardrop	Name of Father: John Lyon Edwards
SUPPORTING RECORD	Type of Document: Affidavit by sister, [illegible]	2. Name Issued and Signed: Lydia Perkins	Date Issued: 2-12-58	Date Orig. Entry
	Date of Birth: 1915	Place of Birth: Fairfield, Idaho	Full Name of Mother: Nancy Margaret Edwards	Name of Father: John L. Edwards
SUPPORTING RECORD	Type of Document: School Record	3. Name Issued and Signed: Camas County School Records Custodian, Fairfield, Idaho	Date Issued: 1-24-58	Date Orig. Entry: 1931-32 school census
	Date of Birth: Dec. 18, 1915	Place of Birth: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal): I, Nancy Lyon Edwards, Registrar of Vital Statistics for this registration, that the documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

State Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 26, 1958

695-12-040-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William John Wiegele			2. Date of Birth (month) June (day) 27 (year) 1915	
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace	
FATHER	6. Full Name of Father: Michael F. Wiegele			7. State or Country of Father's Birth: Austria	
MOTHER	8. Full Maiden Name of Mother: Antoinette Makoutz			9. State or Country of Mother's Birth: Iron Mountain, Mich	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William John Wiegele	11. Present Address of Registrant: Dem Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 7 1958		12. Signature of Notary: Anne K Patrick	13. Notary Commission expires: Sep 2 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: R. C. St. Alphonsus Church Wallace, Idaho	Date Issued: 3-1-58	Date Orig. Entry: July 8, 1915
	Date of Birth: June 27, 1915	Birth Place: Wallace, Idaho	Full Name of Mother: Antoinette Makoutz	Name of Father: Michael Wiegele	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: May 12, 1952
	Date of Birth: June 27, 1915	Birth Place: Wallace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #288655	Date Issued:	Date Orig. Entry: child born Dec. 19, 1939
	Date of Birth: age 24	Birth Place: Wallace, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

Lyon Mountain, Idaho

Lyon Mountain

Lyon Mountain Methodist

Lyon Mountain, Idaho

Lyon Mountain

Lyon Mountain, Idaho

Lyon Mountain

Lyon Mountain, Idaho

Lyon Mountain

296-105-044-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D58-343
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHESTER GRANT BROWN	2. Date Of Birth (month) (day) (year): FEB 5 1915
	3. Color or Race: WHITE ~~LEGAL~~ 4. Sex: MALE 5. Place of Birth a. County	b. City or Town of Birth: WEISER IDAHO
FATHER	6. Full Name of Father: LEONARD LAWSON BROWN	7. State or Country of Father's Birth: WASHINGTON
MOTHER	8. Full Maiden Name of Mother: IVY MAY LAING	9. State or Country of Mother's Birth: WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Grant Brown; 11. Present Address of Registrant: 1919 RIDDLE CRT STOCKTON CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1958	12. Signature of Notary: Mary Thom Pohle; 13. Notary Commission expires: March 8 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ivy M. Brown	Date issued: 4-2-58	Date Orig. Entry:
Class* B	Date of Birth: Feb. 5, 1915	Birth Place: Weiser, Idaho	Full Name of Mother: Ivy May Brown	Name of Father: Leonard Lawson Brown	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: County Recorder, Stockton, California, #1731	Date issued: 9-13-56	Date Orig. Entry: child born Dec. 28, 1945
Class B	Date of Birth: age 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of Operator's License		By whom issued and signed: California Dept. of Motor Vehicles	Date issued: 1-31-58	Date Orig. Entry: June 18, 1940
Class B	Date of Birth: Feb. 5, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	April 25, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy 1 ed

CERTIFICATE OF WEALTH

619-215-002-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel May Farlien		2. Date Of Birth (month) May (day) 15 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Fruit Vale
FATHER	6. Full Name of Father: Daniel Jefferson Farlien		7. State or Country of Father's Birth: Boon County, Iowa. ~~1898~~	
MOTHER	8. Full Maiden Name of Mother: Cordelia Morgen		9. State or Country of Mother's Birth: Boon County, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel M. Land.	11. Present Address of Registrant: R.1. Box 110 Gold Beach-Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1957	12. Signature of Notary: [illegible]	13. Notary Commission expires: 7-7-1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 74	By whom issued and signed: J. A. Farlien	Date Issued: 1-13-58	Date Orig. Entry:	
	Date of Birth: May 15, 1915	Birth Place: Adams Co. Fruitvale, Idaho	Full Name of Mother: Cordelia Farlien	Name of Father: Daniel J. Farlien	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Keizer Memorial Hospital North Bend, Oregon	Date Issued: 2-17-58	Date Orig. Entry: Jan. 28, 1952	
	Date of Birth: age 36	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Josephine Co., Oregon	Date Issued: 4-18-58	Date Orig. Entry: Feb. 29, 1936	
	Date of Birth: age 20 yrs. 9 mos. 14 days	Birth Place: Fruitvale, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denman	nr Nancy Richards	May 8, 1958

FORM BH 56067

MAY 8 1958

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Registrar's Name	1. Registrar's Full Name of Birth	2. Date of Birth	
Person Whose Birth is Being Registered	3. Place of Birth	4. Sex	5. Place of Birth
Person Whose Birth is Being Registered	6. Full Name of Father	7. Place of Birth	8. Date of Birth
Person Whose Birth is Being Registered	9. Full Name of Mother	10. Place of Birth	11. Date of Birth
Person Whose Birth is Being Registered	12. Place of Birth	13. Signature of Registrar	14. Present Address of Registrar
Person Whose Birth is Being Registered	15. Signature of Notary	16. Notary Commission Expires	

Supporting Record 1	Type of Document	Date Issued	Date Issued	Date Orig. Entry
	[illegible]	J. A. [illegible]	1-13-58	
	Place of Birth	Place of Birth	Date of Birth	
	[illegible]	[illegible]	[illegible]	
Supporting Record 2	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible] Memorial Hospital South Bend, Oregon	2-11-58	Jan. 26, 1958
	Date of Birth	Full Name of Mother	Name of Father	
	[illegible]	---	---	
Supporting Record 3	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	[illegible]	Josephine Co., Oregon	1-13-58	Feb. 29, 1956
	Date of Birth	Full Name of Mother	Name of Father	
	[illegible]	---	---	

Remarks: I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	May 8, 1958

366-21 S 012 - 263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-454

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elena Marian Lowe (Marshall)
2. Date Of Birth: (month) Feb. (day) 15 (year) 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Lost River Butte; b. City or Town of Birth:

FATHER

6. Full Name of Father: Charles Leonard Lowe
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Viola Marian Gallenberger
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elena Marian Marshall
11. Present Address of Registrant: Box 543 Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 5-30 1958
12. Signature of Notary: Douglas R Parkinson
13. Notary Commission expires: 1-1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Bingham Co., Blackfoot, Ida.	1-13-58	school census 1923-1924
	Date of Birth: Feb. 15, 1915 (age 8) / Birth Place: ---	Full Name of Mother: ---	Name of Father: Leonard Lowe	
SUPPORTING RECORD 2.	Affidavit by mother	Viola Marian Lowe	5-13-58	
	Date of Birth: Feb. 15, 1915 / Birth Place: Butte Co. Lost River, Idaho	Full Name of Mother: Viola Marian Lowe	Name of Father: Charles Leonard Lowe	
SUPPORTING RECORD 3.	Marriage Record	Bingham Co., Idaho	1-13-58	July 29, 1933
	Date of Birth: Feb. 15, 1915 (age 18) / Birth Place: Lost River, Ida.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jensen	Nancy Richards	May 28, 1958

FORM BH 56067 1 copy

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 28 1958

753113-006-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-560

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wesley Tony PeTeRSeN
2. Date of Birth (month) (day) (year): Oct. 13 1915
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: THomas, IDA. Bingham
b. City or Town of Birth: THOMAS, IDAHO

FATHER

6. Full Name of Father: PeTeR ToNy PETERSEN
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: ALAMENA FURNiSS
9. State or Country of Mother's Birth: Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wesley T. Petersen
11. Present Address of Registrant: Idaho Falls, Ida. 240 Hackley St.

NOTARY (Seal)

Subscribed and sworn to before me on: May 24 1958

12. Signature of Notary: Dorothy McBeth
13. Notary Commission expires: Nov. 29 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record-Baptism	LDS Church Idaho Falls, Idaho	8-3-46	Aug. 3, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 13, 1915	Thomas, Idaho	Almina Furniss	Peter T. Petersen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	U. S. Army	discharged 11-6-45	inducted Oct. 23, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 13, 1915	Thomas, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #387968		child born March 17, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Thomas, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible]	nr Nancy Richards	June 25, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Wesley Tony Petersen	2. Date of Birth: [illegible]	3. Date of Birth: [illegible]
	4. Color or Race: White	5. Sex: Male	6. Place of Birth: Thomas, Ida. Bingham
	7. Place of Birth: Thomas, Idaho	8. Date of Birth: [illegible]	
FATHER	9. Full Name of Father: Peter Tony Petersen	10. Date of Birth: [illegible]	11. Place of Birth: Thomas, Idaho
	12. Place of Birth: Thomas, Idaho	13. Date of Birth: [illegible]	
MOTHER	14. Maiden Name of Mother: Eva Amelia Eurkins	15. Date of Birth: [illegible]	16. Place of Birth: Thomas, Idaho
	17. Place of Birth: Thomas, Idaho	18. Date of Birth: [illegible]	
AFFIDAVIT	19. Date of Birth: [illegible]	20. Signature of Registrant: Wesley Petersen	21. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	22. Subscribed and sworn to before me on: [illegible] 1958	23. Signature of Notary: [illegible]	24. Notary Commission Expires: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record-Baptism	By whom issued and signed: LDS Church, Idaho Falls, Idaho	Date Issued: 9-3-46	Date Orig. Entry: Aug. 3, 1946
	Date of Birth: [illegible] 1915	Full Name of Mother: Almina Arnica	Name of Father: Peter T. Petersen	
SUPPORTING RECORD 2	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army	Date Issued: disc. served 11-[illegible]	Date Orig. Entry: Inducted Oct. 23, 1942
	Date of Birth: Oct. 13, 1915	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: child born March 30, 1944
	Date of Birth: age 28	Full Name of Mother: —	Name of Father: —	

QUALIFICATION (Continued)

REGISTRAR'S CERTIFICATION (Continued): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	June 25, 1958

FORM NO. [illegible]

435-212-022-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-601

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Laura McVicker			2. Date Of Birth (month) (day) (year): January 12, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Herbert James McVicker			7. State or Country of Father's Birth: North Bend, Nebraska
MOTHER	8. Full Maiden Name of Mother: Fay Ella Vancil			9. State or Country of Mother's Birth: Springfield, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Laura McVicker (Bowen)		11. Present Address of Registrant: Midvale, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: December 9, 1957	12. Signature of Notary: [signature]		13. Notary Commission expires: Sept 3, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by Attending Physician	By whom issued and signed: E. L. Hargis M.D.	Date issued: Sept. 3, 1956	Date Orig. Entry
	Date of Birth: Jan. 12, 1915 / Birth Place: Fremont County, Ashton, Idaho	Full Name of Mother: Fay Ella Vanal	Name of Father: Herbert James McVicker	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued:	Date Orig. Entry: Jan. 13, 1937
	Date of Birth: Jan. 12, 1915 / Birth Place: Ashton, Idaho	Full Name of Mother: Fay McVicker	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Jan. 8, 1942
	Date of Birth: Jan. 12, 1915 / Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Fay Ella Vancil	Name of Father: Herbert James McVicker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Nancy Richards	July 9, 1958

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 9 1968

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] McVicker	2. Date of Birth: [illegible]	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: [illegible]
FATHER	6. Full Name of Father: Herbert James McVicker	7. State or Country of Father's Birth: North Bend, Nebraska	
MOTHER	8. Full Maiden Name of Mother: Ray Ella Vencil	9. State or Country of Mother's Birth: Springfield, Missouri	
AFFIDAVIT	9. Person declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Midvale, Utah
SIGNATURE	Subscribed and sworn to before me on [illegible] 1911	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Statement by Attending Physician	By whom issued and signed: [illegible]	Date Issued: Sept. [illegible], 1966
	Date of Birth: [illegible]	Full Name of Mother: Ray Ella Vencil	Name of Father: Herbert James McVicker
	Place of Birth: [illegible] County, Ashton, Idaho		
SUPPORTING RECORD 2	Type of Document: Insurance Policy Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Jan. 22, 1932
	Date of Birth: [illegible]	Full Name of Mother: Ray McVicker	Name of Father:
SUPPORTING RECORD 3	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: Jan. 8, 1942
	Date of Birth: Jan. 12, 1914	Full Name of Mother: Ray Ella Vencil	Name of Father: Herbert James McVicker
QUALIFICATION INFORMATION			

CERTIFICATION (Cont'd) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
	Harry Richards	July 9, 1968

25425-020, 645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-657

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BEMROSE, EMMETT, LEE
2. Date of Birth (month) (day) (year): AUG. 25 1915
3. Color or Race: W
4. Sex: M.
5. Place of Birth a. County: Idaho. ELMORE.
b. City or Town of Birth: HILL CITY -

FATHER

6. Full Name of Father: GEORGE LEE BEMROSE
7. State or Country of Father's Birth: IOWA.

MOTHER

8. Full Maiden Name of Mother: MARY ELIZABETH O'DEEN.
9. State or Country of Mother's Birth: Sweden.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emmett L. Bemrose
11. Present Address of Registrant: 5930 N.E. Sumner, Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1958

12. Signature of Notary: Leroy J. White

13. Notary Commission expires: My Commision Expires Dec. 14, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	George Lee Bemrose and Mary Elizabeth Bemrose	6-23-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 25, 1915 / Hill City, Idaho	Mary Elizabeth Bemrose	George Lee Bemrose	
SUPPORTING RECORD 2.	own child's birth certificate	Idaho #308884		child born Feb. 1, 1941
	age 25 / Hill City, Idaho	—	—	
SUPPORTING RECORD 3.	Honorable Discharge (photostat)	U. S. Army	discharged Apr. 6, 1945	inducted Oct. 28, 1944
	Aug. 25, 1915 / Hill City, Idaho	—	—	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson

Evidence reviewed by: nr Nancy Richards

Date Filed: Aug. 1, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

389-218-039-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-670
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Norma Christensen
2. Date of Birth: (month) Nov. (day) 18 (year) 1915
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: American Falls, Power, Ida. b. City or Town of Birth: American Falls, Idaho

FATHER

6. Full Name of Father: Christen John Christensen
7. State or Country of Father's Birth: Holbek, Denmark

MOTHER

8. Full Maiden Name of Mother: Annie Cassandra Calvert
9. State or Country of Mother's Birth: Ogden Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma Christensen
11. Present Address of Registrant: (Mrs. Weber) 218 Arthur Ave American Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 21 1958
12. Signature of Notary: Dell W Smith
13. Notary Commission expires: April 2 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Church Record--Baptism	By whom issued and signed: American Falls Ward, Amer. Falls Stake, LDS Church	Date Issued: 3-11-57	Date Orig. Entry: July 5, 1924	
	Date of Birth: Nov. 18, 1915	Birth Place: Power Co., Idaho American Falls	Full Name of Mother: Annie Calvert	Name of Father: John Christensen	
SUPPORTING RECORD 2. Class B	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 7, 1946	
	Date of Birth: Nov. 18, 1915	Birth Place: Power Co., Idaho American Falls	Full Name of Mother: Annie Calvert	Name of Father: John Christensen	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by attendant at birth, age 77	By whom issued and signed: Clara C. Smith	Date Issued: 7-21-58	Date Orig. Entry:	
	Date of Birth: Nov. 18, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: Annie Cassandra Calvert	Name of Father: John Christensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Nancy Richards	Aug. 12, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

264-207-009-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Bombino		2. Date Of Birth (month) May (day) 7th (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Priest River Bonner; b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Bruno Bombino		7. State or Country of Father's Birth: Grimaldi, Italy
MOTHER	8. Full Maiden Name of Mother: Josephine Naccarato		9. State or Country of Mother's Birth: Grimaldi, Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Bombino	11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 16th, 1958	12. Signature of Notary: George C. Connolly	13. Notary Commission expires: October 12th, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: R. C. Church of St. Aloysius Spokane, Washington	Date issued: 6-30-36	Date Orig. Entry: June 27, 1915
	Date of Birth: May 7, 1915	Birth Place: Priest River, Idaho	Full Name of Mother: Josephina Naccarato	Name of Father: Bruno Bombino	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Aug. 13, 1946
	Date of Birth: May 7, 1915	Birth Place: Bonner Co. Priest River, Idaho	Full Name of Mother: Josephine Naccarato	Name of Father: Bruno Bombino	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Great Western Mutual Assoc.	Date issued: 9-11-40	Date Orig. Entry: Sept. 3, 1940
	Date of Birth: May 7, 1915	Birth Place: Priest River, Idaho	Full Name of Mother: Josephine Bombino	Name of Father: Bruno Bombino	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	Nancy Richards	Sept. 30, 1958

FORM BH 56067

Copy Paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filing No. [illegible]

SEP 30 [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: Louise Bombino	2. Date of Birth: May 7th 1915
	3. Sex: Male	4. Place of Birth: Priest River Bonner	5. Birth Year of Birth: Priest River
FATHER	6. Full Name of Father: Bruno Bombino	7. State or Country of Father's Birth: Grimaldi, Italy
MOTHER	8. Full Name of Mother: Josephine Naccarato	9. State or Country of Mother's Birth: Grimaldi, Italy
APPLICANT	1. Hereby declares upon oath that the above statements are true to the best of his knowledge and belief.	10. Signature of Registrant:	11. Present Address of Registrant: Priest River, Idaho
NOTARY	Subscribed and sworn to before me on: September 16th, 1953	12. Signature of Notary:	13. Notary Commission expires: October 12th, 1959

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Priest River, Idaho	Full Name of Mother: Josephine Naccarato	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. [illegible], 1940
	Date of Birth: [illegible]	Birth Place: Priest River, Idaho	Full Name of Mother: Josephine Naccarato	Name of Father: Bruno Bombino
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Great Western Natural Assoc.	Date Issued: 9-11-40	Date Orig. Entry: Sept. 3, 1940
	Date of Birth: [illegible]	Birth Place: Priest River, Idaho	Full Name of Mother: Josephine Bombino	Name of Father: Bruno Bombino
QUALIFYING INFORMATION				

CERTIFICATE OF CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Birth Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 30, 1950

791-209-033-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-849

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAULINE GRAF
2. Date Of Birth (month) (day) (year): July 9 1915
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: MADISON
b. City or Town of Birth: HIBBARD

FATHER

6. Full Name of Father: HENRY GRAF
7. State or Country of Father's Birth: RUSSIA

MOTHER

8. Full Maiden Name of Mother: MARY BISCHOFF
9. State or Country of Mother's Birth: RUSSIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pauline Tidd (formerly Pauline Graf)
11. Present Address of Registrant: 4614 MAX DR SAN DIEGO CA

NOTARY (Seal)

Subscribed and sworn to before me on: January 3 1957
12. Signature of Notary: Joseph W. Clifford
13. Notary Commission expires: Feb. 27 1958

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Brother	Henry G. Graf	11/15/56	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 9, 1915 / Hibbard, Idaho	Mary Bischoff Graf	Henry Graf	
SUPPORTING RECORD 2.	Daughter's birth cert.	California #512539	10/23/56	Child born on June 4, 1941
	age 25 / Idaho			
SUPPORTING RECORD 3.	Federal Census Record	Bureau of the Census U. S. Dept. of Commerce	10-11-58	Jan. 1, 1920
	age 4 7/12 / Idaho	Mary Graf	Henry Graf	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Nancy Richards	10-24-58

FORM BH 56067

3 Certified Copies

OCT 24 1956

469-230-606-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-005

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MACEY LULA MORRIS
2. Date of Birth (month) (day) (year): OCTOBER 30 1915
3. Color or Race: WHITE
4. Sex: GIRL
5. Place of Birth a. County: BINGHAM
b. City or Town of Birth: BLACKFOOT

FATHER

6. Full Name of Father: HARVEY HUGH MORRIS
7. State or Country of Father's Birth: 1887 MISSISSIPPI

MOTHER

8. Full Maiden Name of Mother: CORA STEVENSON
9. State or Country of Mother's Birth: 1890 COLORADO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Macey L. Pence
11. Present Address of Registrant: [redacted]

NOTARY (Seal)

Subscribed and sworn to before me on: June 14 1957
12. Signature of Notary: Margaret M. Crook
13. Notary Commission expires: Mar. 1 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Social Security Administration		Aug. 9, 1941
	Date of Birth: Oct. 30, 1915 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Cora Almira Stevenson	Name of Father: Harvey Hugh Morris	
SUPPORTING RECORD 2.	Affidavit by mother	Cora A. Morris	12-10-58	
	Date of Birth: Oct. 30, 1915 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Cora Stevenson	Name of Father: Harvey Hugh Morris	
SUPPORTING RECORD 3.	Identification Card	By whom issued and signed: War Department U. S. Army Air Forces, Ogden, Utah.	Date Issued: 11-20-43	Date Orig. Entry: Nov. 20, 1943
	Date of Birth: Oct. 30, 1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

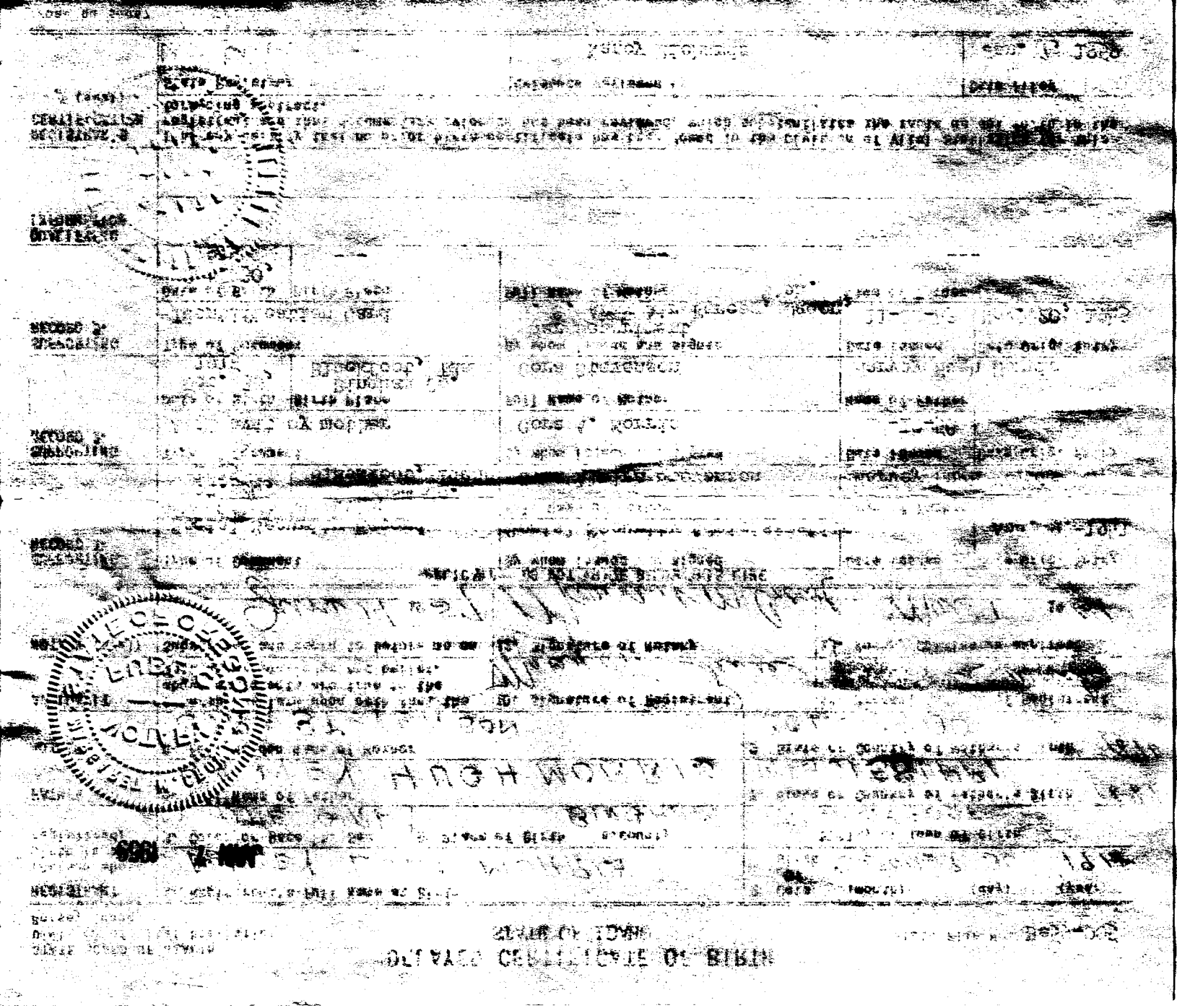
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bergon	Nancy Richards	Jan. 7, 1959

FORM BH 56067



258-109-018-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Snyder			2. Date Of Birth (month) (day) (year): October, 9th. 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: (now Greer) Fraser, Idaho
FATHER	6. Full Name of Father: John Wesley Snyder			7. State or Country of Father's Birth: Harmon, West Virginia
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Cooper			9. State or Country of Mother's Birth: Harmon, West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard Snyder		11. Present Address of Registrant: 539 Park St. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July, 12th. 1958	12. Signature of Notary: Glenn W. Jordan		13. Notary Commission expires: October, 30th. 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: John W. Snyder	Date Issued: 1-8-1959	Date Orig. Entry:
	Date of Birth: Oct. 9, 1915 / Birth Place: Clearwater Co. Fraser, Idaho	Full Name of Mother: Mary Elizebeth Cooper Snyder	Name of Father: John W. Snyder	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #411440	Date Issued:	Date Orig. Entry: child born Sept. 26, 1945
	Date of Birth: age 29 / Birth Place: Fraser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 4, 1936
	Date of Birth: Oct. 9, 1915 / Birth Place: Greer, Idaho	Full Name of Mother: Mary E. Cooper	Name of Father: John W. Snyder	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jenson	nr Nancy Richards	Jan. 19, 1959

FORM BH 56067

STATE OF IDAHO

White	Male	Clearwater

Terry Elizabeth Cooper

July 12th.

Orofino, Idaho

Mary Elizabeth Cooper	Orofino, Idaho	October 7th. 1925

Mary Elizabeth Cooper Snyder John W. Snyder

Orofino, Idaho

Terry Elizabeth Snyder

Orofino, Idaho

October 7th. 1925

Orofino, Idaho

October 7th. 1925

Terry Elizabeth Cooper

391-115-028-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-120

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDWIN CARLYLE CRAWFORD
2. Date of Birth (month) (day) (year): DEC. 15TH 1915
3. Color or Race: W
4. Sex: Male
5. Place of Birth a. County: LANE, IDA. KOOTENAI
b. City or Town of Birth: LANE, IDAHO

FATHER

6. Full Name of Father: HARRY G. CRAWFORD Harry G. Crawford
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: EVA R. PERDUE Eva R. Crawford
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin Carlyle Crawford
11. Present Address of Registrant: 2102 MULLAN, CDA, IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: JAN. 13TH, 1959
12. Signature of Notary: Myron M. [illegible]
13. Notary Commission expires: NOV. 24TH 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by attending physician, T.R. Mason, M.D.; Kellogg, Idaho.		1-29-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 15, 1915	Lane, Idaho	Eva R. Crawford	Harry G. Crawford

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(Hospital Certificate) own child's birth certificate	Lake City General Hospital Coeur d'Alene, Idaho		child born July 1, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 15, 1915	Lane, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Harry G. and Eva R. Crawford	1-13-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 15, 1915	Kootenai Co. Lane, Idaho	Eva R. Perdue Crawford	Harry G. Crawford

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Feb. 13, 1959

FORM BH 56067

FEB 13 1959

462-218-036-244

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-135
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Elisabeth Moser
2. Date of Birth (month) (day) (year): Feb. 18 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Daniels Ida Oneida
b. City or Town of Birth:

FATHER

6. Full Name of Father: Ernest Reusch Moser
7. State or Country of Father's Birth: Bern, Switzerland

MOTHER

8. Full Maiden Name of Mother: Johannah Kummer
9. State or Country of Mother's Birth: Bern, Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace M. Eyegood
11. Present Address of Registrant: 1007 Russet Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 20th 1958
12. Signature of Notary: Anna M Lake
13. Notary Commission expires: 6-1- 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	Ernest R. Moser	3-10-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 18, 1915 / Daniels, Idaho	Johannah Kummer	Ernest R. Moser	
SUPPORTING RECORD 2. Class B	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #49-09651	Date Issued:	Date Orig. Entry: child born Aug. 8, 1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 34 / Daniels, Idaho	----	----	
SUPPORTING RECORD 3. Class B	Type of Document: Employment Registration for Social Security	By whom issued and signed: Railroad Retirement Board	Date Issued: 2-3-59	Date Orig. Entry: May 21, 1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 18, 1915 / Oneida Co. Daniel, Idaho	Johanna Kummer	Ernest Moser	

QUALIFYING INFORMATION

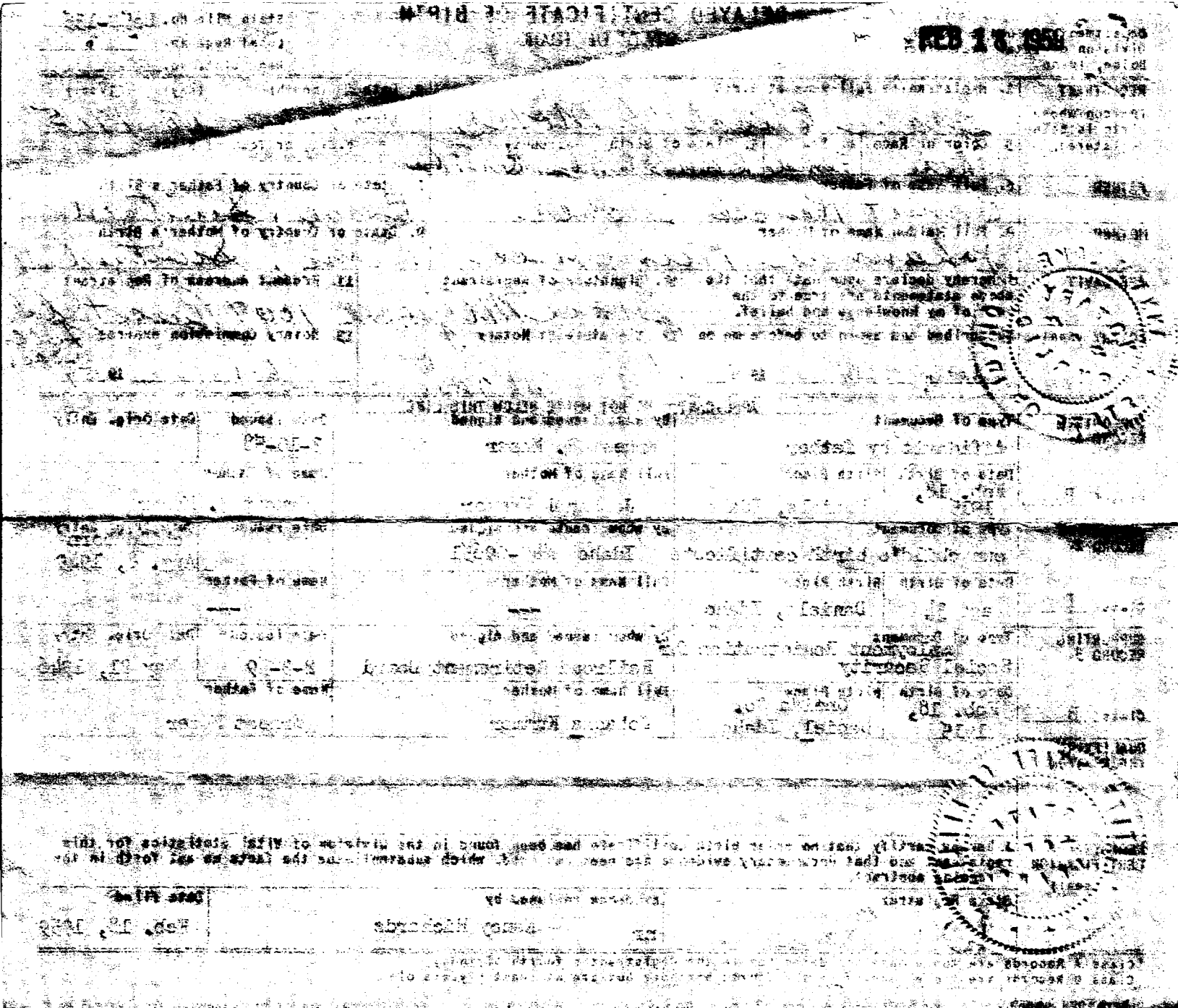
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Feb. 18, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



453-130-017-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Metier			2. Date Of Birth (month) 12 (day) 30 (year) 1915	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Clark County (formerly Fremont County)	b. City or Town of Birth: Dubois	
FATHER	6. Full Name of Father: Claude Ecton Metier			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Reba Shay			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George William Metier	11. Present Address of Registrant: 1112 5th St. West, Billings, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: January 30 1959		12. Signature of Notary: Eloras J. Bailey	13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My commission expires June 29, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Claude E. Metier and Reba Metier	Date Issued: 1-27-59	Date Orig. Entry:
	Date of Birth: Dec. 30, 1915	Birth Place: Clark Co. (Fremont) Dubois, Idaho	Full Name of Mother: Reba Metier	Name of Father: Claude E. Metier	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Lutheran Brotherhood Minneapolis, Minnesota	Date Issued:	Date Orig. Entry: Nov. 6, 1939
	Date of Birth: Dec. 30, 1915	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. (age 28)	Type of Document: Lodge Record		By whom issued and signed: Park Masonic Lodge #140, A.F. & A.M., Montana	Date Issued:	Date Orig. Entry: May 8, 1944
	Date of Birth: Dec. 30, 1915	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 27, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

FEB 27 1959

699-211-032-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otilia Karolina Wirth			2. Date Of Birth (month) August (day) 11 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln Co.	b. City or Town of Birth: Kimama, Idaho
FATHER	6. Full Name of Father: Friedrich Wirth			7. State or Country of Father's Birth: South Russia
MOTHER	8. Full Maiden Name of Mother: Lydia Hass			9. State or Country of Mother's Birth: South Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otilia Karolina Wirth Hammond		11. Present Address of Registrant: 422 Belleview La Junta, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on 2/23/51 19	12. Signature of Notary: Walter Schultz NP		13. Notary Commission expires 19

Otero County, Colorado
My Commission Expires February 27, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Lydia Dorsch	Date Issued: 1-17-51	Date Orig. Entry:
	Date of Birth: Aug. 11, 1915	Birth Place: Kimama, Idaho	Full Name of Mother: Lydia Wirth	Name of Father: Friedrich Wirth	
SUPPORTING RECORD 2.	Type of Document: Church Certificate		By whom issued and signed: H. C. Schulze, Pastor Adelaide, Idaho	Date Issued:	Date Orig. Entry: 1916
	Date of Birth: Aug. 11, 1915	Birth Place: Kimama, Idaho	Full Name of Mother: Lydia Hass	Name of Father: Friedrich Wirt	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-8-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 4	Birth Place: Idaho	Full Name of Mother: Lydia Worth	Name of Father: —	

QUALIFYING INFORMATION: School Record, Crowley County School Supt.; Ordway, Colo.; 2-16-57: born in the State of Idaho on August 11, 1915.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 3, 1959

1 copy paid

FORM BH 56067

MAR 4 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Sex: [illegible]	4. Place of Birth: [illegible]
	5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Whereby declare upon oath that the above statements are true to the best of my knowledge and belief	11. Present Address of Registrant: [illegible]
	12. Signature of Notary	13. Notary Commission expires
	19	19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFIED INFORMATION	Wheel Record, [illegible] County School Dept.; [illegible], Colo.; [illegible]: born in the State of Idaho on August 11, [illegible].			

SIGNATURE & CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
	[illegible]	March 3, [illegible]

754-217-026-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-258

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Alice Pedersen			2. Date of Birth (month) July (day) 17, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: O. Rudolph Pedersen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Harriett Eddins			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Shomaker		11. Present Address of Registrant: 1105 E. Mineral King Visalia, California
NOTARY (Seal)	Subscribed and sworn to before me on: 19 March 1959	12. Signature of Notary: W W Benson		13. Notary Commission expires: Aug 1, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #238700		Date Issued:	Date Orig. Entry: child born Jan. 1, 1936
	Date of Birth: age 20	Birth Place: Rigby, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Canyon Co., Caldwell, Idaho		Date Issued: 3-17-59	Date Orig. Entry: Sept. 7, 1931
	Date of Birth: age 16	Birth Place: ---	Full Name of Mother: ---		Name of Father: O. R. Peterson
SUPPORTING RECORD 3.	Type of Document: (age 54) Affidavit by brother	By whom issued and signed: Almie R. Pedersen		Date Issued: 3-21-59	Date Orig. Entry:
	Date of Birth: July 17, 1915	Birth Place: Rigby, Idaho	Full Name of Mother: Harriett Eddins		Name of Father: Rudolph Pedersen
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 23, 1959

FORM BH 56067

1 copy paid

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Alice Pedersen	2. Date of Birth (Month) July (Day) 23, (Year) 1959	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County: Jefferson; City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: C. Rudolph Pedersen	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Marriett Eddins	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	9. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1105 S. Mineral Ave., Fresno, California
NOTARY (Seal)	12. Subscribed and sworn to before me on: March 23, 1959	13. Signature of Notary: [signature]	14. Notary Commission expires: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Ten child's birth certificate	Idaho [illegible]		[illegible]
Date of Birth: Age 20	Birth Place: Rigby, Idaho	Full Name of Mother: [illegible]	Name of Father:

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] Record	Bergen Co., Caldwell, Idaho	3-17-59	[illegible]
Date of Birth: Age 16	Birth Place: ---	Full Name of Mother: ---	Name of Father: O. R. Pedersen

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother	Alice H. Pedersen	3-21-59	
Date of Birth: [illegible]	Birth Place: Rigby, Idaho	Full Name of Mother: Marriett Eddins	Name of Father: Rudolph Pedersen

SUPPORTING RECORD 4

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	March 23, 1959

FORM NO. [illegible]

In office--
(Mrs. Showalter-name now) 3-19-59
Refused to send for Federal Census record and insisted no other records available showing Sunnydell as birthplace, so preferred to file showing Rigby as birthplace. Also insisted the LDS Church informed her they had destroyed her blessing record, since she was not baptized later. (Talked with Mr. Benson.)

MAR 23 1959

454-227-034-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-391

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie Viola Underwood
2. Date of Birth (month) (day) (year): DEC. 29 1915
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: Rupert, Idaho, Minidoka
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: James Izear Mack Floyd Underwood
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Roneay Elizabeth Russell
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie V. Sligh
11. Present Address of Registrant: Dallas, Oregon 1105 Hayter St.

NOTARY (Seal)

Subscribed and sworn to before me on: April 27 1959
12. Signature of Notary: J. H. Voth
13. Notary Commission expires: Nov. 13 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Oct. 14, 1943
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Dec. 29, 1915	Rupert, Idaho	Roneay Elizabeth Russell	James Mack Underwood
SUPPORTING RECORD 2.	School Record	La Grande Public Schools La Grande, Oregon	4-10-59	May 13, 1924
	Dec. 29, 1915	Idaho	---	J. S. Underwood
SUPPORTING RECORD 3.	Affidavit by half brother (born 3-31-1904)	Fred Lee Creason	Apr. 1959	
	Dec. 29, 1915	Rupert, Idaho	Roneay Elizabeth Russell	James Izear Mack Floyd Underwood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Emerson	Nancy Richards	May 5, 1959

FORM BH 56067

MAY 5 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE HEARING REGISTRAR
Division of Vital Statistics
Boise, Idaho

File No. 3659-372

REGISTRAR

1. Registrant's Full Name at Birth: Goldie Viola Underwood
2. Date of Birth: Dec. 29, 1915
3. Color of Race: White
4. Sex: F
5. Place of Birth: Rupert, Idaho, Minidoka
6. City or Town of Birth: Rupert
7. Full Name of Father: James Isaac Mack Floyd Underwood
8. State or Country of Father's Birth: Missouri
9. Full Maiden Name of Mother: Nancy Elizabeth Russell
10. State or Country of Mother's Birth: Colorado

AFFIDAVIT

Notary Public: Dallas, Oregon

Subscribed and sworn to before me on: Dec 21 1959

APPLICANT

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.	Oct. 14, 1943	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1915	Rupert, Idaho	Nancy Elizabeth Russell	James Isaac Mack Floyd Underwood

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	La Grande Public Schools La Grande, Oregon	4-21-59	May 23, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1915	Idaho	---	C. H. Underwood

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by half brother (form 2-21-1904)	Fred Lee Greason	Apr. 1959	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1915	Rupert, Idaho	Nancy Elizabeth Russell	James Isaac Mack Floyd Underwood

SUPPORTING EXPLANATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	May 5, 1959

615-212-018-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARTA BERNICE WANN		2. Date Of Birth (month) July (day) 12, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fraser; b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: Harry Aldis Wann		7. State or Country of Father's Birth: Amity, Oregon
MOTHER	8. Full Maiden Name of Mother: Arta Mae Ricketts		9. State or Country of Mother's Birth: Colton, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arta Bernice Wann Wyatt	11. Present Address of Registrant: 1536 Shasta Avenue San Jose 26, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1959	12. Signature of Notary: Gerald L. Cloke	13. Notary Commission expires: January 3 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Harry Aldis Wann and Arta Mae Wann	Date issued: 5-26-59	Date Orig. Entry:
	Date of Birth: July 12, 1915; Birth Place: Fraser, Idaho	Full Name of Mother: Arta Mae Ricketts (born-Colton, Wash.)	Name of Father: Harry Aldis Wann (born-Amity, Oregon)	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: San Jose High School San Jose, Calif.	Date issued: 5-6-59	Date Orig. Entry: June 20, 1934
	Date of Birth: July 12, 1915; Birth Place: Frazer, Idaho	Full Name of Mother: ---	Name of Father: Harry A. Wann	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: County Recorder's office San Jose, California	Date issued: 6-15-59	Date Orig. Entry: child born Oct. 8, 1942
	Date of Birth: age 27; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	July 2, 1959

FORM BH 56067

1 copy paid

JUL 2 1959

219-116-003-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-602

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marvin Truman Barzee
2. Date Of Birth (month) (day) (year): Sept. 16 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock County
b. City or Town of Birth: Oxford, Idaho

FATHER

6. Full Name of Father: Geo. Edward Barzee
7. State or Country of Father's Birth: Idaho, Bearlake County

MOTHER

8. Full Maiden Name of Mother: Alice Elvira Clements
9. State or Country of Mother's Birth: Idaho, Bannock County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin T. Barzee
11. Present Address of Registrant: 162 E. 13th So., S.L.C. Utah

NOTARY (Seal) July 15,

Subscribed and sworn to before me on July 14, 1959

12. Signature of Notary: Viola B. Hutton
13. Notary Commission expires: July 18, 1959 (1959)

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 68	Alice Elvira Clements Barzee	7-14-59	
	Date of Birth: Sept. 16, 1915 / Birth Place: Bannock Co. Oxford, Idaho	Full Name of Mother: Alice Elvira Clements Barzee	Name of Father: George Edward Barzee	
SUPPORTING RECORD 2.	Certificate of Blessing-Copy	Oxford Ward, Oxford, Idaho LDS Church	11-30-15	Nov. 7, 1915
	Date of Birth: Sept. 16, 1915 / Birth Place: Bannock Co. Oxford, Idaho	Full Name of Mother: Alvira Clements	Name of Father: George E. Barzee	
SUPPORTING RECORD 3.	Insurance Policy	Prudential Ins. Co. of Amer.	3-15-54	March 3, 1954
	Date of Birth: Sept. 16, 1915 / Birth Place: —	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: Nancy Richards mr
Date Filed: July 21, 1959

FORM BH 56067 1 Copy Paid

JUL 21 1959

CERTIFICATE OF BIRTH
STATE OF IDAHO

165-215-030-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Dorothy Jones			2. Date Of Birth (month) (day) (year): Jan. 15 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Patterson
FATHER	6. Full Name of Father: James Anderson Jones			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ruth McFadden			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet Dorothy Wasson		11. Present Address of Registrant: 20480 Cameron Detroit MICH
NOTARY (Seal)	Subscribed and sworn to before me on: April 17 1959	12. Signature of Notary: Lou Meredith		13. Notary Commission expires: [redacted] Public, Oakland County, Michigan [redacted] Wayne County, My Commission Expires Jan. 18, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible record--photostat	By whom issued and signed: original viewed by Notary Public Ann Redelberger; Neosho Co., Kansas	Date Issued: 3-14-58	Date Orig. Entry: "many years ago"
	Date of Birth: Jan. 15, 1915	Birth Place: Patterson, Idaho	Full Name of Mother: Ruth McFadden	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: (21 yrs. senior) Affidavit by mother's sister	By whom issued and signed: Dorothy McFadden	Date Issued: 3-14-58	Date Orig. Entry:
	Date of Birth: Jan. 15, 1915	Birth Place: Patterson, Idaho	Full Name of Mother: Ruth McFadden Jones	Name of Father: James Anderson Jones
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: J. L. Hudson Co. Detroit, Michigan	Date Issued: 8-27-59	Date Orig. Entry: Nov. 1951
	Date of Birth: Jan. 15, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards nr	Date Filed: Sept. 16, 1959

FORM BH 56067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

SEP 16 1965

944-221-033-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-796

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Rudy		2. Date Of Birth (month) Apr. (day) 21st (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Sugar city; a. County: Madison Co.; b. City or Town of Birth: (mailing address Sugar City)
FATHER	6. Full Name of Father: Peter Rudy		7. State or Country of Father's Birth: Pobotschnaja, Russia
MOTHER	8. Full Maiden Name of Mother: Anna Marie Schlagel		9. State or Country of Mother's Birth: Pobotschnaja, Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: McKatherine Henkel	11. Present Address of Registrant: 20192-N #1 Brighton, Colo
NOTARY (Seal)	Subscribed and sworn to before me on: State of Colo. City of Field September 16, 1959	12. Signature of Notary: Iris Hughes	13. Notary Commission expires: Dec. 4 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Sept. 9, 1939
	Date of Birth: April 21, 1915	Birth Place: Sugar City, Idaho	Full Name of Mother: Anna Marie Schlagel	Name of Father: Peter Rudy	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 67		By whom issued and signed: Anna Marie Rudy	Date issued: 9-16-59	Date Orig. Entry:
	Date of Birth: April 21, 1915	Birth Place: Madison Co. Sugar City, Idaho	Full Name of Mother: Anna Marie Rudy	Name of Father: Peter Rudy	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate (copy)		By whom issued and signed: F. Brennecke, Pastor Salem, Idaho	Date issued:	Date Orig. Entry: May 23, 1915
	Date of Birth: April 21, 1915	Birth Place: Sugar City, Idaho	Full Name of Mother: Anna M. Schlagel	Name of Father: Peter Rudy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Sept. 25, 1959

FORM BH 56067

SEP 25 1950

DELAYED CERTIFICATE OF BIRTH

DATE OF ISSUE

236-122-005-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-852

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Francis Scott
2. Date Of Birth: (month) January (day) 22 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Benewah; b. City or Town of Birth: Plummer

FATHER

6. Full Name of Father: Orland Augustine Scott- [redacted]
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: Margaret Isabelle Brebner- [redacted]
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Francis Scott
11. Present Address of Registrant: P. O. Box 568, La Grande, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 5 1959
12. Signature of Notary: L Dennis A Hicks
13. Notary Commission expires: My Commission Expires June 10, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 25, 1937
	Date of Birth: Jan. 22, 1915 / Birth Place: Benewah Co. Plummer, Idaho	Full Name of Mother: Margaret Izabelle Brebner	Name of Father: Orland Augustine Scott	
SUPPORTING RECORD 2.	Type of Document: Statement re: Insurance Policy	By whom issued and signed: (San Francisco, Calif.) Metropolitan Life Ins. Co.	Date Issued: statement 10-2-59	Date Orig. Entry: policy Dec. 12, 1933
	Date of Birth: Jan. 22, 1915 / Birth Place: Plummer, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: (Photostat) Honorable Discharge	By whom issued and signed: U. S. Marine Corps	Date Issued: discharged 8-11-47	Date Orig. Entry: enlisted June 26, 1946
	Date of Birth: Jan. 22, 1915 / Birth Place: Plummer, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

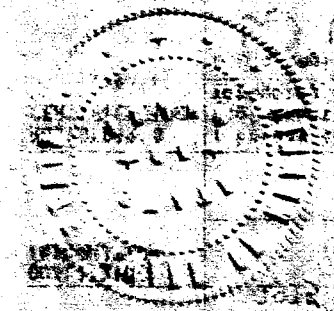
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Nancy Richards
Date Filed: Oct. 22, 1959

FORM BH 56067

2 copies paid Receipt # 12517



916-108-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-902

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilber Francis Rawson		2. Date Of Birth (month) June (day) 8 (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Egin
FATHER	6. Full Name of Father: George Francis Rawson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Edith Johanna Davis		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilber Francis Rawson	11. Present Address of Registrant: 637 South Grant ave. Pocatello Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: October 23 1959	12. Signature of Notary: Keith G. Mollerup	13. Notary Commission expires: Feb. 4. 19 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: LDS Church	Date issued: 7-1-23	Date Orig. Entry: June 30, 1923
	Date of Birth: June 8, 1915; Birth Place: Fremont County Egin, Idaho	Full Name of Mother: Edith Davis	Name of Father: George F. Rawson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued: 4-19-45	Date Orig. Entry: Apr. 14, 1945
	Date of Birth: June 8, 1915; Birth Place: Egin, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #412645	Date issued:	Date Orig. Entry: child born Oct. 20, 1945
	Date of Birth: age 30; Birth Place: Egin, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

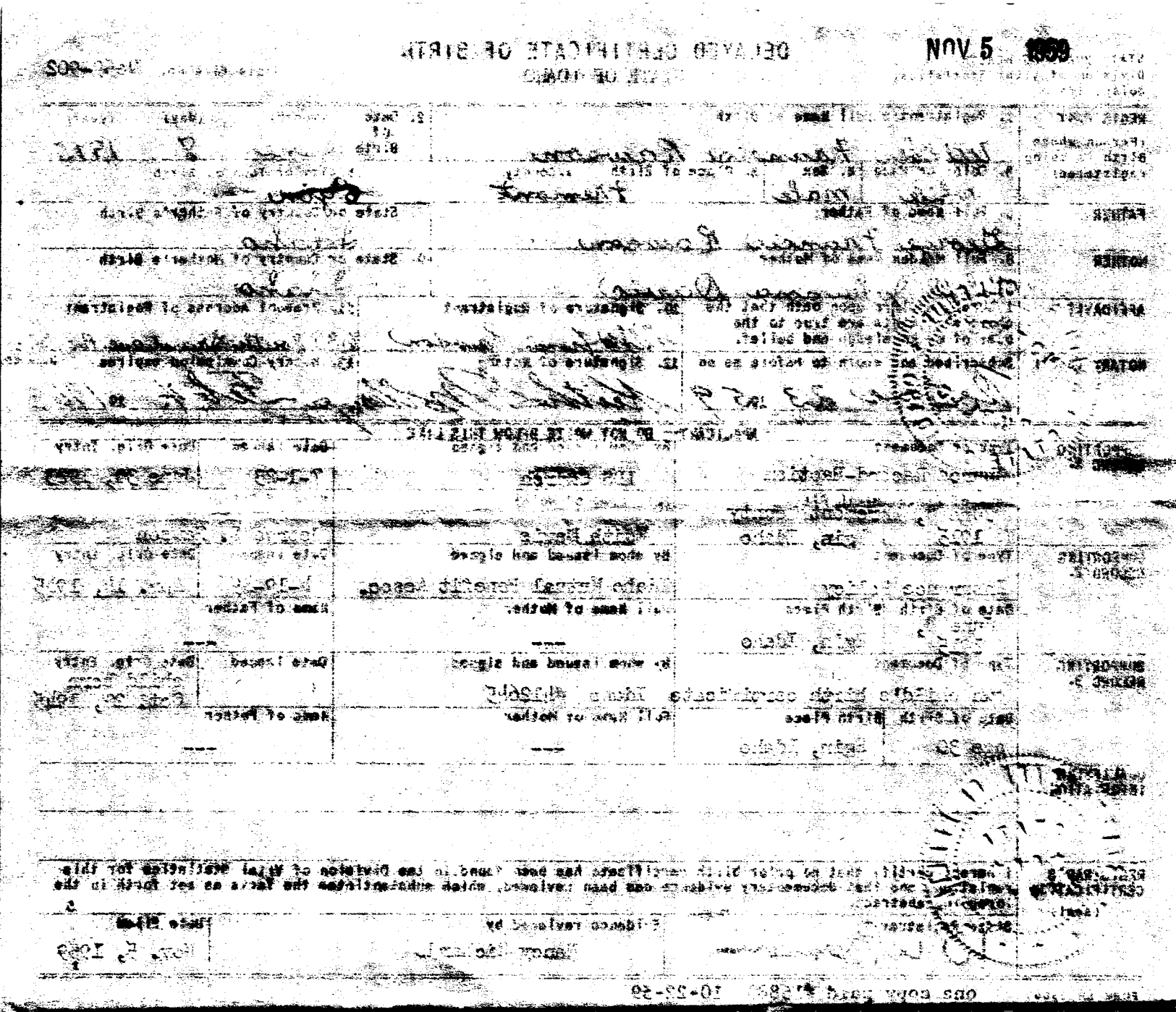
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Nov. 5, 1959

FORM BH 56067 one copy paid #16889 10-22-59

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 5 1959



866-230-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-922

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Hooper		2. Date Of Birth (month) (day) (year): September-30-1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Marysville Fremont; b. City or Town of Birth: Marysville Idaho
FATHER	6. Full Name of Father: Asa Hooper		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Lorraine Green		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Hooper Parker	11. Present Address of Registrant: 2105 No 13th st
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 19 59	12. Signature of Notary: Eric G Peterberg	13. Notary Commission expires: June 3 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Asa Hooper	Date issued: January 20, 1959	Date Orig. Entry:
	Date of Birth: Sept. 30, 1915 / Birth Place: Marysville, Idaho	Full Name of Mother: Martha Lorraine Green	Name of Father: Asa Hooper	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics Idaho #218652	Date issued:	Date Orig. Entry: Child born Sept. 4, 1933
	Date of Birth: Age 18 / Birth Place: Marysville, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Membership certificate in the LDS Church	By whom issued and signed: Ellen D. Jack custodian of church records	Date issued: Sept. 23, 1959	Date Orig. Entry: baptized Aug. 3, 1924
	Date of Birth: Sept. 30, 1915 / Birth Place: Marysville, Idaho	Full Name of Mother: Martha Lorraine Green	Name of Father: Asa Hooper	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ses Lois Ayers	Nov. 12, 1959

FORM BH 56067

1 COPY PAID

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 13 1959

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	3. Color or Race 4. Sex 5. Place of Birth 6. County	6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on 19	12. Signature of Notary 13. Notary Commission Expires

APPLICATION OF NOT ABLE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: Asa Hooper	Date Issued: January 20, 1959	Date Orig. Entry
	Date of Birth: Sept. 30, 1915	Birth Place: Marysville, Idaho	Full Name of Mother: Martha Lorraine Green	Name of Father: Asa Hooper
SUPPORTING RECORD 2	Type of Document: One child's birth certificate on file Vital Statistics Idaho 22 6652	By whom issued and signed:	Date Issued:	Date Orig. Entry: Sept. 4, 1933
	Date of Birth: Age 18	Birth Place: Marysville, Ida.	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Membership certificate in the LDS Church	By whom issued and signed: Ellen D. Jack custodian of church records	Date Issued: Sept. 23, 1959	Date Orig. Entry: baptized Aug. 3, 1924
	Date of Birth: Sept. 30, 1915	Birth Place: Marysville, Idaho	Full Name of Mother: Martha Lorraine Green	Name of Father: Asa Hooper
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Nov. 12, 1959

419-115-003-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-061

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil Otto Marley
2. Date Of Birth (month) (day) (year): November 15, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Bannock Co.
b. City or Town of Birth: McCammon, Idaho

FATHER

6. Full Name of Father: Wilford Woodruff Marley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Clarinda Ione Raymond
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil O. Marley
11. Present Address of Registrant: 2755 (R) Fowler Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1960
12. Signature of Notary: Ruby M. Bigson
13. Notary Commission expires: Feb 16 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: McCammon Ward, Portneuf Stake LDS Church
Date Issued:
Date Orig. Entry: Jan. 23, 1916
Date of Birth: Nov. 15, 1915
Birth Place: McCammon, Idaho
Full Name of Mother: Ione C. Raymond
Name of Father: Wilford W. Marley

SUPPORTING RECORD 2.

Type of Document: Certificate of Baptism
By whom issued and signed: McCammon Ward LDS Church
Date Issued: 8-10-24
Date Orig. Entry: Aug. 2, 1924
Date of Birth: Nov. 15, 1915
Birth Place: Bannock Co. McCammon, Idaho
Full Name of Mother: Ione C. Raymond
Name of Father: Wilford W. Marley

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: Idaho #304973
Date Issued:
Date Orig. Entry: child born Dec. 5, 1940
Date of Birth: age 25
Birth Place: McCammon, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Jensen
Evidence reviewed by: nr wwb Nancy Richards
Date Filed: Jan. 25, 1960

FORM BH 56067

1 copy pd.

JAN 25 1960

464-208-003-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Annie Doman	2. Date of Birth (month) (day) (year): August 8 1915
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles A. Doman	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Hannah Bates	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Doman Wilkins; 11. Present Address of Registrant: 316 E. Commercial Anaconda, Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1960	12. Signature of Notary: Blanche Beaudette; 13. Notary Commission expires: Sept 9 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Weiser Ward LDS Church, Weiser, Idaho	Date issued: 10-2-23	Date Orig. Entry: Sept. 1, 1923
	Date of Birth: Aug. 8, 1915; Birth Place: Pocatello, Idaho	Full Name of Mother: Emma Bates	Name of Father: Charles Doman	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued:	Date Orig. Entry: Nov. 13, 1944
	Date of Birth: Aug. 8, 1915; Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Jefferson County, Idaho	Date issued: 7-30-59	Date Orig. Entry: Oct. 31, 1936
	Date of Birth: age 21; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Feb. 10, 1960

FORM BH 56067

FEB 10 1960

DEC 12 1972

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRAR	1. Present Full Name at Birth	2. Date of Birth (month)	(day) (year)
(Person who birth is being registered)	3. Color or Race 4. Sex 5. Place of Birth 6. County	6. City or Town of Birth	
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	8. Sworn to declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	9. Sworn to and sworn to before me	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Walter Ward, Lost Church, Wolsey, Idaho	Date Issued: 10-8-23	Date Orig. Entry: Oct. 1, 1923
	Date of Birth: Aug. 3, 1916	Birth Place: Pocatello, Idaho	Name of Mother: Emma Bates	Name of Father: Charles Roman
SUPPORTING RECORD 2.	Type of Document: Pre-Marge Application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Nov. 13, 1944
	Date of Birth: Apr. 5, 1916	Birth Place: Pocatello, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Jefferson County, Idaho	Date Issued: 7-20-59	Date Orig. Entry: Oct. 31, 1936
	Date of Birth: Age 21	Birth Place: —	Full Name of Mother: —	Name of Father: —

CERTIFICATE

REGISTRAR'S CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] attached.

Name Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Feb. 10, 1960

493-119-014-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. #De60-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Chester Miller		2. Date Of Birth (month) (day) (year): September 19 1915	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Orville David Miller		7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Anna Mary Browning (Miller)		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. C. Miller	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-1 1960	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. O. D. Miller	Date Issued: --	Date Orig. Entry: Jan. 23, 1957
	Date of Birth: Sept. 19, 1915	Birth Place: Nampa, Idaho	Full Name of Mother: Anna Mary Browning Miller	Name of Father: Orville David Miller
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Onefile Vital Statistics #298933	Date Issued: --	Date Orig. Entry: child born August 15, 1940
	Date of Birth: age 24	Birth Place: Nampa, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy #11-236-995	By whom issued and signed: New York Life Ins. Company Idaho Branch	Date Issued: --	Date Orig. Entry: Sept. 8, 1930
	Date of Birth: Sept. 19, 1915	Birth Place: Nampa, Idaho	Full Name of Mother: Anna M. Miller	Name of Father: Orville D. Miller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	1a Lois Ayers	March 1, 1960

FORM BH 56067 MM

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 18 1973

CHILD	1. Name of Child (First, Middle, Last)	2. Date of Birth (Month, Day, Year)
	Mary Jo Carpenter Lee	September 10, 1915
	3. Sex: Female	4. Place of Birth: Canyon
	5. Color or Race: White	6. Twin, Triplet, or Other: None
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
	Wayne Lee	Idaho
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
	Mary Jo Carpenter	Idaho
AFFIDAVIT	I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Declarant: Mary Jo Carpenter Lee
	12. Subscribed and sworn to before me on (Date): Dec. 23, 1973	13. Signature of Notary: Mrs. O. T. Miller
		14. Notary Commission expires: Sept. 23, 1975
SUPPLEMENTAL INFORMATION REQUIRED IN DELAYED CERTIFICATES	15. Place of Birth: City of Canyon, County of Canyon, State of Idaho	16. Mother's Maiden Name: Mary Jo Carpenter
	17. Father's Name: Wayne Lee	18. Mother's Birthplace (State or Country): Idaho
	19. Type of Document: Life Insurance Policy #11-239-[illegible]	20. Date Filed with Registrar: Dec. 18, 1973
	21. Name and Address of Person or Institution Issuing Document: New York Life Insurance Company	22. Relationship of Person Named in Document: Mother
	23. Name of Witness: Mrs. O. T. Miller	24. Address of Witness: Declarant's sister
	25. Name of Witness: Mrs. Mary Jo Carpenter Lee	26. Address of Witness: Declarant's sister
	27. Name of Witness: Orville D. Miller	28. Address of Witness: Declarant's brother
	29. Name of Witness: --	30. Address of Witness: --
	31. Name of Witness: --	32. Address of Witness: --
CERTIFICATION	I hereby certify that the above certificate has been issued in the interest of Vital Statistics for the registration and that documentary evidence has been submitted in support of the statements set forth in the foregoing affidavit.	
	State Registrar	Date Filed

893-231-030-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-291

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE HICKMAN			2. Date Of Birth (month) (day) (year): MARCH 31 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO - LEMHI	b. City or Town of Birth: LEADORE
FATHER	6. Full Name of Father: JAMES HICKMAN			7. State or Country of Father's Birth: MONTANA
MOTHER	8. Full Maiden Name of Mother: LENA MARTHA HOFFMAN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace H. Benston		11. Present Address of Registrant: 48 East 5 North, Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 1960	12. Signature of Notary: Annie Peterson		13. Notary Commission expires: Jan 18 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: F. W. Woolworth Co. Logan, Utah	Date Issued: 2-1-60	Date Orig. Entry: July 1952
	Date of Birth: March 31, 1915	Birth Place: —	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 74	By whom issued and signed: Lena M. Hickman	Date Issued: 2-23-60	Date Orig. Entry:
	Date of Birth: March 31, 1915	Birth Place: Leadore, Idaho	Full Name of Mother: Lena M. Hoffman Hickman	Name of Father: James Hickman
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 11, 1952
	Date of Birth: March 31, 1915	Birth Place: Leadore, Idaho	Full Name of Mother: Lena Martha Hoffman	Name of Father: James Hickman
QUALIFYING INFORMATION	Hospital Record, IDS Hospital, Logan, Utah; 2-1-60: record of Sept. 17, 1953; born-March 31, 1915.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 30, 1960

FORM BH 56067

1 copy paid

MAR 31 1980

APR 20 1971

635-228-010-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Jay Oles			2. Date Of Birth (month) 1 (day) 28 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ammon Idaho
FATHER	6. Full Name of Father: Harry McGillvray Oles			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Clara Emily Sommers			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Jay Elrod		11. Present Address of Registrant: Box 445 Rt. 1 Tulent, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 25, 1960 19	12. Signature of Notary: Nona McAbee		13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 11, 1962 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Clara Burdick		Date Issued: April 5, 1960	Date Orig. Entry: ---
	Date of Birth: Jan 28, 1915	Birth Place: Ammon, Idaho	Full Name of Mother: ---	Name of Father: Harry M. Oles	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church E Whittaker, Clerk		Date Issued: --	Date Orig. Entry: Baptized March 3, 1926
	Date of Birth: Jan 28, 1915	Birth Place: Ammon, Idaho	Full Name of Mother: Clara Sommer	Name of Father: Harry M. Oles	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth cert.	By whom issued and signed: California #4611		Date Issued: April 7, 1960	Date Orig. Entry: child born July 24, 1937
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

certified copy of certificate of marriage issued April 6, 1960 by Thos. A. Toomey, recorder, County of San Francisco, California. Original date Nov 8, 1936, place of birth, Idaho age 21.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 18, 1960

FORM BH 56067

3-18-60 one copy paid #20357

MAY 18 1960

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH

Division of Vital Statistics

STATE OF IDAHO

Form No. 1

Date File No. 1960-629

1. Name of child (First, middle, last)

2. Sex

3. Date of birth (month, day, year)

4. Place of birth (county)

5. Name of father

6. Color or race

7. Age at last birthday

8. Birthplace (State or country)

9. Name of mother

10. Color or race

11. Age at last birthday

12. Birthplace (State or country)

13. Number of previous children born to this mother

14. Number now living

15. Number dead

16. Mother married more than once? If so, give name and address of husband at time of birth of last child

17. Was birth attended by physician, midwife, or other person?

18. Was birth certificate filed during first year?

19. Was birth registered with local registrar?

20. Name and address of informant

21. Relationship to child

22. Date filed

23. Signature of registrar

24. Date delayed certificate prepared

25. Evidence submitted with application

26. Name and address of person making application for delayed certificate

27. Reason for delay in filing certificate

28. Signature of applicant

29. Address of applicant

30. Subscribed and sworn to before me this

31. Signature and title of official administering oath

32. Name and address of person completing this certificate, if other than informant

33. Date certificate completed

34. Name of witness

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412-229-024-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-435
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Ellen Masters		2. Date of Birth (month) (day) (year): July 29, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Ralph Stanley Masters		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Eugenie Louise Christie		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Ellen Masters	11. Present Address of Registrant: Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 19 53	12. Signature of Notary: M. L. Hilton	13. Notary Commission expires: My Commission Expires April 12, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U. S. Census Record	By whom issued and signed: Bureau of the Census Washington 25, D.C.	Date Issued: April 23, 1957	Date Orig. Entry: January 1, 1920
Class*	Date of Birth: age 4 6/12 yrs	Birth Place: Idaho	Full Name of Mother: Eugenie Masters	Name of Father: Ralph S. Masters
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Eugenie L. Masters	Date Issued: April 25, 1960	Date Orig. Entry: ---
Class	Date of Birth: July 29, 1915	Birth Place: Hagerman, Idaho	Full Name of Mother: Eugenie L. Masters	Name of Father: Ralph Stanley Masters
SUPPORTING RECORD 3.	Type of Document: Statement re Insurance Policy #22 044 648	By whom issued and signed: Miss Judy Hinshaw, New York Life Ins. Co., Phoenix, Ariz.	Date Issued: Dec 11, 1958	Date Orig. Entry: policy issued April 3, 1951
Class	Date of Birth: July 29, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: May 24, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 24 1990

REGISTRANT

1. Name of child (First, middle, last)

2. Date of birth (Month, day, year)

3. Place of birth (City, county, state)

4. Sex

Girl

5. Name of father

6. Birthplace of father (State or foreign country)

7. Maiden name of mother

8. Birthplace of mother (State or foreign country)

9. Name of informant and relationship to registrant

10. Mailing address of informant

11. Date filed by registrar

12. Number

CERTIFICATION

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

13. Signature of informant

14. Date signed

15. Address at time of signature

16. Signature of registrar

17. Date accepted by registrar

18. Local registration district and number

19. Date of delayed registration

20. Amended

21. Reasons for amendment

22. Signature of registrar

23. Date accepted by registrar

SUPPORTING DOCUMENT 1

Type of document: U. S. Census Report

Date of birth: April 28, 1927

Birth place: Kingman, Idaho

Affiant: Eugenio L. Martes

Date issued: April 28, 1990

Date orig. entry: ---

SUPPORTING DOCUMENT 2

Type of document: Insurance Policy SS 004 241

Date of birth: July 28, 1925

Birth place: Kingman, Idaho

Affiant: Eugenio L. Martes

Date issued: Dec 12, 1926

Date orig. entry: April 3, 1927

PREPARATION

Name of person preparing form

Title

Agency name

Address

Date prepared

REGISTRAR'S ACTION

Date received by local registrar

Registration number

Date filed by state registrar

Signature of state registrar

Name of person who prepared abstract

Date abstract prepared

Abstract number

Signature of person who prepared abstract

Date of delayed registration

164202.019-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PANSY VIRGINIA DODGE			2. Date Of Birth: (month) April (day) 2 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis, Idaho	
FATHER	6. Full Name of Father: EARL KIMBALL DODGE			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: HAZEL GERTRUDE BROWN			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pansy Virginia Dodge		11. Present Address of Registrant: 1501 Fort Street, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1960	12. Signature of Notary: Frank T. Ogden	Notary Public in and for the State of Idaho Residing in Boise, Ada County, Idaho My Commission expires June 2, 1952	13. Notary Commission expires: 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Social Security Account No.	By whom issued and signed: Treasury Department		Date Issued: ---	Date Orig. Entry: Dec 3, 1936
	Date of Birth: April 2, 1915	Birth Place: Challis, Idaho Custer County	Full Name of Mother: Hazel Gertrude Brown	Name of Father: Earl Kimball Dodge	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Hazel Gertrude Kosterman		Date Issued: May 13, 1960	Date Orig. Entry: ---
	Date of Birth: April 2, 1915	Birth Place: Challis, Idaho	Full Name of Mother: Hazel Gertrude Brown	Name of Father: Earl Kimball Dodge	
SUPPORTING RECORD 3.	Type of Document: #1405817 Life Insurance Policy	By whom issued and signed: Occidental Life Insurance Co. of California		Date Issued: Jan 26, 1944	Date Orig. Entry: Jan 26, 1944
	Date of Birth: April 2, 1915	Birth Place: Challis, Idaho	Full Name of Mother: Hazel G. Dodge	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 26, 1960

FORM BH 56067

MAY 27 1960

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314-21S-026-296.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-528

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Campbell
2. Date of Birth (month) (day) (year): April 15 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Idaho — Jefferson
b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Daniel Campbell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Evelyn Browning
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Elsie Butler
11. Present Address of Registrant: Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 3 1958
12. Signature of Notary: James A. McClure
13. Notary Commission expires: May 26 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Social Security Record
By whom issued and signed: Treasury Dept.
Date Issued:
Date Orig. Entry: Nov. 1, 1937
Date of Birth: April 15, 1915
Birth Place: Jefferson Co. Menan, Idaho
Full Name of Mother: Evelyn Browning
Name of Father: Daniel Campbell

SUPPORTING RECORD 2.

Type of Document: statement regarding hospital records
By whom issued and signed: The Idaho Falls Hospital of LDS, Grant C. Burgon, Admr.
Date Issued: May 22, 1958
Date Orig. Entry: admitted May 18, 1942
Date of Birth: age 27
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: affidavit by sister age 57
By whom issued and signed: Veda Berry
Date Issued: June 6, 1960
Date Orig. Entry: ----
Date of Birth: April 15, 1915
Birth Place: Menan, Idaho Jefferson Co.
Full Name of Mother: Evelyn Browning
Name of Father: Daniel Campbell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Penny Patterson
Date Filed: June 15, 1960

FORM BH 56067

DECEASED

791-10710 32-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-542

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KARL CHRIST PRAEGITZER		2. Date Of Birth (month) OCT (day) 7 (year) 1915
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: LINCOLN; b. City or Town of Birth: KIMAMA IDAHO
FATHER	6. Full Name of Father: GOTTLIEB PRAEGITZER		7. State or Country of Father's Birth: RUSSIA
MOTHER	8. Full Maiden Name of Mother: CHRISTINA OTTMAR		9. State or Country of Mother's Birth: RUSSIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Karl b Praegitzer	11. Present Address of Registrant: 424 - 1st RUPERT IDA
NOTARY (Seal)	Subscribed and sworn to before me on June 1 1960	12. Signature of Notary: Mylland Bryant, Clerk Dist Court by Velma Hunter, Deputy	13. Notary Commission expires: January 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy Honorable Discharge. U. S. Army	By whom issued and signed: Worth S. Elton, County Recorder Minidoka County, Idaho	Date Issued: Aug 12, 1947	Date Orig. Entry: May 2, 1946	
	Date of Birth: Oct 7, 1915	Birth Place: Kimama, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #361189	Date Issued: ----	Date Orig. Entry: child born April 9, 1942	
	Date of Birth: age 26	Birth Place: Kimama, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth age 80	By whom issued and signed: Wilhem Hirning	Date Issued: June 15, 1960	Date Orig. Entry: ----	
	Date of Birth: Oct. 7, 1915	Birth Place: Kimama, Idaho	Full Name of Mother: Christina Ottmar	Name of Father: Gottlieb Praigitzer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 20, 1960

FORM BH 56067

4-29-60 one copy paid #21120

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466-109-035-235

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-864
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES RAYMOND MOORE			2. Date of Birth (month) August (day) 9 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Culdesac	
FATHER	6. Full Name of Father: Charles Edward Moore			7. State or Country of Father's Birth: Farmington, Washington	
MOTHER	8. Full Maiden Name of Mother: Lillian Ella Stewart			9. State or Country of Mother's Birth: Kansas City, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Raymond Moore		11. Present Address of Registrant: 330 - 3rd Street, St. Maries, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 15 1955	12. Signature of Notary: Ray A Bowen		NOTARY Public residing at St. Maries, Idaho. My Commission expires Feb. 24, 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records	By whom issued and signed: Lewiston Hospital Assn, Inc. Lewiston, Ida. E.L. White, M.D.	Date Issued: May 12, 1955	Date Orig. Entry: admitted Aug. 13, 1926	
Class*	Date of Birth: age 11	Birth Place: Culdesac, Idaho	Full Name of Mother: ---	Name of Father: Chas. Moore	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Lilliam Moore	Date Issued: Sept. 24, 1954	Date Orig. Entry: -----	
Class	Date of Birth: Aug. 9, 1915	Birth Place: Nez Perce County Culdesac, Idaho	Full Name of Mother: Lillian Ella Stewart	Name of Father: Charles Edward Moore	
SUPPORTING RECORD 3.	Type of Document: Certificate of Enrollment	By whom issued and signed: Cradle Roll Department of church, Mrs. John Smith, Supt.	Date Issued: Dec. 16, 1916	Date Orig. Entry: Dec. 16, 1916	
Class	Date of Birth: Aug. 9, 1915	Birth Place: -----	Full Name of Mother: ---	Name of Father: C. E. Moore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnard	Evidence reviewed by: Penny L. Wing	Date Filed: Oct. 5, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 5 1960

619-204-006-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Drucilla May Farnworth		2. Date Of Birth (month) June (day) 4 (year) 1915
	3. Color or Race	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: Groveland
FATHER	6. Full Name of Father: George Cyrus Farnworth		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Eva Isabelle Candland		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Drucilla M. Elkins	11. Present Address of Registrant: Rt 2 Box 2711 Oroville
NOTARY (Seal)	Subscribed and sworn to before me on June 1 19 60	12. Signature of HARRIETT JAMES, COUNTY CLERK By A. Dille Deputy	13. Notary Commission expires State of California.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by uncle age 67	By whom issued and signed: Walter R. Candland	Date Issued: April 13, 1960	Date Orig. Entry: ----
	Date of Birth: June 4,1915 / Birth Place: Groveland, Idaho	Full Name of Mother: Eva Isabel Candland	Name of Father: George Cyrus Farnworth	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism and confirmation	By whom issued and signed: LDS Church, Gridley Ward, William B. Shirley, clerk	Date Issued: Aug.24,1960	Date Orig. Entry: baptized Sept.3,, 1927
	Date of Birth: June 4,1915 / Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Eva Candland	Name of Father: George Cyras Farnsworth	
SUPPORTING RECORD 3.	Type of Document: affidavit regarding union records	By whom issued and signed: Cannery, Dried fruit and Nut Workers Union, Roy Ross, Sec.	Date Issued: Aug. 1,1960	Date Orig. Entry: joined Aug.6,1955
	Date of Birth: June 4,1915 / Birth Place: ----	Full Name of Mother: - - - -	Name of Father: -- -	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Oct. 11, 1960

FORM BH 56067

OCT 11 1960

259-103-041 + 195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-908

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Charles Reiley		2. Date Of Birth (month) Oct. (day) 3 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Teton	b. City or Town of birth: Felt city
FATHER	6. Full Name of Father: Robt. Morton Reiley		7. State or Country of Father's Birth: Kentucky.	
MOTHER	8. Full Maiden Name of Mother: Georgia anna Arnall.		9. State or Country of Mother's Birth: Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Raymond Reiley	11. Present Address of Registrant: Kalispel Mont.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 20 1959	12. Signature of Notary: Agnes H. Conrad	13. Notary Commission expires: Nov. 8 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #288680	Date Issued: -----	Date Orig. Entry: child born Dec.17,1939
	Date of Birth: age 24 / Birth Place: Felt, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Mar.4, 1937
	Date of Birth: Oct.3,1915 / Birth Place: Felt, Idaho	Full Name of Mother: Georgia Anna Aronall	Name of Father: Robert Morton Reiley	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Mrs. Owen Ricks age 65	Date Issued: Oct.13,1960	Date Orig. Entry: ----
	Date of Birth: Oct. 3,1915 / Birth Place: Teton Felt, Idaho	Full Name of Mother: Georgia Arnall Reiley	Name of Father: Robert Morten Reiley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Oct. 18, 1960

FORM BH 56067

One copy Paid - 14919

OCT 18 1960

735-22-026-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-916

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: HELEN MAE GLENN			2. Date of Birth (month) FEBRUARY (day) 24 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: JEFFERSON	b. City or Town of Birth: RIGBY
FATHER	6. Full Name of Father: JAMES FRANCIS GLENN			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: FLORENCE HELENA ROMNEY			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Helen Howerton		11. Present Address of Registrant: 5050 Williams Ave., La Mesa, California
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT. 1, 1960	12. Signature of Notary: Henry S. Storr		13. Notary Commission expires: My Commission Expires July 23, 1964 HENRY S. STORR NOTARY PUBLIC in and for the County of San Diego, State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: James F. Glenn	Date Issued: Sept.1,1960	Date Orig. Entry: ----
	Date of Birth: Feb.24,1915 / Birth Place: Rigby, Idaho	Full Name of Mother: Florence Helena Romney	Name of Father: James Francis Glenn	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: State of California Local reg. No. 262	Date Issued: Sept.1,1960	Date Orig. Entry: child born Feb.6,1933
	Date of Birth: age 17 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: statement by attn. phycisian	By whom issued and signed: H. A. Andersen, M.D.	Date Issued: -----	Date Orig. Entry: at birth
	Date of Birth: Feb.24,1915 / Birth Place: Rigby, Idaho	Full Name of Mother: Florence Helena Romney	Name of Father: James Francis Glenn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Oct. 20, 1960

FORM BH 56067

OCT 20 1960

238-224-034-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-948

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Eugenia Schorzman		2. Date Of Birth (month) (day) (year): March 24 1915	
	3. Color or Race: White	4. Sex: Fm.	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Mailing address Kimama, Idaho
FATHER	6. Full Name of Father: Julius Schorzman		7. State or Country of Father's Birth: South Dak.	
MOTHER	8. Full Maiden Name of Mother: Margaret Guthmiller		9. State or Country of Mother's Birth: South Dak.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia E Behr	11. Present Address of Registrant: N316 Elton Spokane 6 Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: October 4 1960	12. Signature of Notary: Evelyn Strieker	13. Notary Commission expires: Feb 17 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #248138	Date Issued: -----	Date Orig. Entry: child born Oct. 29, 1936	
	Date of Birth: age 21	Birth Place: Kiama, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record	By whom issued and signed: Rev. C.H.Readesel, Pastor	Date Issued: -----	Date Orig. Entry: baptized May. 16, 1915	
	Date of Birth: Mar.24,1915	Birth Place: Kimama, Idaho	Full Name of Mother: Margarete Schorzman	Name of Father: Julius Schorzman	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records	By whom issued and signed: Minidoka Co. Camden B. Meyers Superintendent of Schools	Date Issued: Aug. 25 1960	Date Orig. Entry: school sensus 1923-1928 1933	
	Date of Birth: Mar.24,1915	Birth Place: Minidoka County	Full Name of Mother: Margaret Guthmiller	Name of Father: Lulius Schorzman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	Oct. 28, 1960

orr. Cert. file
certifies. (5)8-18-60. MM. Search Made in Minidoka Co.

FORM BH 56067

OCT 28 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

236-203-020-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-966

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida May Stokes Soaris			2. Date of Birth (month) (day) (year): Jan. 3 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Elmore	b. City or Town of Birth: Hill City, Idaho
FATHER	6. Full Name of Father: James Brit Stokes			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Maude Alice Laughlin			9. State or Country of Mother's Birth: Indiana Territory
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida May Soaris		11. Present Address of Registrant: Sidney Nebr
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1960	12. Signature of Notary: Jane Bacon		13. Notary Commission expires: Jan. 3 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (copy) own childs birth certificate	By whom issued and signed: State of Nebraska		Date Issued: Sept. 19, 1946	Date Orig. Entry: Child born July 9, 1946
	Date of Birth: age 31	Birth Place: Hill City, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: First Methodist Church, Sidney Nebraska, G.A. Schwabauer, Past.		Date Issued: Oct. 27, 1960	Date Orig. Entry: Baptized Apr. 9, 1944
	Date of Birth: Jan. 3, 1915	Birth Place: ---	Full Name of Mother: Maude Stokes		Name of Father: James Stokes
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Iva B. Wolfe age 60		Date Issued: Oct. 20, 1960	Date Orig. Entry: -----
	Date of Birth: Jan. 3, 1915	Birth Place: Elmore Co, Hill City, Idaho	Full Name of Mother: Maud Alice Laughlin		Name of Father: James B. Stokes
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Penny L. Wing	Nov. 1, 1960

FORM BH 56067

10-11-60 1 copy paid #5465

NOV 3 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

964-209-616-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Sylvia Round		2. Date Of Birth (month) March (day) 9 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: LeRoy Freeman Round		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Gertrude Shrear		9. State or Country of Mother's Birth: Missoure	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy S. Roelfel	11. Present Address of Registrant: Woodland, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14th 1960	12. Signature of Notary: Elizabeth N. Bessey	13. Notary Commission expires: June 17 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: July 6, 1937
	Date of Birth: Mar.9,1915	Birth Place: Burley, Idaho	Full Name of Mother: Gertrude Shrear	Name of Father: LeRoy F. Round	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Washington #3470	Date Issued: Dec.12,1960	Date Orig. Entry: child born Jan. 5, 1948
	Date of Birth: age 32	Birth Place: Burley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Clark County Washington, Bruce Worthington, auditor	Date Issued: Dec.8,1960	Date Orig. Entry: Oct.21,1946
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: Gertrude Shrear	Name of Father: LeRoy Round	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 16, 1960

FORM BH 56067

1 copy paid 11-10-60

DEC 16 1960

DECEASED

1 copy paid 11-10-60

314-230-0 39-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA LOUISA LAUER			2. Date of Birth (month) (day) (year): Dec 30 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: American Falls Idaho- Power	b. City or Town of Birth: American Falls, Idaho	
FATHER	6. Full Name of Father: ADAM F. LAUER			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Christina Magstadt			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Louisa Lauer Terrell	11. Present Address of Registrant: 420 Lamar Lakewood, Colo	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 31 1960		12. Signature of Notary: Norman Magley	13. Notary Commission expires: My Commission Expires Dec. 13, 1962	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: June 2,1942
	Date of Birth: Dec.30,1915	Birth Place: American Falls,Ida	Full Name of Mother: Christina Magstadt	Name of Father: Adam F. Lauer	
SUPPORTING RECORD 2.	Type of Document: statement regarding marriage		By whom issued and signed: Zion American Lutheran Church Kansas,Ervin H.Eden,Pastor	Date Issued: Dec.24,1960	Date Orig. Entry: Nov. 24, 1940
	Date of Birth: age 36	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by father		By whom issued and signed: Adam F. Lauer	Date Issued: Jan.3,1961	Date Orig. Entry: ----
	Date of Birth: Dec.30,1915	Birth Place: Power Co, Idaho	Full Name of Mother: ----	Name of Father: Adam F. Lauer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnum	Evidence reviewed by: Penny L. Wing	Date Filed: Jan. 17, 1961

FORM BH 56067

1 copy paid#4611 9-1-60

JAN 17 1961

792-216-044-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-095

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Florence Bell Gibson			2. Date of Birth (month) August (day) 16 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: George Eck Gibson			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Rosie Bell Thornhill			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Bell Bennett Gibson.		11. Present Address of Registrant: 670 Hayes Avenue/Sacramento Del Paso Heights Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: December 19 19 60	12. Signature of Notary: LeRoy C. Simms		13. Notary Commission expires: LEROY C. SIMMS, Notary Public, State of California - Principal Office, Sacramento County. My Commission Expires Feb. 29, 1964 19

APPLICANT— DO NOT WRITE BELOW THIS LINE — Mail to Linda Blvd., Del Paso Heights, Calif.

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #236332	Date Issued: -----	Date Orig. Entry: child born Sept.2,1935
	Date of Birth: age 20 / Birth Place: Cambridge,Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Rosie Bell Gibson	Date Issued: Dec.7,1960	Date Orig. Entry: -----
	Date of Birth: Aug.16,1915 / Birth Place: Washington County Cambridge,Idaho	Full Name of Mother: Rosie Bell Thornhill	Name of Father: George Eck Gibson	
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: New Testament	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Aug.16,1915 / Birth Place: -----	Full Name of Mother: Rosie Bell Gibson	Name of Father: G. E. Gibson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Jan. 31, 1961

FORM BH 56067

12-5-60 1 copy paid #8808

JAN 31 1961

603-218052-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 427

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELSIE MARIE WOLFF			2. Date of Birth (month) (day) (year): April ~~18,~~ ~~1915~~
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lincoln County	b. City or Town of Birth: Kimama
FATHER	6. Full Name of Father: FRED C. WOLFF			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: MAGDALENA GOEHRING			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elsie Boden	11. Present Address of Registrant: 717 S. Lee, Lodi, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1961		12. Signature of Notary: Victor Loehring	13. Notary Commission expires: January 4, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: California #3902 Reg.#318	Date Issued: June 26, 1959	Date Orig. Entry: child born Dec.24,1941
	Date of Birth: age 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother		By whom issued and signed: Magdalena Wolff	Date Issued: Apr.24,1961	Date Orig. Entry: ----
	Date of Birth: Apr.18,1915	Birth Place: Lincoln County Kimama, Idaho	Full Name of Mother: Magdalena Goehring	Name of Father: Fred C. Wolff	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: The Baptist Life Assn.	Date Issued: Apr.15,1941	Date Orig. Entry: April 10, 1941
	Date of Birth: Apr.18,1915	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Beeson	Evidence reviewed by: pw Penny L. Wing	Date Filed: May 16, 1961

FORM BH 56067 Idaho V.S. 3-9## 4-14-61

MAY 16 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRAR	1. Registrant's Full Name of Birth	2. Date	
Birth Registration	[illegible]		
	3. Color or Race: White	4. Sex: F	5. Place of Birth (Lincoln County): Lincoln County	6. Birth or Town of Birth: Kimama
FATHER	6. Full Name of Father: FRED C. WOLFF		7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: MAGDALENA COEHRING		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	9. Person declare upon oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 717 S. Lee, Lodi, Calif.
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [signature]	13. Notary Commission expires: January 4, [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible] birth certificate	By whom issued and signed: California #[illegible] Reg. [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: —
	Type of Document: [illegible]	By whom issued and signed: Magdalena Wolff	Date Issued: Apr. 26, [illegible]
	Date of Birth: [illegible]	Birth Place: Lincoln County, Kimama, Idaho	Full Name of Mother: Magdalena Coehring
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Name of Registrar: [signature]	Evidence reviewed by: [signature]	Date Filed: [illegible]

Form No. [illegible]

693-202-010-38

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 430

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GRACE Taylor ORTON			2. Date Of Birth (month) (day) (year): October 2 1915	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth a. County: BONNEVILLE	b. City or Town of Birth: RIGBY, Idaho	
FATHER	6. Full Name of Father: THOMAS			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: Grace L. Taylor			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Taylor Orton Myers		11. Present Address of Registrant: Rt 1 New Plymouth, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 10 1960	12. Signature of Notary: Mary D. Hill		13. Notary Commission expires: February 29 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of baptism and confirmation	By whom issued and signed: LDS Church, Ogden 15th Ward, David M. Shaw, clerk		Date Issued: --	Date Orig. Entry: baptized March 2, 1924
	Date of Birth: Oct. 2, 1915	Birth Place: Rigby, Idaho	Full Name of Mother: Grace L. Taylor		Name of Father: Thomas Orton
SUPPORTING RECORD 2.	Type of Document: copy of own childs birth certificate	By whom issued and signed: State of Oregon #397, Dean L. Huxtable, State Registrar		Date Issued: Feb. 6, 1951	Date Orig. Entry: child born Sept. 19, 1944
	Date of Birth: age 28	Birth Place: Rigby, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Federal Life Insurance Co.		Date Issued: Jan. 9, 1946	Date Orig. Entry: Jan. 9, 1946
	Date of Birth: age 30	Birth Place: -----	Full Name of Mother: -----		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Penny L. Wing	May 16, 1961

FORM BH 56067 7-1-60

MAY 16 1994

DELAYED CERTIFICATE OF BIRTH

STATE OF

439-226-022-212

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

Phyllis Elizabeth Ulrich

State File No. De 61-458
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Elizabeth Ulrich		2. Date of Birth (month) April (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Ashton a. County: Freemont; b. City or Town of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: Fred Carl Ulrich		7. State or Country of Father's Birth: Siemnitz, Saxony Germany
MOTHER	8. Full Maiden Name of Mother: Ione M Baker		9. State or Country of Mother's Birth: Freemont County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Waddell	11. Present Address of Registrant: 2910 Teton St. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1961	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #48-3720	Date Issued: ----------	Date Orig. Entry: April 16, 1948
Class*	Date of Birth: Age 32	Birth Place: Ashton, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Record of Membership	By whom issued and signed: L.D.S. Church, Marion J. Callister	Date Issued: ----------	Date Orig. Entry: October 4, 1923
Class	Date of Birth: April 26, 1915	Birth Place: Ashton, Idaho Freemont, County	Full Name of Mother: Fred Carl Ulrich	Name of Father: Ione Baker
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: Bend Public Schools W. P. Edwards, Principal	Date Issued: May 17, 1961	Date Orig. Entry: September 1930
Class	Date of Birth: April 26, 1915	Birth Place: Ashton, Idaho	Full Name of Mother: Fred C Ulrich	Name of Father: Ione Ulrich
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: May 24, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PHM 40067

MAY 25 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Entered Dec. 31, 1948

Local Reg. No.

Reg. Dist. No.

REGISTRAR: 1. Registration Date of Birth — 2. Date of Birth (month) (day) (year)

3. Sex — 4. Place of Birth — 5. Place of Birth — 6. City or Town of Birth

FATHER: 7. Name of Father — 8. State or Country of Father's Birth

MOTHER: 9. Full Name Name of Mother — 10. State or Country of Mother's Birth

AFFIDAVIT: 11. Hereby certify upon oath that the above statements are true to the best of my knowledge and belief. — 12. Signature of Registrant — 13. Present Address of Registrant

NOTARY (Seal): Subscribed and sworn to before me on 1961 — 14. Signature of Notary — 15. Notary Commission expires

DEPOSITORY RECORD 1: Type of Document: Own childs birth certificate — Date of Birth: Age 32 — Birth Place: Ashton, Idaho — Full Name of Mother: On file in Idaho 148-3720 — Date Issued: ---------- — Date Orig. Entry: April 16, 1948 — Name of Father: ----------

DEPOSITORY RECORD 2: Type of Document: Record of Membership — Date of Birth: April 26, 1915 — Birth Place: Ashton, Idaho — Full Name of Mother: Fred Carl Ulrich — Date Issued: ---------- — Date Orig. Entry: October 4, 1923 — Name of Father: Iona Baker

DEPOSITORY RECORD 3: Type of Document: Statement regarding school record — Date of Birth: April 26, 1915 — Birth Place: Ashton, Idaho — Full Name of Mother: Fred C. Ulrich — Date Issued: May 17, 1961 — Date Orig. Entry: September 1950 — Name of Father: Iona Ulrich

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the above statements have been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson — Evidence reviewed by: Elaine Cox — Date: May 24, 1961

Class A Record is one [illegible] — Class B Record is one [illegible]

168-103-006-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbert A. Johnsen			2. Date of Birth (month) October (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: George Alma Johnsen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jennie Christensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbert A Johnsen		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on May 29 1961	12. Signature of Notary: A. F. Nirth		13. Notary Commission expires: Notary Public Residing at MULLAN, IDAHO My commission expires January 19 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L.D.S. Church John C. Stutznegger, Clerk	Date Issued: Aug 3, 1924	Date Orig. Entry: Baptized Aug 2, 1924
	Date of Birth: Oct. 3, 1915 / Birth Place: Bingham co. Basalt, Idaho	Full Name of Mother: Jennie Christensen	Name of Father: Geo. Alma Johnson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #53-15626	Date Issued: --	Date Orig. Entry: child born Dec 30, 1953
	Date of Birth: Age ~~36~~ 45 / Birth Place: Basalt, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Jennie Johnson	Date Issued: May 23, 1961	Date Orig. Entry: ---
	Date of Birth: October 3, 1915 / Birth Place: Bingham co Basalt, Idaho	Full Name of Mother: Jennie Christensen	Name of Father: George Alma Johnsen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
H. W. Benson	bf Penny L. Wing	May 31, 1961

Form VS 8062 — 4-5-61

in office May 23, 1961

JUN 1 1961

MAY 16 1967

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Full Name at Birth: Milaero A. Johnsen	2. Date of Birth: October 3 1915	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bingham
6. Full Name of Father: George Alma Johnsen	7. State or Country of Father's Birth: Idaho	
8. Full Maiden Name of Mother: Jennie Christensen	9. State or Country of Mother's Birth: Utah	
10. Signature of Registrar	11. Present Address of Registrar	
12. Signature of Notary	13. Notary Commission Expires	

DO NOT WRITE BELOW THIS LINE

Type of Document: Certificate	Signature: John C. Stevenegger, Clerk	Date Issued: Aug 2, 1961
Date of Birth: Oct. 3, 1915 Bingham co. Basalt, Idaho	Full Name of Mother: Jennie Christensen	Name of Father: Geo. Alma Johnsen
Type of Document: Own child's birth certificate on file Idaho #53-15625	By whom Issued and Signed	Date Issued: --
Date of Birth: Bingham Place Basalt, Idaho	Full Name of Mother: ----	Name of Father: ----
Type of Document: Affidavit by Mother	By whom Issued and Signed: Jennie Johnson	Date Issued: May 23, 1961
Date of Birth: October 3, 1915 Bingham co Basalt, Idaho	Full Name of Mother: Jennie Christensen	Name of Father: George Alma Johnsen

I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this registration and that accompanying notice has been reviewed which substantiates the facts as set forth in the foregoing statement.

Date Filed: May 31, 1961

In Office May 23, 1961

965-21-1044-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Rae		2. Date Of Birth (month) (day) (year): Oct 14 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Fred P. Roe		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Grace O'Leary		9. State or Country of Mother's Birth: Neb.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Dunn	11. Present Address of Registrant: 1055 Lackawanna Sunnyvale Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 19 61	12. Signature of Notary: E. E. Walker	13. Notary Commission expires: September 21 19 64	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Oct. 3, 1938
	Date of Birth: Oct. 14, 1915 / Birth Place: Midvale, Idaho	Full Name of Mother: Grace Granberry O'Leary	Name of Father: Tred Peck Roe	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Wester States Benefit Assn.	Date Issued: Sept. 30, 1941	Date Orig. Entry: Sept. 30, 1941
	Date of Birth: Oct. 14, 1915 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by cousin	By whom issued and signed: A. G. O'Leary, Sr., age 63	Date Issued: May 22, 1961	Date Orig. Entry: ----
	Date of Birth: Oct. 14, 1915 / Birth Place: Midvale, Idaho	Full Name of Mother: Grace G. O'Leary	Name of Father: Fred P. Roe	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	pw Penny L. Wing	June 5, 1961

FORM BH 56067 1-24-61

JUN 5 1984

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

796-213-039-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 572

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Grossman
2. Date Of Birth (month) (day) (year): August 13, 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Gottlieb Grossman
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Christina Miller
9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie Keller
11. Present Address of Registrant: 5030 Robertson Avenue, Carmichael, California

NOTARY (Seal)

Subscribed and sworn to before me on: June 21, 1961

12. Signature of Notary: Elloyd A. Rivers
13. Notary Commission expires: May 26, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	California,Dist.#3401	June 19, 1961	child born Jan.11,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Gottlieb Grossman	June 21 1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1915	American Falls,Ida.	Christina Miller	Gottlieb Grossman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	Calif. Almond Growers Exchange	----	1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1915	American Falls,Ida.	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	July 7, 1961

FORM BH 56067

1 copy paid # 14278 42-6-61

JUL 7 1961

465204 019-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Cecilia Donahue		2. Date of Birth (month) October (day) 4, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer; b. City or Town of Birth: Leslie
FATHER	6. Full Name of Father: Thomas Donahue		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Hannah McKelvey		9. State or Country of Mother's Birth: Penn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes C. Alkire	11. Present Address of Registrant: 124 W. Cameron Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 31, 19 61	12. Signature of Notary: Leland G. Alkire	13. Notary Commission expires: MY COMMISSION EXPIRES JAN. 16, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #255334	Date issued: --	Date Orig. Entry: child born May 10, 1937
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister-Age 58		By whom issued and signed: Anna Hosford	Date issued: August 3, 1961	Date Orig. Entry: --
	Date of Birth: October 4 1915	Birth Place: Leslie, Idaho Custer County	Full Name of Mother: Hannah McKelvey	Name of Father: Thomas Donahue	
SUPPORTING RECORD 3.	Type of Document: Marriage License & Certificate #119301		By whom issued and signed: State of California County of Alameda	Date issued: October 24 1944	Date Orig. Entry: October 24 1944
	Date of Birth: Age 29	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	August 3, 1961

FORM BH 56067 2 [illegible] 18852 [illegible] 17157 7-28-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 4 1961

ALKire

1. NAME OF CHILD (First, middle, last)		2. SEX	3. DATE OF BIRTH (month, day, year)
Virgie Olivia Dunaway		Female	October 24, 1915
4. PLACE OF BIRTH (City or town)	(County)	5. NAME OF FATHER (First, middle, last)	
Lenore	Custer	James Dunaway	
6. BIRTHPLACE OF FATHER (State or country)		7. MAIDEN NAME OF MOTHER	
Canada		Hannah Kinsley	
8. BIRTHPLACE OF MOTHER (State or country)		9. NAME AND ADDRESS OF PERSON OR INSTITUTION WHERE CHILD WAS BORN	
Penn.		Hannah Kinsley	
10. NAME AND ADDRESS OF PHYSICIAN OR MIDWIFE IN ATTENDANCE AT BIRTH			
I, Dr. C. Cameron, Mellon, Idaho			

I hereby certify that the above statements are true to the best of my knowledge and belief.

11. Signature of Physician or Midwife: Dr. C. Cameron

12. Official Address: Mellon, Idaho

13. Date Signed: July 31, 1961

14. Signature of Notary: —

15. Notary Commission Expires: —

16. Signature of Person Named in Item 1: —

17. Relationship: —

18. Date Signed: —

DO NOT WRITE BELOW THIS LINE

Certificate

One child's birth certificate Index #25384

Date Issued: —

By: —

Supporting Documents	Type of Document: Affidavit by Sister-in-law	Date Filed: October 24, 1915	
	Name of Witness: Nora Gosford	Date Signed: October 24, 1915	
Subscribing Witness	Date of Birth: October 4, 1915	Birth Place: Lostie, Custer County, Idaho	Name of Mother: Hannah Kinsley
	Name of Witness: Nora Gosford	Date Signed: October 24, 1915	
	Date of Birth: Age 29	Birth Place: Idaho	
Miscellaneous Information			

Miscellaneous Certifications

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Wm. M. Deane	Evidence received by: Joyce B. Potts	Date Filed: August 24, 1961

315-22-9020-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 932

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Frieda Lance
2. Date of Birth: (month) June (day) 29 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Arrow Rock

FATHER

6. Full Name of Father: John Martin Lance
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Wilhelmina Ball
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian F. Lance
11. Present Address of Registrant: 15943½ Ventura Blvd, Encino Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: November 2nd. 19 61

12. Signature of Notary: Milton A. Heehler
13. Notary Commission expires: MILTON A. HEEHLER My Commission Expires April 5, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Operator's License #W 479869	California, Paul Mason, Chief	----	year of expiration 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1915	----	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Wilhelmina Ball Horton	Oct. 16, 1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1915	Elmore Arrow Rock, Idaho	Wilhelmina Ball	John Martin Lance

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	H. A. Kahle, Pastor	----	baptized Oct. 1, 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1915	Arrow Rock, Idaho	Wilhelmina Ball	John M. Lance

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bean	Penny L. Wing	Nov. 6, 1961

FORM BM. 56067

10-6-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 7 1966

MAR 4 1974

November 2nd, [illegible]

Milton A. Reamer

69820-625-151

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-956

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dora Fritser			2. Date of Birth (month) (day) (year): June 10, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Warren
FATHER	6. Full Name of Father: Harrison Charles Fritser			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Charlotte Jeannott			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Fritser Thompson		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 10 1961	12. Signature of Notary: J E Wright		13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 16, 1964

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #351370	Date Issued: ---	Date Orig. Entry: child born June 3, 1942
	Date of Birth: age 26	Birth Place: Warren, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certified copy of Court Order of Adoption	By whom issued and signed: Probate Court, Bear Lake Co., State of Idaho	Date Issued: Aug. 28, 1961	Date Orig. Entry: April 28, 1923
	Date of Birth: June 10, 1915	Birth Place: --	Full Name of Mother: --	Name of Father: H. C. Fritser
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Age 60	By whom issued and signed: George Albert Fritser	Date Issued: Sept 21, 1961	Date Orig. Entry: --
	Date of Birth: June 10, 1915	Birth Place: Warren, Idaho	Full Name of Mother: Charlotte Jeannott	Name of Father: Harrison Charles Fritser

QUALIFYING INFORMATION Note: Dora Fritser was legally adopted by Edgar M. Allred and Nancy H. Allred April 28, 1923.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Nov. 13, 1961

FORM BH 56067

9-21-61

NOV 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Thompson

REGISTRAR	1. Registrar's Full Name of Birth: Dora Fritser	2. Date of Birth: June 10, 1915
	3. Color of Race: White; Sex: Female	4. Place of Birth: County: Idaho; Locality or Town of Birth: Warren
FATHER	5. Full Name of Father: Harrison Charles Fritser	6. State or Country of Father's Birth
	7. Full Maiden Name of Mother: Charlotte Jeannott	8. State or Country of Mother's Birth
	9. Mother declare upon oath that the statements are true to the best of knowledge and belief.	10. Signature of Registrar: [illegible]
	11. Present Address of Registrar	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICATION BY NOT MEANS OF THIS LINE

SUPPORTING RECORD 1	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #8 1370	Date Issued: ---	Date Orig. Entry: child born June 3, 1942
	Date of Birth: age 26	Birth Place: Warren, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: Certified copy of Court Order of Adoption	By whom issued and signed: Probate Court, Bear Lake Co., State of Idaho	Date Issued: Aug. 28, 1961	Date Orig. Entry: Aug. 28, 1955
	Date of Birth: June 10, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Affidavit by Brother age 30	By whom issued and signed: George [illegible] Fritser	Date Issued: Sept. 21, 1961	Date Orig. Entry: ---
	Date of Birth: June 10, 1915	Birth Place: Warren, Idaho	Full Name of Mother: Charlotte Jeannott	Name of Father: Harrison Charles Fritser

QUALIFYING INFORMATION: [illegible] Fritser was legally adopted by Edgar M. Allred and Nancy M. Allred April 28, 1928.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate was been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Nov. 13, 1961

385-227-C21-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Checketts			2. Date Of Birth (month) (day) (year): August 27 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Fairview Franklin	b. City or Town of Birth: Fairview
FATHER	6. Full Name of Father: Andrew Norell Checketts			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Dora Taylor			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna C. Jensen		11. Present Address of Registrant: Long Beach, California
NOTARY (Seal)	Subscribed and sworn to before me on: 21st August 19 61	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 12. 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Bureau of the Census, Washington, D.C.	Date Issued: Nov. 13, 1961	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Dora Checketts	Name of Father: Andrew N. Checketts	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Dora Taylor Checketts	Date Issued: Nov. 8, 1961	Date Orig. Entry: -----
	Date of Birth: Aug. 27, 1915	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Dora Taylor Checketts	Name of Father: Andrew Norell Checketts	
SUPPORTING RECORD 3.	Type of Document: Copy of Certificate of Blessing		By whom issued and signed: Raymond H. Linford, Bishop, L.D.S. Church 3rd Ward	Date Issued: Oct. 26, 1960	Date Orig. Entry: Blessed, Nov. 7, 1915
	Date of Birth: Aug. 27, 1915	Birth Place: Fairview, Franklin County, Idaho	Full Name of Mother: Dora Taylor	Name of Father: Andrew Norell Checketts	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Jan. 8, 1962.

FORM BH 56067

1 copy paid 12-13-60

JAN 8 1962

849-223-039-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-078

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Virgie Mae Hurst
2. Date of Birth: (month) July (day) 23 (year) 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Power; b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Henry L. Hurst
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Selena Blanche Holt
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virgie H. Critchfield
11. Present Address of Registrant: 1533 - 19th Longview, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: January 23, 1962
12. Signature of Notary: E. W. McDonald
13. Notary Commission expires: Sept. 8, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Selena Blanche Holt	Dec. 12, 1961	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1915	American Falls, Ida.	Selena Blanche Holt	Henry Lee Hurst

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	File No. 476, Olympia, Wash.	---	born April 19, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	American Falls, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license affidavit	Sarah Ivie, Cowlitz County Recorder	Jan. 10, 1962	Aug. 24, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	American Falls, Idaho	-----	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	pw Shirley Miller	Jan. 29, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 29 1962

RECEIVED

415-101-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stephen Reese Davis			2. Date Of Birth (month) (day) (year): January 1, 1915	
	3. Color or Race: white am.	4. Sex: M	5. Place of Birth a. County: Ashton Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: Stephen Davis			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary Rasamond Green			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stephen Davis		11. Present Address of Registrant: Ashton Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11th 1962	12. Signature of Notary: Dennis Harrell		13. Notary Commission expires: 7/31 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Life Insurance	By whom issued and signed: American National Insurance Co. Galveston, Texas		Date Issued: Feb. 10, 1955	Date Orig. Entry: Feb. 24, 1955
	Date of Birth: Jan. 1, 1915	Birth Place: --	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: File No. 395047, Idaho		Date Issued: ---	Date Orig. Entry: Aug. 13,,1944
	Date of Birth: Age: 29	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by brother, born 1898	By whom issued and signed: Lorenzo Davis		Date Issued: Jan. 24, 1962	Date Orig. Entry: ----
	Date of Birth: Jan. 1, 1915	Birth Place: Ashton, Idaho	Full Name of Mother: Mary Rasamond Green	Name of Father: Stephen Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. BENSON	sm Shirley Miller	Jan. 29, 1962

FORM BH 56067 (O) 1-5-62NM

Search made in Fremont Co.

JAN 30 1992

MAY 15 1992

396-21-040-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-122

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernardine Frances Crowley			2. Date of Birth (month) Oct. (day) 17 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Osburn, Idaho
FATHER	6. Full Name of Father: Patrick Crowley			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Mary Murphy			9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: Seattle, Wash. 7714 E. Green Lake Dr. N.
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 1962	12. Signature of Notary: Ruby D. Michaels		13. Notary Commission expires: July 13 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of certified copy of ~~own~~ child's birth certif.	By whom issued and signed: Washington State Dept. of Health		Date Issued: Aug. 19, 1959	Date Orig. Entry: born Nov. 7, 1943
	Date of Birth: Age; 28	Birth Place: Osburn, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: transcript of Baptismal Record	By whom issued and signed: St. Alphonsus Church, Wallace Idaho		Date Issued: May 9, 1941	Date Orig. Entry: Sept. 2, 1916
	Date of Birth: Oct. 17, 1915	Birth Place: ---	Full Name of Mother: Mary Murphy	Name of Father: Patrick Crowley	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Northwestern Mutual Life Insurance Co., Milwaukee, Wisc.		Date Issued: ----	Date Orig. Entry: Aug. 11, 1935
	Date of Birth: Oct. 17 1915	Birth Place: Osburn, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 9, 1962

FORM BH 56067

1-24-62

FEB 12 1962

264-218-225-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREDA INGABORG SODERSTROM			2. Date Of Birth (month) 2 (day) 18 (year) 15	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: FORD	
FATHER	6. Full Name of Father: NELS GUSTAF SODERSTROM			7. State or Country of Father's Birth: SWEDEN	
MOTHER	8. Full Maiden Name of Mother: HENRIETTA EUGENIA SOLOMONSON			9. State or Country of Mother's Birth: SWEDEN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freda L. Lang		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 26 1961	12. Signature of Notary: Chester M Leith		13. Notary Commission expires: Dec 9 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of own Child's birth certificate	By whom issued and signed: Kirkland Hospital, Kirkland, Washington	Date Issued: -----	Date Orig. Entry: Born April 5, 1943
	Date of Birth: Feb. 18, 1915	Birth Place: Ford, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Naturalization NO. 1562406	By whom issued and signed: U.S. District Court of Seattle, Washington	Date Issued: Sept. 10, 1921	Date Orig. Entry: --
	Date of Birth: Age: 6	Birth Place: -----	Full Name of Mother: Henrietta Soderstrom	Name of Father: Nils Gustaf Soderstrom
SUPPORTING RECORD 3.	Type of Document: affidavit by relative age 57	By whom issued and signed: Elsie L. Smith	Date Issued: Feb. 24, 1962	Date Orig. Entry: -----
	Date of Birth: Feb. 18, 1915	Birth Place: Ford, Idaho	Full Name of Mother: Henrietta Eugenia Solomonson	Name of Father: Nels Gustaf Soderstrom
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Feb. 28, 1962

FORM BH 56067

1 copy paid 10-23-61

MAR 1 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth (month) (day) (year)	
	3. Color or Race: [illegible]	4. Sex: F	5. Place of Birth: [illegible] County	6. City or Town of Birth: FORD
FATHER	7. Full Name of Father: [illegible]		8. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the [illegible] are true to the [illegible] knowledge and belief.		10. Signature of Registrant: [illegible]	11. Present Address of Registrant:
NOTARY (Seal)	[illegible] sworn to before me on [illegible]		12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible] Hospital, [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ---
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] Soderstrom
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ---
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] Soderstrom
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible] 1962

1 copy paid 10-23-61

231-229-635-919

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-199
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paulina Ethel Slatter
2. Date of Birth (month) (day) (year): December 29 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Leland

FATHER

6. Full Name of Father: Jacob H Slatter
7. State or Country of Father's Birth: Not Known

MOTHER

8. Full Maiden Name of Mother: ~~Amanda~~ Rosa M Rains
9. State or Country of Mother's Birth: Missouri Camden Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paulina E. White
11. Present Address of Registrant: 3712 15th St. Lewiston Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 12 1962

12. Signature of Notary: W L Teel
13. Notary Commission expires: Notary Public for Idaho Residing at Lewiston Therein. My Commission Expires Feb. 1, 1965.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Rosa M Niklosky	Feb. 12, 1962	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29, 1915	Leland, Idaho Nez Perce County	Rosa M Rains	Jacob H Slatter

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding hospital record	St. Joseph's Hospital, Lewiston, Idaho	Feb. 12, 1962	Feb. 8, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 29 Age: 26	Leland, Idaho	Rose Rains	Jacob Slatter

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified photo copy of marriage license application	Beth Durham, Clerk	Feb. 21, 1962	Nov. 9, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 7, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

vet

MAR 12 1982

DECEASED

965-225-004-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Avis Myrtle Roe		2. Date Of Birth (month) 12 (day) 25 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Montpeiler Idaho
FATHER	6. Full Name of Father: Lawrence T. Roe		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Avis Angie Arnold		9. State or Country of Mother's Birth: weber Countey State of Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Roe Rhine	11. Present Address of Registrant: 472-12th St Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 16 day of March 1962	12. Signature of Notary: Avera J. Bullene	13. Notary Commission expires: MY COMMISSION EXPIRES SEPT. 24, 1962 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital record		By whom issued and signed: St. Benedict's Hospital Ogden, Utah	Date issued: Feb. 9, 1962	Date Orig. Entry: July 1, 1954
	Date of Birth: Dec. 25, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Avis Arnold Roe	Name of Father: Lawrence T. Roe	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism		By whom issued and signed: Ella D. Jack, Clerk, LDS Church, Salt Lake City, Utah	Date issued: Feb. 19, 1962	Date Orig. Entry: baptized Mar. 3, 1929
	Date of Birth: Dec. 25, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Avis Arnold	Name of Father: Lawrence T. Roe	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license		By whom issued and signed: Lawrence M. Malan, Clerk	Date issued: Feb. 9, 1962	Date Orig. Entry: Nov. 30, 1937
	Date of Birth: Age: 21	Birth Place: ----	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 22, 1962

FORM BH 56067

MAR 23 1962

Rhine

194-114-035-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-260

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rollin Event Armitage
2. Date Of Birth (month) 11 (day) 14 (year) 15
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Southwick, Nez Perce
b. City or Town of Birth: Southwick Idaho

FATHER

6. Full Name of Father: Thomas Jefferson Armitage
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Rachel Ann Hayward
9. State or Country of Mother's Birth: Colorado

AFEIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rollin Event Armitage
11. Present Address of Registrant: Southwick Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 27th 1962

12. Signature of Notary: [illegible]
13. Notary Commission expires: June 11th 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: Thomas Jefferson Armitage	Date Issued: Mar. 27, 1962	Date Orig. Entry: -------
	Date of Birth: Nov. 14, 1915	Birth Place: Southwick, Idaho	Full Name of Mother: Rachel Ann Armitage	Name of Father: Thomas Jefferson Armitage	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: File No. 417020, Idaho	Date Issued: Jun 21, 1946	Date Orig. Entry: born Feb. 1, 1946
	Date of Birth: Age: 30	Birth Place: Southwick, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy application		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Nov. 19, 1943	Date Orig. Entry: Nov. 16, 1943
	Date of Birth: Nov. 14, 1915	Birth Place: Southwick, Idaho	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 28, 1962

FORM BH 56067

1 copy paid 3-16-62

MAR 29 1962

DEC 2 1977

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Person whose Birth is being registered	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth: [illegible] (day) [illegible] (year)	
	3. Colored, Name	4. Sex	5. Place of Birth	6. City or Town of Birth
FATHER	7. Full Name of Father		8. State or Country of Father's Birth	
MOTHER	9. Maiden Name of Mother		10. State or Country of Mother's Birth	
APPLICANT	11. Signature of Registrant		12. Present Address of Registrant	
	13. Signature of Notary		14. Notary Commission Expires	

APPLICANT'S NOTARIAL AFFIDAVIT

SUPPORTING RECORD 1	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPLEMENTARY INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

I copy paid 3-16-62

Form 44 Sales

242-129-033-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alexander Bischoff			2. Date of Birth (month) April (day) 29, (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Henry Bishoff			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katherine Elizabeth Weimer			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alexander Bischoff		11. Present Address of Registrant: Rt. #1, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1962	12. Signature of Notary: LaMonte Bauer, Clerk of District Court		13. Notary Commission expires: electric 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement pertaining to school record	By whom issued and signed: Donald J. Hobbs, Superintendent Sugar-Salem Schools,		Date Issued: Apr. 25, 1962	Date Orig. Entry: Sept. 7, 1931
	Date of Birth: Age: 16	Birth Place: ----------	Full Name of Mother: ----------		Name of Father: Henry Bishoff
SUPPORTING RECORD 2.	Type of Document: photo copy of confirmation	By whom issued and signed: Ernst Stelzig, Pastor		Date Issued: -----	Date Orig. Entry: Confirmed May 31, 1931
	Date of Birth: April 29, 1915	Birth Place: Rexburg, Idaho	Full Name of Mother: ----------		Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: photo copy of blessing	By whom issued and signed: F. Brennecke, Pastor		Date Issued: -----	Date Orig. Entry: blessed May 25, 1915
	Date of Birth: April 29, 1915	Birth Place: Rexburg, Idaho	Full Name of Mother: Katherina Weimer		Name of Father: Heinrich Bischof
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: April 26, 1962

K FORM BH 56087 (B) 3-6-61. 11M

APR 30 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is entered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) April (day) 29, [illegible]	
	3. Sex of Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: [illegible]
	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible], St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing applicant.

Date Registered	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

689-206-020-7/9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-381

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace DoLores White
2. Date Of Birth (month) (day) (year): September 6, 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mountain Home, Idaho

FATHER

6. Full Name of Father: French George White
7. State or Country of Father's Birth: Lenora, Kansas

MOTHER

8. Full Maiden Name of Mother: Grace Ilene Gaines
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dolores White O'Keefe
11. Present Address of Registrant: 5532-Randolph Dr., Boise, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 24, 1962
12. Signature of Notary: Clifford G. Birch
13. Notary Commission expires: April 6, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 64	By whom issued and signed: Alpha White Schwartz	Date Issued: April 24, 1962	Date Orig. Entry: -----
	Date of Birth: September 6, 1915 / Birth Place: Mountain Home Idaho	Full Name of Mother: Grace Ilene White	Name of Father: French George White	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: File #407782 in Idaho	Date Issued: ----	Date Orig. Entry: June 15, 1945
	Date of Birth: Age 29 / Birth Place: Mountain Home, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Ins. Co.	Date Issued: 5-19-54	Date Orig. Entry: 5-19-54
	Date of Birth: September 6, 1915 / Birth Place: Mtn, Home, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	May 9, 1962

FORM BH 56067

6-8-61

MAY 10 1962

JUL 13 1962

214-205-039-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY MAGDALENE BAUMAN			2. Date Of Birth: (month) AUGUST (day) FIFTH (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~American Falls~~ Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: Gottlieb Bauman			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Margaret Dutt			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Mary Magdalene Jones	11. Present Address of Registrant: x 1901 West Dr. Vista Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9 1962		12. Signature of Notary: Mark E. Taylor	13. Notary Commission expires: February 13, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by neighbor at time of birth, age: 64		By whom issued and signed: Edward Vollmer	Date Issued: May 15, 1962	Date Orig. Entry: ------
	Date of Birth: Aug. 5, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: Margaret Dutt	Name of Father: Gottlieb Bauman	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 218916, Idaho	Date Issued: ------	Date Orig. Entry: child born Jan. 27, 1934
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of Bible record		By whom issued and signed: Edith Anderson, Notary Public	Date Issued: May 11, 1962	Date Orig. Entry: obviously old
	Date of Birth: Aug. 5, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 17, 1962

FORM BH 56067

4-27-62 1 coopy paid

MAY 21 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

State File No. [illegible]

CHILD	1. Registered Name of Child	2. Date of Birth	3. Sex
		[illegible]	[illegible]
	4. Place of Birth (County)	5. City or Town of Birth	
	[illegible]	Krasnodar Region	
FATHER	6. Name of Father	7. State or Country of Father's Birth	
	[illegible]	Russia	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	[illegible]	Russia	
AFFIANT	10. Affiant (Person who knows the facts and can testify to the above statements are true to the best of his knowledge and belief.)	11. Signature of Applicant	12. Present Address of Applicant
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

168-212-029-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-478

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Margaret Ella Johnson			2. Date Of Birth (month) (day) (year): July 12, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Simon H. Johnson			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Lela Mae Bailey			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret E. Johnson Benson		11. Present Address of Registrant: 1633 Burrell Ave Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 4, 1962	12. Signature of Notary: Yvonne Gusman		13. Notary Commission expires: January 22 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Lela Mae Johnson	Date Issued: April 8, 1955	Date Orig. Entry: -----
	Date of Birth: July 12, 1915 / Birth Place: Troy, Idaho Latah County	Full Name of Mother: Lela Mae Johnson	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record	By whom issued and signed: James W. Bieker, Supt. Whitepine Class "A" School Dist.	Date Issued: Mar. 22, 1962	Date Orig. Entry: 1929-1933
	Date of Birth: Age: 14 / Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of family Bible	By whom issued and signed: Orville J. Slette, Notary Public	Date Issued: May 17, 1962	Date Orig. Entry: obviously old
	Date of Birth: July 12, 1915 / Birth Place: Troy, Idaho	Full Name of Mother: Lela Mae Johnson	Name of Father: Simon H. Johnson	

QUALIFYING INFORMATION

statement regarding school record by James W. Bieker, Supt. of Whitepine School District No. 284 in Latah county. Entered school in 1929 and graduated in 1933. age on entering date was 14. This was written on March 22, 1962.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm sm Shirley Miller	June 11, 1962

FORM BH 56067

JUN 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 62-[illegible]

1. Name at birth: [illegible]

2. Date (month, day, year): March 12, 1915

3. Order of Twin or Triplet

4. Sex

5. Place of birth: County

City

6. Duplicate

City or town of birth

7. State or Country of Father's Birth

Tennessee

8. Full maiden name of mother

Ella Pace Bailey

9. State or Country of Mother's Birth

Oregon

10. I hereby swear upon oath that the statements made are true to the best of my knowledge and belief.

11. Signature of Deponent

12. Address of Deponent

13. Subscribed (sworn) and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

[illegible]

AFFIDAVIT — To be used when there is no other evidence

16. Name of Witness

17. Signature of Witness

18. Date Signed

Date Recd. Here

Date Issued

Name of Father

Name of Mother

Maiden Name

691-102-013-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-579

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Charles Rhodney Frank			2. Date Of Birth: (month) Sept. (day) 2 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Camas	b. City or Town of Birth: Fairfield	
FATHER	6. Full Name of Father: Percy Linwood Frank			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Pearl Gertrude Frank			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Rhodney Frank		11. Present Address of Registrant: 6434 Kennedy, Hammond, Indiana	
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1962	12. Signature of Notary: William J. Hanian		13. Notary Commission expires: January 31 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital record	By whom issued and signed: Mrs. Carleta Hungerford, Medical Record Librarian		Date Issued: July 24, 1962	Date Orig. Entry: Jan. 19, 1937
	Date of Birth: Sept. 2, 1915	Birth Place: Fairfield, Idaho	Full Name of Mother: Pearl Frank	Name of Father: Percy Frank	
SUPPORTING RECORD 2.	Type of Document: affidavit by cousin, 14 years older	By whom issued and signed: Jennie Welsch Siebenberg		Date Issued: July 24, 1962	Date Orig. Entry: -----
	Date of Birth: Sept. 2, 1915	Birth Place: Fairfield, Idaho	Full Name of Mother: Pearl Frank	Name of Father: Percy Frank	
SUPPORTING RECORD 3.	Type of Document: statement pertaining to school record	By whom issued and signed: George H. Hunt, Superintendent		Date Issued: July 24, 1962	Date Orig. Entry: Sept. 1923
	Date of Birth: Age: 8	Birth Place: -------	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: July 30, 1962

FORM BH 56067

DECLARED CERTIFICATE OF BIRTH

Frank, Jr.

645-212-026-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-746

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olga N. M. Fuerst			2. Date Of Birth (month) (day) (year): May 12, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Robert Idaho Jefferson	b. City or Town of Birth: Roberts Idaho
FATHER	6. Full Name of Father: Gust Fuerst			7. State or Country of Father's Birth: Kaylor, S. Dak.
MOTHER	8. Full Maiden Name of Mother: Emilie Hanselman			9. State or Country of Mother's Birth: South Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olga N. M. Fuerst		11. Present Address of Registrant: Tripp, S. Dak.
NOTARY (Seal)	Subscribed and sworn to before me on: July 18, 1962 19___	12. Signature of Notary: Wm. Billars		13. Notary Commission expires: 3-10-66 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Emilie Fuerst	Date Issued: July 18, 1962	Date Orig. Entry: -------
	Date of Birth: May 12, 1962 / Birth Place: Roberts, Idaho Jefferson County	Full Name of Mother: Emilie Fuerst	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: statement regarding school census record	By whom issued and signed: William E. Hoff, Clerk of Dist. Court	Date Issued: Oct.3,1962	Date Orig. Entry: May 1, 1925
	Date of Birth: Age: 9 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Gust Fuerst	
SUPPORTING RECORD 3.	Type of Document: certified copy of birth transcript of own child	By whom issued and signed: File #18135, South Dakota	Date Issued: Oct.3,1962	Date Orig. Entry: child born July 22, 1944
	Date of Birth: Age: 29 / Birth Place: Roberts, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: October 8, 1962

FORM BH 56067

1 copy paid 6-22-62

DELAYED CERTIFICATE OF BIRTH

OCT 10 1962

389-221-006-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gayle Christensen		2. Date of Birth (month) (day) (year): April 21 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shelley Bing. b. City or Town of Birth: Shelley Idaho.
FATHER	6. Full Name of Father: Davis Christensen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jennie McBride		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gayle C Baxter	11. Present Address of Registrant: Idaho Falls, Idaho R#5
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 16 1962	12. Signature of Notary: J MacKay	13. Notary Commission expires: 8-7-1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Pacific National Life Assurance Company	Date issued: 0--	Date Orig. Entry: Mar. 3, 1953
	Date of Birth: April 21,1915	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. E. Kelley, Bishop	Date issued: ---	Date Orig. Entry: baptized Aug. 4, 1923
	Date of Birth: April 21, 1915	Birth Place: Shelley, Idaho	Full Name of Mother: Jennie McBride	Name of Father: Davis Christensen
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #402645, Idaho	Date issued: Feb.27,1951	Date Orig. Entry: child born Feb. 14, 1948
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	October 18, 1962

FORM BH 56067 8-7-62

OCT 26 1962

363-220-004-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-815

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Marjory Cochran
2. Date Of Birth (month) (day) (year): Oct. 20 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bear Lake Co.
b. City or Town of Birth: Montpelier, Bear Lake, Idaho

FATHER

6. Full Name of Father: Charles Alfred Cochran
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Annie Christoffersen
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Cochran Fautz
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: 13 NOVEMBER 1957

12. Signature of Notary: JOE L. EDWARDS Notary Public Bexar County, Texas
13. Notary Commission expires: 1 JUNE 1959

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of record of membership	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: June 14, 1960	Date Orig. Entry: baptized July 16, 1925	
	Date of Birth: Oct. 20, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Anna Christofferson	Name of Father: Charles Cochran	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record Montpelier High School	By whom issued and signed: H.W. Phillips, Principal	Date Issued: Oct. 8, 1962	Date Orig. Entry: Sept. 1928	
	Date of Birth: Oct. 20, 1915	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Annie Cochran	Date Issued: Nov. 5, 1962	Date Orig. Entry: --	
	Date of Birth: Oct. 20, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Annie Cochran	Name of Father: Charles Alfred Cochran	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Shirley Miller	November 8, 1962

FORM BH 56067

NOV 8 1962

388-102 1039-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-869

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy Lamar Thyberg			2. Date Of Birth (month) (day) (year): April 2 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Power	b. City or Town of Birth: Arbon Valley
FATHER	6. Full Name of Father: Axel Rudolph Thyberg			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Jane Iverson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Lamar Thyberg		11. Present Address of Registrant: 645 Richland Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 26 1962	12. Signature of Notary: Grace Ashton		13. Notary Commission expires: 7-20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: E. H. Davis, Bishop	Date Issued: --	Date Orig. Entry: blessed June 6, 1915
	Date of Birth: April 2, 1915	Birth Place: Power County Arbon, Idaho	Full Name of Mother: Marthy Iversen	Name of Father: Rudolph Axel Thyberg	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File #403818, Idaho	Date Issued: ---	Date Orig. Entry: child born Mar. 25, 1945
	Date of Birth: Age: 29	Birth Place: Arbon, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Jared O. Anderson, Bishop	Date Issued: May 6, 1923	Date Orig. Entry: baptized May 6, 1923
	Date of Birth: April 2, 1915	Birth Place: Arbon, Idaho	Full Name of Mother: Marthy Iverson	Name of Father: Rudolph A. Thyberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	November 28, 1962

FORM BH 56067

1 copy paid 6-22-62

NOV 29 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Roy [illegible]	2. Date of Birth (month) April 2 1913	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: a. County [illegible] b. City or Town of Birth: [illegible] Valley
FATHER	6. Full Name of Father: [illegible] Rudolph [illegible]	7. State or Country of Father's Birth: Utah	
MOTHER	8. Maiden Name of Mother: [illegible] Jane Iverson	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: 445 Richland, Pocatello, Idaho
NOTARY (Seal)	13. Subscribed and sworn to before me on Nov. 25 1962	14. Signature of Notary: [illegible]	15. Notary Commission expires: 7-20 [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible] certificate	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism and [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	[illegible] 25, 1962

FORM NO. [illegible]

I copy paid 6-22-62

369-209-014-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-885

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA ANNA TORRANCE	2. Date Of Birth (month) (day) (year): August 9 1915
	3. Color or Race: WHITE; 4. Sex: F; 5. Place of Birth a. County: Caldwell, Ida. Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Robert Stewart Torrance	7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Anna Zingleman	9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Ann Torrance Taylor; 11. Present Address of Registrant: 4784 Onyx Drive Klamath Falls Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 17 1962	12. Signature of Notary: Frank Tomic; 13. Notary Commission expires: My Commission Expires Nov. 6, 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate #398809	By whom issued and signed: Vital Statistics, #398809	Date Issued:	Date Orig. Entry: Nov. 27, 1944
	Date of Birth: 29 years; Birth Place: Caldwell, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affadavit by sister, 58 years old	By whom issued and signed: Rachel Torrance Shuey	Date Issued: November 27, 1962	Date Orig. Entry: ----------
	Date of Birth: August 9, 1915; Birth Place: Caldwell, Idaho	Full Name of Mother: Annie Zingelman Torrance Robert Stewart Torrance	Name of Father: Robert Stewart Torrance	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record; Molly Johnson, Registrar; Caldwell, Idaho	By whom issued and signed: Caldwell Senior High School	Date Issued: Oct. 29, 1962	Date Orig. Entry: 1931-1932
	Date of Birth: Aug. 9, 1915; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	hh Shirley Miller	December 5, 1962

FORM BH 56067 8-2-62

DEC 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's No. ---

1. Name of child (First, middle, last)

2. Date of birth (month) (day) (year)

3. Place of birth — County

4. Sex

5. Full name of father

6. Color or race of father

7. Birthplace of father (State or foreign country)

8. Full maiden name of mother

9. Color or race of mother

10. Birthplace of mother (State or foreign country)

11. Number of previous children born to this mother

12. Number of previous children now living

13. Number of previous stillbirths

14. Number of previous children now deceased

15. Signature of mother

16. Mother's mailing address at time of application

17. Signature of attendant

18. Official capacity of attendant

19. Address of attendant

20. Date received by registrar

21. Signature of registrar

22. Date filed

23. Number of this certificate

I hereby request that a birth certificate be issued for the person named above, for the following reason:

Need a birth certificate

Subscribed and sworn to before me this 27th day of November, 1962.

(SEAL)

Notary Public

My commission expires: Nov. 27, 1964

Affidavit by

Father, 58 years old

Caldwell, Idaho

Rachel Torrance Sr.

Robert Bowart Torrance

Nov. 27, 1962

Caldwell, Idaho

Nov. 27, 1962

Robert Bowart Torrance

Rachel Torrance Sr.

893-213-022-318

De62-904

(Be sure the information is complete and accurate)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

Federal Security Agency
United States Public Health Service

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 8 1962

Bureau of Vital Statistics

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Mildred b. (Middle) Hannah c. (Last) Hillam

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 13 (Year) 1915

FATHER OF CHILD

7. FULL NAME: a. (First) Abraham b. (Middle) B. c. (Last) Hillam

8. COLOR OR RACE: White

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Mamie b. (Middle) c. (Last) Taylor

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 3

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mamie T. Hillam — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Ashton, Idaho

18d. DATE SIGNED: Nov 25 1962

19. DATE REC'D BY LOCAL REG.: Nov. 8, 1962

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(*This section MUST be filled out*)

22a. LENGTH OF PREGNANCY: 4[illegible] WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. 8 OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

DEC 26 1962

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

785-212.004-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-015

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Virginia Phelps
2. Date of Birth (month) June (day) 12 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Montpelier Idaho Bear Lake
b. City or Town of Birth: Montpelier Idaho

FATHER

6. Full Name of Father: Heber John Phelps
7. State or Country of Father's Birth: Montpelier Idaho

MOTHER

8. Full Maiden Name of Mother: May Inez Jones
9. State or Country of Mother's Birth: Layton Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois Virginia Phelps
11. Present Address of Registrant: Ovid Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 28 1962
12. Signature of Notary: Gertrude A McCart
13. Notary Commission expires: 9-16 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photo copy of application for insurance	Beneficial Life Insurance Co.	---	May 12, 1936
	Date of Birth: June 12, 1915 / Birth Place: Montpelier, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 2.	Certificate of Blessing	Russell Sorenson, Bishop	Dec.29,1962	blessed Aug. 1, 1915
	Date of Birth: June 12, 1915 / Birth Place: Bear Lake County Montpelier, Idaho	Full Name of Mother: May Inez Jones	Name of Father: Heber John Phelps	
SUPPORTING RECORD 3.	own child's birth certificate	File #52-15207, Idaho	----	child born Dec. 8, 1952
	Date of Birth: Age; 37 / Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	January 8, 1963

FORM BH 56067

10-10-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

10-10-62

769-122-022-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Ervin Porritt
2. Date of Birth (month) (day) (year): October 22, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Fremont
   b. City or Town of Birth: Drummond

FATHER

6. Full Name of Father: Robert Porritt
7. State or Country of Father's Birth: Idaho.

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Kendall
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Ervin Porritt
11. Present Address of Registrant: 925-30th Ave Longview, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on 1-7 1963

12. Signature of Notary: Albert D Mann
13. Notary Commission expires: Aug 31 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Heber C. Iverson, Bishop	---	blessed Aug. 27, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1915	Drummond, Idaho	Mary Elizabeth Kendall	Robert Porritt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photo copy of application for insurance	The Equitable Life Assurance Society of the United States	---	Dec. 5, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1915	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photo copy of application for employment	Weyerhaeuser Timber Company	---	April 6, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.22,1915	----	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm Shirley Miller	January 24, 1963

FORM BH 56067 Rev

10-25-62

JAN 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

146-109-039-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Ferdinand Adolf		2. Date of Birth (month) (day) (year): March 9 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Am. Falls Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Manuel L. Adolf		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Kaster		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. F. Adolf	11. Present Address of Registrant: Hagerman Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 15 day of November 1962	12. Signature of Notary: Emerson Pugmire	13. Notary Commission expires: 12-20- 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Geo. L. Spiattler, Evang. Luth. Pastor	Date issued: ----	Date Orig. Entry: April 5, 1915
	Date of Birth: Mar.9,1915 / Birth Place: American Falls, Idaho	Full Name of Mother: Mary Koester	Name of Father: Manuel Adolf	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 397999	Date issued: ----	Date Orig. Entry: child born Oct. 6, 1944
	Date of Birth: Age: 29 / Birth Place: Americdan Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Mary Adolf	Date issued: Feb.1, 1963	Date Orig. Entry: ----
	Date of Birth: Mar.9,1915 / Birth Place: American Falls, Idaho	Full Name of Mother: Mary Adolf	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: February 5, 1963	

FORM BH 56067

FEB 5 1963

296-210-044-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-132

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Willetta Brown				2. Date of Birth: (month) Jan (day) 10 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Washington	b. City or Town of Birth: Idaho		
FATHER	6. Full Name of Father: Alvin W. Brown				7. State or Country of Father's Birth: Clinton County, Illinois	
MOTHER	8. Full Maiden Name of Mother: Vinnie Belle Black				9. State or Country of Mother's Birth: Prairie City, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith Willetta Steele		11. Present Address of Registrant: 151 Elm St. John Day Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1963		12. Signature of Notary: Amelia Kirkwood		13. Notary Commission expires: Dec 4 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by Father	By whom issued and signed: Alvin W. Brown	Date Issued: February 13, 1957	Date Orig. Entry
	Date of Birth: Jan.10,1915 / Birth Place: Washington County Weiser, Idaho	Full Name of Mother: Vinnie B. Brown	Name of Father: Alvin W. Brown	
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of page from family Bible	By whom issued and signed: Jack B. Lively, Notary Public	Date Issued: Jan.25, 1963	Date Orig. Entry: obviously old
	Date of Birth: Jan.10,1915 / Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Mrs. Annie A. Ingle, Sup't. of Cradle Roll Dept.	Date Issued: ----	Date Orig. Entry: June 24,1915
	Date of Birth: Jan.10,1915 / Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Shirley Miller	Date Filed: February 25, 1963

FORM BH 56067

11-4-63

FEB 26 1963

OCT 29 1963

219-101-003-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-187

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Winston Barnard
2. Date Of Birth (month) (day) (year): 1 1 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: ~~Inkom Idaho, Bannock~~
b. City or Town of Birth: Inkom Idaho

FATHER

6. Full Name of Father: Joseph Ramsom Barnard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maggie Ellen Munden
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl Winston Barnard
11. Present Address of Registrant: 2262 So. 7th East Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 10 1962
12. Signature of Notary: D. Lee Smith
13. Notary Commission expires: April 15 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement by attending physician	F. S. Miller, M.D.	Dec., 1962	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.1,1915 / Inkom, Idaho	Mrs. Joseph R. Barnard	Joseph R. Barnard	
SUPPORTING RECORD 2.	photo copy of application for insurance	United Benefit Life Insurance Company	---	Dec. 4, 1954
	Jan. 1,1915 / Inkom, Idaho	-----	-----	
SUPPORTING RECORD 3.	affidavit by neighbor at time of birth Age: 63	Ruth Ann Bourne	March	7, 1963
	Jan.1,1915 / Inkom, Idaho	Maggie Ellen Munden	Joseph Ransom Barnard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: sm Shirley, Miller
Date Filed: March 13, 1963

FORM BH 56067

MAR 13 1963

359-105010-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enos Clyde Terry, Jr.		2. Date Of Birth (month) (day) (year): June 5, 1915
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Melba Ward, Antelope District
FATHER	6. Full Name of Father: Enos Clyde Terry		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Anna Margaret Evert		9. State or Country of Mother's Birth: Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enos Clyde Terry, Jr.	11. Present Address of Registrant: Route # 1, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1963	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-31-66. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Thomas H. Clifford, Bishop	Date Issued: ---	Date Orig. Entry: blessed July 4, 1915
	Date of Birth: June 5, 1915	Birth Place: Melba Idaho	Full Name of Mother: Annie Margaret Evert	Name of Father: Enos C. Terry
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Thomas H. Clifford, Bishop	Date Issued: -----	Date Orig. Entry: baptized July 7, 1923
	Date of Birth: June 5, 1915	Birth Place: Bonneville County Antelope, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Enos C. Terry and Anna E. Terry	Date Issued: February 25, 1963	Date Orig. Entry:
	Date of Birth: June 5, 1915	Birth Place: Bonneville County Antelope, Idaho	Full Name of Mother: Anna Margaret Evert	Name of Father: Enos Clyde Terry
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 13, 1963

FORM BH 56067

10-25-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 13 1969

736-11-1034-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWARD PLOCHER			2. Date Of Birth (month) February (day) 18 (year) 1915	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: MINIDOKA	b. City or Town of Birth: Adelaide, Idaho	
FATHER	6. Full Name of Father: Edward Plocher			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Magdalena Dietz			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edward Plocher	11. Present Address of Registrant: Route #3, Rupert, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14th 1963		12. Signature of Notary: Floyd Hunt	13. Notary Commission expires: February 16th 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Confirmation	By whom issued and signed: Luther M. Westerkaup, Pastor	Date Issued: ----	Date Orig. Entry: confirmed May 15, 1932
	Date of Birth: Feb.18,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Magdalena Dietz Plocher	Date Issued: March 14, 1963	Date Orig. Entry:
	Date of Birth: Feb.18,1915	Birth Place: Minidoka County Adelaide, Idaho	Full Name of Mother: Magdalena Dietz Plocher	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: H. C. Schulze, Pastor	Date Issued: ----	Date Orig. Entry: baptized Oct.10, 1915
	Date of Birth: Feb.18,1915	Birth Place: Adelaide, Idaho	Full Name of Mother: Magdalena Dietz	Name of Father: Edward Plocher
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: March 29, 1963

FORM BH 56067 (P) 7-13-62. 1 Copy Pd. Rec. #13404. Search made in Minidoka Co.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

APR 3 [illegible]

REGISTRATION	1. Registration Dist. Name of Birth: [illegible]	2. Date of Birth (month) (day) (year)	Feb. 18 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Minidoka County
	6. City or Town of Birth: Adelaide, Idaho		
FATHER	7. Full Name of Father: Edward Plocher	8. State or Country of Father's Birth: Russia	
MOTHER	9. Full Name of Mother: Magdalene Dietz	10. State or Country of Mother's Birth: Russia	
AFFIDAVIT	11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of registrant: [signature]	13. Present Address of Registrant: Route #3, Rupert, Idaho
NOTARY	14. Subscribed and sworn to before me on: March 14th 1963	15. Signature of notary: [signature]	16. Notary Commission expires: February 16th 1964

EFFICACY — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Confirmation	By whom issued and signed: Luther N. [illegible], Pastor	Date Issued: —	Date Orig. Entry: Baptized May 17, 1912
	Date of Birth: Feb. 18, 1915	Birth Place: —	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Magdalena Dietz Plocher	Date Issued: March 14, 1963	Date Orig. Entry: —
	Date of Birth: Feb. 18, 1915	Birth Place: Minidoka County, Adelaide, Idaho	Full Name of Mother: Magdalena Dietz Plocher	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Certificate of Baptism	By whom issued and signed: H. C. Schulze, Pastor	Date Issued: —	Date Orig. Entry: Baptized Oct. 10, 1915
	Date of Birth: Feb. 18, 1915	Birth Place: Adelaide, Idaho	Full Name of Mother: Magdalena Dietz	Name of Father: Edward Plocher

REGISTRATION CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Signature of Registrar: [signature]	Evidence reviewed by: Shirley Miller	Date Filed: March 22, 1963

Form No. [illegible]

913-772-011-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-352
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SWANSON, Gene Dalmer		2. Date Of Birth (month) February (day) 12 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: (Meadow Creek) b. City or Town of Birth: Meadow Creek
FATHER	6. Full Name of Father: Elmer Cornelius SWANSON		7. State or Country of Father's Birth: USA - Wisconsin
MOTHER	8. Full Maiden Name of Mother: Hazel Belle PARKER		9. State or Country of Mother's Birth: USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gene Dalmer Swanson	11. Present Address of Registrant: 1022 South Tower Ave. Centralia, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1968	12. Signature of Notary: H. S. Frost	13. Notary Commission expires: Dec 11, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Elmer C. Swanson	Date Issued: October	Date Orig. Entry: 8, 1956
Class*	Date of Birth: Feb.12,1915	Birth Place: Kootenai County Meadowcreek, Idaho	Full Name of Mother: Hazelbell Parker	Name of Father: Elmer C. Swanson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Washington State File #253	Date Issued: July 26, 1955	Date Orig. Entry: child born Dec. 7, 1942
Class	Date of Birth: Age: 27	Birth Place: Meadow, Creek, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for social secuirty account no.		By whom issued and signed: U. S. Treasury Department	Date Issued: ----	Date Orig. Entry: Jan. 13, 1937
Class	Date of Birth: Feb.12,1915	Birth Place: Meadow Creek, Idaho	Full Name of Mother: Hazelbell Parker	Name of Father: Elmer Cornelious Swanson	
QUALIFYING INFORMATION					

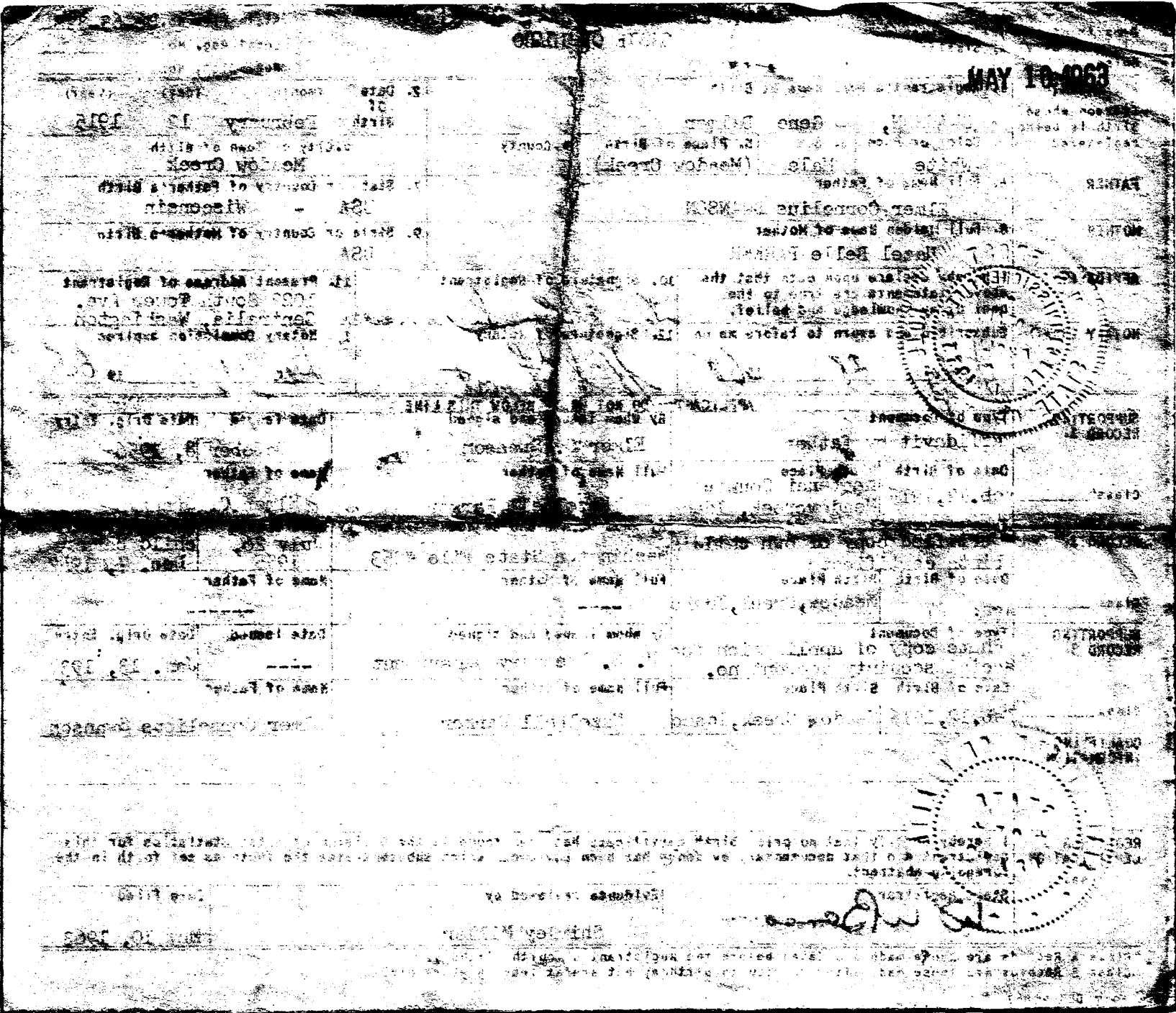
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 10, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



255-112-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-409

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arnold Kendall			2. Date of Birth (month) (day) (year): January 12, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bannock	b. City or Town of Birth: Oxford	
FATHER	6. Full Name of Father: Owen Elijah Kendall			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Susan Walker			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arnold Kendall		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 24th May 1963	12. Signature of Notary: Lavon L. Warner		13. Notary Commission expires: 7-7-66 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Geo. E. Fisher, Ward Clerk		Date Issued: -----	Date Orig. Entry: blessed June 6, 1915
	Date of Birth: Jan. 12, 1915	Birth Place: Bannock County Oxford, Idaho	Full Name of Mother: Susie Walker		Name of Father: Owen E. Kendall
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Susan Kendall		Date Issued: May 18,	Date Orig. Entry: 1963
	Date of Birth: Jan. 12, 1915	Birth Place: Oxford, Idaho	Full Name of Mother: Susan Kendall		Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. M. Boyce, Bishop		Date Issued: -----	Date Orig. Entry: blessed Oct. 29, 1927
	Date of Birth: Jan. 12, 1915	Birth Place: Bannock County Oxford, Idaho	Full Name of Mother: Susan Walker		Name of Father: Owen E. Kendall
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	June 4, 1963

FORM BH 56067

JUN 4 1963

JUN 28 1963

Kendall

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name of Birth		2. Date of Birth	
Annella Kendall		January 12, 1914	
3. Color or Race	4. Sex	5. Place of Birth	Authority
White	Male	Idaho	Bannock
6. Full Name of Father		7. State or Country of Mother's Birth	
Owen Elijah Kendall		Idaho	
8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
Susan Walker		Idaho	
10. Signature of Registrant		11. Present Address of Registrant	
12. Signature of Notary		13. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Issued
Certificate of Marriage	Geo. H. [illegible], Ward Clerk	----	June 4, 1963
Date of Birth	Birth Place	Name of Father	
[illegible]	Soda Walker	[illegible]	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Mother	Susan Kendall	[illegible]	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Oxford, Idaho	Susan Kendall	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry Issued
Certificate of Marriage	L. M. [illegible]	----	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	Susan Walker	[illegible]

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 4, 1963

533-25-020-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillie Frances Elliott		2. Date Of Birth (month) Feb (day) 25 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Elmore	b. City or Town of Birth: King Hill
FATHER	6. Full Name of Father: Josiah Walter Elliott		7. State or Country of Father's Birth: State of Illinois	
MOTHER	8. Full Maiden Name of Mother: Lillie Christine Hutchens		9. State or Country of Mother's Birth: State of Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie Frances Elliott Meyers	11. Present Address of Registrant: Rt. 1, Okanogan, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 21, 1963	12. Signature of Notary: John Hancock	13. Notary Commission expires: February 20 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Rose Elliott Rodriguez	Date Issued: May 27, 1963	Date Orig. Entry	
	Date of Birth: Feb. 25, 1915	Birth Place: Elmore County King Hill, Idaho	Full Name of Mother: Lillie Christine Hutchens	Name of Father: Josiah Walter Elliott	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Washington State File #387	Date Issued: Feb. 7, 1945	Date Orig. Entry: Child born Aug. 30, 1941	
	Date of Birth: Age: 26	Birth Place: King Hill, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage Certificate	By whom issued and signed: Dolores N. Waddle, Deputy	Date Issued: June 3, 1963	Date Orig. Entry: Jan. 3, 1935	
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Lillie Hutchens	Name of Father: Walter Elliott	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barnes	Evidence reviewed by: Shirley Miller	Date Filed: July 1, 1963		

FORM BH 56067

JUL 1 1963

142-229-037--619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathryn Alma Austin			2. Date Of Birth (month) (day) (year): Sept. 29 1915
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Wilson
FATHER	6. Full Name of Father: Charles Lincoln Austin			7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Nellie Cleo Ward			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Alma Tibble		11. Present Address of Registrant: 2712 Colo. Caldwell Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 9 1963	12. Signature of Notary: John W. Rosecians		13. Notary Commission expires: 11 – 9 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #293592	Date Issued: ---	Date Orig. Entry: Child born April 26, 1940
	Date of Birth: Age 24	Birth Place: Wilson, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Ida.	Date Issued: ----	Date Orig. Entry: Baptized March 24, 1935
	Date of Birth: September 29, 1915	Birth Place: -----	Full Name of Mother: Nellie Ward	Name of Father: Chas. Austin
SUPPORTING RECORD 3.	Type of Document: Statement from school record	By whom issued and signed: Nampa Senior High School Nampa, Idaho	Date Issued: April 22, 1963	Date Orig. Entry: May 31, 1934
	Date of Birth: September 29, 1915	Birth Place: Wilson, Idaho	Full Name of Mother: -----	Name of Father: C. L. Austin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: July 1, 1963

FORM BH 56067

JUL 1 1963

DECEASED

135-131-014-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert LaVerne Alexanderson		2. Date Of Birth (month) (day) (year): July 31, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon County; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Anders Peter Alexanderson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Annie M. Peterson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert LaVerne Alexanderson	11. Present Address of Registrant: 1817 Idaho, Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: October 8 1963	12. Signature of Notary: Wayne E. Davis	13. Notary Commission expires: June 1 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 52-4296	Date issued: ---	Date Orig. Entry: child born April 7, 1952
	Date of Birth: Age: 36	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: A. P. Alexanderson	Date issued: December	Date Orig. Entry: 7, 1950
	Date of Birth: July 31, 1915	Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Annie M. Peterson	Name of Father: Anders Peter Alexanderson
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for insurance	By whom issued and signed: North American Accident Insurance Company	Date issued: August	Date Orig. Entry: 10, 1951
	Date of Birth: July 31, 1915	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	October 10, 1963

FORM BH 56067 12-26-62. 1 copy pd. rec. #19528 search made in Canyon County -

OCT 10 1963

APR 2 1969

231-108-040-754

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-823
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Damase Beswin St. Amand		2. Date of Birth: November 8 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Oscar Damase St. Amand		7. State or Country of Father's Birth: New York	
MOTHER	8. Full Maiden Name of Mother: Nora Albertina Pedersen		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Damase Beswin St. Amand	11. Present Address of Registrant: Box 261, Smelterville, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 15 1963	12. Signature of Notary: Wendell R. Barnard	13. Notary Commission expires: 4-3 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth; born: 1868	By whom issued and signed: Marie Joycux	Date Issued: October 3, 1963	Date Orig. Entry
Class*	Date of Birth: Nov.8,1915	Birth Place: Shoshone County Kellogg, Idaho	Full Name of Mother: Nora Albertina St.Amand	Name of Father: Oscar Damase St. Amand
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Anna K. Battick, Co. Recorder	Date Issued: Oct.7,1963	Date Orig. Entry: Sept. 11, 1950
Class	Date of Birth: Age: 34	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certified copy of Honorable Discharge from U.S. Army	By whom issued and signed: Anna K. Battick, Co. Recorder	Date Issued: Oct.11,1963	Date Orig. Entry: inducted June 27, 1942
Class	Date of Birth: Nov.8,1915	Birth Place: Kellogg, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: Shirley Miller	Date Filed: November 21, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

NOV 21 1966

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

766-103-020-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otto Carl Pook		2. Date Of Birth (month) (day) (year): February 3, 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: [redacted] Smiths Prairie
FATHER	6. Full Name of Father: Henry Herman Pook		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Augusta Christina Bock		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otto Carl Pook	11. Present Address of Registrant: Rt. 1 - Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 19th 1963	12. Signature of Notary: John L. Wagner	13. Notary Commission expires: Sept. 17 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Aid Assoc, for Lutherans	Date Issued: April 30, 1935	Date Orig. Entry
	Date of Birth: Age: 20	Birth Place: -----	Full Name of Mother: Augusta Pook	Name of Father: Henry Pook
SUPPORTING RECORD 2.	Type of Document: Cetificate of Baptism	By whom issued and signed: H.A. Kahle, Ev. Luth. Pastor	Date Issued: -----	Date Orig. Entry: Baptized Oct. 11, 1925
	Date of Birth: Feb.3,1915	Birth Place: -----	Full Name of Mother: Augusta Bock	Name of Father: Henry Pook
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Augusta Christina Pook	Date Issued: November 19, 1963	Date Orig. Entry
	Date of Birth: Feb.3,1915	Birth Place: Elmore County Smiths Prarie, Ida.	Full Name of Mother: Augusta Christina Pook	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	November 29, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 2 1963

753-22-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *GAIL NEOMI PETERSEN*			2. Date of Birth: (month) Dec. (day) 22 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Salem	
FATHER	6. Full Name of Father: George Dewain Petersen			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lillie May Smith			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gail P. Jackman	11. Present Address of Registrant: 253 E. 4th N., Nephi, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: November 24, 1963		12. Signature of Notary: Lawrence M. Broadhead	13. Notary Commission expires: March 18, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: Aug. 5, 1963	Date Orig. Entry: Feb. 6, 1916
	Date of Birth: Dec. 22, 1915	Birth Place: Fremont County Salem, Idaho	Full Name of Mother: Lillie May Smith	Name of Father: George Dewain Petersen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File #48-10498	Date Issued: -----	Date Orig. Entry: child born Sept. 19, 1948
	Date of Birth: Age: 32	Birth Place: Salem, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license		By whom issued and signed: Alvin Keddington, Clerk	Date Issued: July 5, 1963	Date Orig. Entry: May 31, 1938
	Date of Birth: Age: 22	Birth Place: ------	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	December 1, 1963

FORM BH 56067

6-4-63

Jackman

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

DEC 2 [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: WHAIL WOOHI PETERSEN	2. Date of Birth: Month Dec. (day) 22 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fremont
	6. Birth Place: Salem	7. Birth Place: Idaho	
FATHER	8. Full Name of Father: George Dewain Petersen	9. State or Country of Father's Birth: Idaho	
MOTHER	10. Full Maiden Name of Mother: Lillie May Smith	11. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	12. I hereby certify that the above statements are true to the best of my knowledge and belief	13. Signature of Registrant	14. Present Address of Registrant: 253 E. 4th N., Nephi, Utah
NOTARY (Seal)	15. Subscribed and sworn to before me on: November 24, 1963	16. Signature of Notary	17. Notary Commission expires: March 18, 1965

APPROVED — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record	By whom issued and signed: [illegible] Church, Salt Lake City	Date Issued: [illegible]	Date Orig. Entry: [illegible] 1915
	[illegible] County Salem, Idaho	Lillie May Smith	George Dewain Petersen	
SUPPORTING RECORD 2	Type of Document: [illegible] birth certificate	By whom issued and signed: [illegible]	Date Issued: -----	Date Orig. Entry: Sept. 12, 1918
	Date of Birth: Age: 22	Birth Place: Salem, [illegible]	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] 1963	Date Orig. Entry: [illegible] 31, [illegible]
	Date of Birth: Age: 22	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	Shirley Miller	December 1, 1963

FORM HH 5[illegible]

745-205-003-539

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-867

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Gunnell
2. Date of Birth: (month) Feb. (day) 5, (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock (now Caribou) b. City or Town of Birth: Near Davisville Soda Springs, Idaho

FATHER

6. Full Name of Father: Thomas P. Gunnell — Signature of Father: Thomas P. Gunnell
Address: Soda Springs, Ida.
7. State or Country of Father's Birth: Wellsville, Utah 11/10/1886

MOTHER

8. Full Maiden Name of Mother: Effie Eliason — Signature of Mother: Effie Eliason Gunnell
Address: Soda Springs, Ida.
9. State or Country of Mother's Birth: Logan, Utah 1/15/1893

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: *Edna Gunnell Gamble
11. Present Address of Registrant: Soda Springs, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: December 2nd 1963
12. Signature of Notary: L.D. Mathews (As to ALL 3 SIGNATURES.)
13. Notary Commission expires: July 1st 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #248088	----	child born Aug 11, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Soda Springs, Idaho	-------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Dr. Allen Tigert Copy of Hospital Admission Record, case 20824	Florence VanPool, Admitting Officer	Feb 25, 1957	Feb 25, 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 42	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized Statement re. Family Record Book, Page 22	L.D.S. Family Record Book S. E. Mathews, Notary Public	Dec 13, 1963	Blessed May 3, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 5, 1915	Davisville, Idaho	Effie Eliason Gunnell	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Dec. 20, 1963

FORM BH 56067

Gamble

AUG 3 1971

392-121-003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Palmer Lisenbee			2. Date Of Birth (month) (day) (year): September 21, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bannock	b. City or Town of Birth: Inkom	
FATHER	6. Full Name of Father: Xavier Palmer Lisenbee			7. State or Country of Father's Birth: Praire Grove, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Martha Mabel Sloat			9. State or Country of Mother's Birth: Cleveland, Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Palmer Lisenbee	11. Present Address of Registrant: Farmington, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 19 64		12. Signature of Notary: [signature]	13. Notary Commission expires: August 14 19 65	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: 22 years older Affidavit by aunt; age		By whom issued and signed: Mrs. Gladys Turner	Date Issued: December 4, 1963	Date Orig. Entry
	Date of Birth: Sept. 21, 1915	Birth Place: Bannock, County Inkom, Idaho	Full Name of Mother: Xavier Palmer Lisenbee	Name of Father: Martha Mabel Sloat	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records; Farmington School District No. 180		By whom issued and signed: Fannie Ross, Head Teacher of	Date Issued: Aug. 12, 1963	Date Orig. Entry: Sept. 4, 1922
	Date of Birth: Age: 6	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date Issued: Sept. 24, 1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Martha Lisenbee	Name of Father: Palmer Lisenbee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: January 16, 1964

FORM BH 56067

JAN 17 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Lizenbee

REGISTRAR (Prepare whole birth in using registered)	1. Registrant's Full Name at Birth: Charles Palmer Lizenbee	2. Date of Birth (month) (day) (year): September 21, 1964
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Idaho; Country: Bannock	6. City or Town of Birth: Inkom
FATHER	6. Full Name of Father: Xavier Palmer Lizenbee	7. Place of Country of Father's Birth: Prairie Grove, Arkansas
MOTHER	8. Full Maiden Name of Mother: Martha Mabel Sloat	9. State or Country of Mother's Birth: Cleveland, Ohio
AFFIDAVIT	I hereby declare upon path that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
	11. Present Address of Registrant: Pensington, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on January 21, 19 64	12. Signature of Notary: [signature]
	13. Notary Commission Expires: August 14, 19 65	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by aunt; 2 years older	By whom issued and signed: Mrs. Gladys Turner	Date Issued: December 4, 1963	Date Orig. Entry
	Date of Birth: Feb. 21, 1964	Birth Place: Bannock, Bannock, Inkom, Idaho	Name of Father: Xavier Palmer Lizenbee	Name of Mother: Martha Mabel Sloat
SUPPORTING RECORD 2	Type of Document: Pensions records; Pensions Record	By whom issued and signed: Fannie Ross, Head Teacher of District No. 150	Date Issued: Aug. 12, 1963	Date Orig. Entry: Sept. 4, 1962
	Date of Birth: Aug. 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Canada Record	By whom issued and signed: U.S. Bureau of the Census, Washington, D.C.	Date Issued: Sept. 4, 1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Aug.	Birth Place: Idaho	Full Name of Mother: Martha Lizenbee	Name of Father: Palmer Lizenbee

COMPLETING INFORMATION

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	January 16, 1964

FORM NO. [illegible]

962-108-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Earl Robinett			2. Date Of Birth (month) (day) (year): November 8, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: George Burl Robinett			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Zora B. Williams			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Earl Robinett		11. Present Address of Registrant: Forks, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 27 1964	12. Signature of Notary: Katheryn Shearer		13. Notary Commission expires: Mar 4 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Honorable Discharge from U.S. Army	By whom issued and signed: H. S. Orcis, 2D Lt AC		Date Issued: Mar.28,1946	Date Orig. Entry: Inducted Nov. 21, 1942
	Date of Birth: Nov.8,1915	Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census Washington, D.C.		Date Issued: Dec.17,1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Zora Robinett	Name of Father: George R. Robinett	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Margaret Dumke, Deputy Clerk		Date Issued: Dec.18,1962	Date Orig. Entry: Oct. 3, 1946.
	Date of Birth: Age: 30	Birth Place: Ashton, Idaho	Full Name of Mother: Zora Williams	Name of Father: Burl Robinett	

QUALIFYING INFORMATION

Idaho Chauffenr's License issued by Idaho Department of Law Enforcement on Aug. 12, 1958. Date of birth given as Nov. 8, 1915.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	January 30, 1964

FORM BH 56067

Robinett

JAN 31 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	1. Registrant's Full Name at Birth: Charles Earl Robinett	2. Date of Birth (month) (day) (year): November 8, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho, County: Bonneville
			6. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: George Earl Robinett	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nora E. Williams	9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [signature]	13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Phone copy of Honorable Bischoff from U.S. Army	By whom issued and signed: A. S. Ercis, 2d Lt 40	Date Issued: Mar. 28, 1946	Date Orig. Entry: [illegible]
	Date of Birth: Mar. 8, 1915	Birth Place: Idaho, Idaho	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: Canada Record	By whom issued and signed: Bureau of the Canada Washington, D.C.	Date Issued: Dec. 17, 1963	Date Orig. Entry: Jan. 7, 1960
	Date of Birth: Aug. 8, 1915	Birth Place: Idaho	Full Name of Mother: Zora Robinett	Name of Father: Charles E. Robinett
SUPPORTING RECORD 3	Type of Document: Copy of Marriage License	By whom issued and signed: Bonneville Lewis, Deputy Clerk	Date Issued: Oct. 2, 1942	Date Orig. Entry: Oct. 3, 1942
	Date of Birth: Aug. 30, 1915	Birth Place: Idaho, Idaho	Full Name of Mother: Zora Williams	Name of Father: Earl Robinett

QUALIFYING INFORMATION

Idaho Chauffeur's License issued by Idaho Department of Law Enforcement [illegible]

Aug. 28, 1963. Date of Birth given as Nov. 8, 1915.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Place Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	January 30, 1963

FORM NO. 8608

413-212-001-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Mateovich		2. Date of Birth (month) April (day) 12 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Marko Mateovich		7. State or Country of Father's Birth: Yugo Slavia
MOTHER	8. Full Maiden Name of Mother: Antonia Milinkovich		9. State or Country of Mother's Birth: Yugo Slavia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: anna Mateovich Bell	11. Present Address of Registrant: 1609 Hays St
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1964	12. Signature of Notary: Laurel E Elam	13. Notary Commission expires: July 13 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Antonia Mateovich	Date Issued: 1964 Jan. 14,	Date Orig. Entry: -------
	Date of Birth: April 12 1915	Birth Place: Boise, Ada Co. Idaho	Full Name of Mother: Antonia Mateovich	Name of Father: Marko Mateovich
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file state of Idaho # 286658	Date Issued: -----	Date Orig. Entry: Child Born Oct. 23, 1939
	Date of Birth: Age 24 yrs.	Birth Place: Boise, Idaho	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: E. Glimp, N.P. Certified statement from Boise Independent Schools	By whom issued and signed: T. C. Bird, Supertintendent of Boise Schools	Date Issued: Jan 31, 1964	Date Orig. Entry: 1927-1928 6th grade
	Date of Birth: April 12 1915	Birth Place:	Full Name of Mother: ----------	Name of Father: M. M. Mateovich
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 10, 1964

FORM BH 56067

6-15-62

FEB 10 1964

	Idaho	
Own child's birth certificate		
Boise, Idaho		
Teacher, Olimp, N.Y.		
Graduated from Boise High School		
April 12 1923		
W. W. Hansen	Florence Courtright	
		Feb. 10, 1964

6-13-62

168-128-042-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES STEWART JOHNSTON			2. Date of Birth (month) SEPT. (day) 28 (year) 1915	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: Cedar Creek Twin Falls	b. City or Town of Birth: Cedar Creek	
FATHER	6. Full Name of Father: Arvel Turner Johnston			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Elma Frances Davis			9. State or Country of Mother's Birth: Arizona	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Stewart Johnston	11. Present Address of Registrant: Wilsall, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1959		12. Signature of Notary: Martin A. Hillard	13. Notary Commission expires: July 3, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 57		By whom issued and signed: Mrs. Clint Faux	Date Issued: 3-9-59	Date Orig. Entry:
	Date of Birth: Sept. 28, 1915	Birth Place: Cedar Creek, Idaho	Full Name of Mother: Elma Frances Davis Johnston	Name of Father: Arvel Turner Johnston	
SUPPORTING RECORD 2.	Type of Document: Own Childs birth certificate		By whom issued and signed: File # 252399	Date Issued: ------	Date Orig. Entry: February 22, 1917
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for social security account no.		By whom issued and signed: U. S. Treasury Department	Date Issued: December 7, 1940	Date Orig. Entry:
	Date of Birth: Sept. 28, 1915	Birth Place: Twin Falls County Cedar Creek, Idaho	Full Name of Mother: Elma Davis	Name of Father: Arvel Turner Johnston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr ec Shirley Miller	Date Filed: February 25, 1964

FORM BH 56067 1 copy paid Re 13495

FEB 25 1964

Age 21 Idaho

Own civilian birth certificate File # 252399

February 22, 19

619-117-022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERNAL GEORGE WARDELL		2. Date Of Birth (month) (day) (year): OCT 17 1915	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: STANTHONY
FATHER	6. Full Name of Father: LEWIS LEANDER WARDELL		7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: MARY EDNA STIMPSON		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernal George Wardell	11. Present Address of Registrant: 2150 W PIONEER RD OGDEN UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 25 1964	12. Signature of Notary: Maurice M. Macfarlane	13. Notary Commission expires: 8-14 1966	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Edna Stimpson Wardell Sims	Date Issued: February 18, 1964	Date Orig. Entry	
	Date of Birth: Oct. 17, 1915	Birth Place: Fremont County St. Anthony, Idaho	Full Name of Mother: Mary Edna Stimpson	Name of Father: Lewis Leander Wardell	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Honorable Discharge from U. S. Army	By whom issued and signed: H S Orvis, 2d Lt, Ac	Date Issued: Dec. 5, 1945	Date Orig. Entry: inducted Feb. 17, 1941	
	Date of Birth: Oct. 17, 1915	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File # 52-15115	Date Issued: Feb. 28, 1964	Date Orig. Entry: child born Dec. 8, 1952	
	Date of Birth: Age: 37	Birth Place: St. Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 2, 1964

FORM BH 56067

(W) 1-15-64. nm search made 1-14-64 in Fremont County.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 27 1954

619-22-024-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Julia Warnock		2. Date Of Birth (month) 2 (day) 22 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hendell; b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Hercules Warnock		7. State or Country of Father's Birth: Garnett, Kansas
MOTHER	8. Full Maiden Name of Mother: Ava Matilda Wright		9. State or Country of Mother's Birth: " "
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern Hancuff	11. Present Address of Registrant: 1820 24th E. Seattle
NOTARY (Seal)	Subscribed and sworn to before me on 8/3 1961	12. Signature of Notary: Dewitt F Klein	13. Notary Commission expires: July 31 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavid by brother	By whom issued and signed: Orin Burgess Warnock	Date Issued: Mar.6,1964	Date Orig. Entry: ---------
	Date of Birth: Feb. 22 1915 / Birth Place: Wendell, Idaho	Full Name of Mother: Ava Matilda Wright	Name of Father: Hercules Warnock	
SUPPORTING RECORD 2.	Type of Document: Free-Methodist Church Baptism Record	By whom issued and signed: M. L. Root, Minister	Date Issued: Baptised April 2,1916	Date Orig. Entry: -------
	Date of Birth: Feb. 22, 1915 / Birth Place: Wendell, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Paul Revere Life. Ins. Co.	By whom issued and signed: F. L. Hanington	Date Issued: March 1959	Date Orig. Entry: ----------
	Date of Birth: Feb. 22 1915 / Birth Place: Wendell, Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florece Curtright	Mar. 6, 1964

FORM BH 56067

1 copy paid 7-18-61

MAR 6 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Name of Registrar: Bureau of Vital Statistics, Boise, Idaho

Name File No. [illegible]-171

Hansen

REGISTRATION (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (Month) (Day) (Year)
	3. Color or Race	4. Sex	5. Place of Birth (City, County)	6. Date of Birth
FATHER	7. Name of Father	8. Date or Country of Father's Birth
MOTHER	8. Maiden Name of Mother	9. State or Country of Mother's Birth
SIGNATURE	10. Mother declares upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Sworn and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavid by brother	Mrs. Burgess Warnock	Mar. 6, 1964	----------
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	Feb. 22 1915 Wendell, Idaho	Ava Matilda Wright	Hercules Warnock	
SUPPORTING RECORD 2.	Type of Document: Free-Methodist Church Baptism Record	By whom issued and signed: M. L. Root, Minister	Date Issued: Baptised April 2, 1916	Date Orig. Entry: ----------
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	Feb. 22, 1915 Wendell, Idaho	----------	----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Paul Revere Life, Ins. Co.	By whom issued and signed: F. L. Hanington	Date Issued: March 1959	Date Orig. Entry: ----------
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	Feb. 22 1915 Wendell, Idaho	----------	----------	
EVALUATING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Florece Curbright	Mar. 6, 1964

1 copy paid 7-18-61

319-113-021-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAVID MAXWELL LARSEN		2. Date of Birth (month) (day) (year): August 13 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO, FRANKLIN — b. City or Town of Birth: WESTON IDAHO, USA
FATHER	6. Full Name of Father: DAVID LARSEN		7. State or Country of Father's Birth: UTAH, CACHE Co. USA
MOTHER	8. Full Maiden Name of Mother: MARY ALICE SEALY		9. State or Country of Mother's Birth: ALABAMA, MERIDIAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Larsen	11. Present Address of Registrant: Thayne Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: March 3, 1964	12. Signature of Notary: Kenneth R. Jenkins	13. Notary Commission expires: Notary Public KENNETH R. JENKINS, My Commission Expires June 4, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school Record	By whom issued and signed: Joyce R. Brown, Record Keeper Star Valley Public Schools	Date Issued: Sept. 11, 1961	Date Orig. Entry: 1933	
	Date of Birth: Aug. 13, 1915	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Geo. C. Miller, Bishop	Date Issued: Sept. 2, 1923	Date Orig. Entry: baptized Aug. 13, 1923	
	Date of Birth: Aug. 13, 1915	Birth Place: Franklin County Weston, Idaho	Full Name of Mother: Mary Alice Sealy	Name of Father: David Larsen	
SUPPORTING RECORD 3.	Type of Document: Photo copy of own child's birth certificate	By whom issued and signed: Wyoming File No. 1947	Date Issued: ----	Date Orig. Entry: child born Oct. 15, 1947	
	Date of Birth: Age: 32	Birth Place: Weston, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barker	Evidence reviewed by: Shirley Miller		Date Filed: March 10, 1964	

FORM BH 56067 4-7-61

MAR 10 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

485-22-016-921

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Valerie Ann Dyer			2. Date of Birth (month) December (day) 25 (year) 1915	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Cassia County	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: Wiley ~~Dow~~ Dow Dyer			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Katherine Norma Isacson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Valerie Deutschman	11. Present Address of Registrant: Aberdeen, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 19 64		12. Signature of Notary: Jan Carter	13. Notary Commission expires: April 29 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File No. 216049	Date Issued: ---	Date Orig. Entry: child born Oct. 16, 1933
	Date of Birth: Age: 17	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage record		By whom issued and signed: Frank B. Kearns, Cassia County Auditor, Recorder & Clerk	Date Issued: April 1, 1964	Date Orig. Entry: Dec. 23, 1932
	Date of Birth: Dec. 25, 1915	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for social security account number		By whom issued and signed: U.S. Treasury Department	Date Issued: September 20, 1952	Date Orig. Entry:
	Date of Birth: Dec. 25, 1915	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Katherine Norma Isachson	Name of Father: Wiley Dow Dyer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: April 6, 1964

FORM BH 56067

APR 6 1964

238-12-C39-945

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL EDWIN SCHUH			2. Date of Birth (month) (day) (year): Oct 27 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: County of Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Jacob Schuh			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Christina Rueb			9. State or Country of Mother's Birth: So Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Paul Edwin Schuh	11. Present Address of Registrant: 154 Logan St Watsonille, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 26, 1964		12. Signature of Notary: Carrie E. Schultz	13. Notary Commission expires: My Commission Expires June 21, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Jacob Schuh	Date Issued: March 13, 1964	Date Orig. Entry
	Date of Birth: Oct.27,1915	Birth Place: Power County American Falls, Idaho	Full Name of Mother: Christina Rueb Schuh	Name of Father: Jacob Schuh
SUPPORTING RECORD 2.	Type of Document: Photocopy of app. for life insurance	By whom issued and signed: Travelers Insurance Company	Date Issued: December 17, 1951	Date Orig. Entry
	Date of Birth: Oct.27,1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Photo copy of marriage license	By whom issued and signed: Merced County, California Rev. L. C. Moore, Minister	Date Issued: June 26, 1937	Date Orig. Entry
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: April 10, 1964

FORM BH 56067

APR 13 1964

815-102-031-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-385

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Richard Hanger			2. Date of Birth: (month) May (day) 2 (year) 1915	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth: a. County: Lewis	b. City or Town of Birth: Kamiah	
FATHER	6. Full Name of Father: J. R. Hanger			7. State or Country of Father's Birth: Carter County, Tenn.	
MOTHER	8. Full Maiden Name of Mother: Anise Osborne			9. State or Country of Mother's Birth: Pike County, Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Richard Hanger		11. Present Address of Registrant: Kosmos, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd day of March 1964	12. Signature of Notary: Leona Petersen		13. Notary Commission expires: November 1 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record	By whom issued and signed: State of Washington, County of Lewis. R.J. Fletcher, auditor	Date Issued: May 16, 1957	Date Orig. Entry: October 30, 1935	
	Date of Birth: age 20	Birth Place: Kamiah, Idaho	Full Name of Mother: Anise Osborne	Name of Father: J. R. Hanger	
SUPPORTING RECORD 2.	Type of Document: Notorized statement of school census record	By whom issued and signed: Lewis County Schools Chehalis, Washington	Date Issued: Jan. 28, 1957	Date Orig. Entry: 1924	
	Date of Birth: May 2, 1915	Birth Place: -----	Full Name of Mother: ------	Name of Father: James R. Hanger	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: George Ormrod, State Reg. Olympia, Washington, Vit. Stat.	Date Issued: May 12, 1959	Date Orig. Entry: child born July 24, 1939	
	Date of Birth: age: 24	Birth Place: Kamiah, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda M. Larson	Date Filed: May 27, 1964

FORM BH 56067

MAY 27

699-212-038-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-433

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Belva Margaret Wright
2. Date of Birth: (month) June (day) 12, (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Rural
a. County: Payette
b. City or Town of Birth: Fruitland

FATHER

6. Full Name of Father: Ralph Hiriam Wright
7. State or Country of Father's Birth: Scott County, Virginia

MOTHER

8. Full Maiden Name of Mother: Mary Jane Bloomer
9. State or Country of Mother's Birth: Scott County, Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Belva Margaret Dunaway
11. Present Address of Registrant: Walden, Colorado

NOTARY (Seal)

Subscribed and sworn to before me on: May 28, 19 64
12. Signature of Notary: Chester A Bennett
13. Notary Commission expires: September 1, 19 64

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photocopy of application for insurance #1,731,798
By whom issued and signed: The Mutual Benefit Life Ins. Co., Newark, New Jersey
Date Issued: June 27, 1936
Date Orig. Entry: June 15, 1936
Date of Birth: June 12, 1915
Birth Place: Fruitland, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Notarized photocopy of hosp. cert. of own child's birth
By whom issued and signed: Mercy Hosp., Denver, Colo. Chester Bennett, notary
Date Issued: Sept. 1, 1964
Date Orig. Entry: child born April 23, 1936
Date of Birth: June 12, 1915
Birth Place: Fruitland, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Affidavit by aunt Age:76 present at birth
By whom issued and signed: Rosa B. Wright
Date Issued: June 4, 1964
Date Orig. Entry: ---
Date of Birth: June 12, 1915
Birth Place: Rural, Payette Co. Fruitland, Idaho
Full Name of Mother: Mary Jane Bloomer
Name of Father: Ralph Hiriam Wright

QUALIFYING INFORMATION

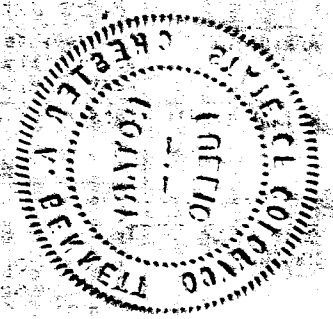
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda M. Larson
Date Filed: June 16, 1964

FORM BH 56067

JUN 16 1964



412-221-044-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-459

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Mary Ilene Fern Dakin
2. Date Of Birth: (month) 9 (day) 21 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Weiser Washington; b. City or Town of Birth: Weiser IDAHO

FATHER

6. Full Name of Father: Vernon Tuttle Dakin
7. State or Country of Father's Birth: Digby Nova Scotia

MOTHER

8. Full Maiden Name of Mother: Martha O'Neil
9. State or Country of Mother's Birth: Boston Mass. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ilene Fern Dakin Anthony
11. Present Address of Registrant: Coeur d'Alene Idaho 1104 Hastings

NOTARY (Seal)

Subscribed and sworn to before me on: April 2 1964
12. Signature of Notary: Jean D. O'Donnell Coeur d'Alene Idaho
13. Notary Commission expires: July 15 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by neighbor at time of birth; Age: 66	Howard A. Buxton	November 23, 1963	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 21, 1915 / Weiser, Idaho	Martha Dakin	Vernon T. Dakin	
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho State File # 52-8856	---	child born July 23, 1952
	Age: 36 / Weiser, Idaho	---	---	
SUPPORTING RECORD 3.	Statement Regarding Insurance	Metropolitan Life Insurance Co. Pacific Coast Head Office	May 12, 1964	Dec. 1, 1953
	Sept. 21, 1915 / Weiser, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	June 15, 1964

FORM BH 56067

Courtesy

369-2190 03-468

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Wiley Corrigan			2. Date Of Birth (month) (day) (year): August 19 1915	
	3. Color or Race: Caucasion	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Soda Spring, Idaho	
FATHER	6. Full Name of Father: John Thomas Corrigan			7. State or Country of Father's Birth: Ireland	
MOTHER	8. Full Maiden Name of Mother: Minnie Jane Doyle			9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elizabeth Wiley Gustafson	11. Present Address of Registrant: Box 101 Nome, Alaska	
NOTARY (Seal)	Subscribed and sworn to before me on: 28 August 1962		12. Signature of Notary: Thomas J. Blong	13. Notary Commission expires: 12-20 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage affidavit		By whom issued and signed: Del R. Muller, Deputy Clerk	Date Issued: Aug. 9, 1962	Date Orig. Entry: Aug. 30, 1940
	Date of Birth: Age: 25	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record		By whom issued and signed: Marie Taylor, School records	Date Issued: May 29, 1962	Date Orig. Entry: May 2, 1924
	Date of Birth: Aug. 19, 1915	Birth Place: ---	Full Name of Mother: Mrs. J. T. Corrigan	Name of Father: J. T. Corrigan	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Minnie Jane Corrigan	Date Issued: June 22, 1964	Date Orig. Entry: ----
	Date of Birth: August 19, 1915	Birth Place: Soda Springs, Idaho	Full Name of Mother: Minnie Jane Corrigan	Name of Father: John Thomas Corrigan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda M. Larson	June 25, 1964

FORM BH 56067

JUN 26 1964

234-206-040-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-490

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVELYN PEARL STUART			2. Date Of Birth: (month) FEB. (day) 6 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Shoshone	b. City or Town of Birth: Blackbear	
FATHER	6. Full Name of Father: JOHN KERMIT STUART			7. State or Country of Father's Birth: NEW YORK	
MOTHER	8. Full Maiden Name of Mother: GERTRUDE EDNA DIAL			9. State or Country of Mother's Birth: MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Pearl Stuart Hughes / Evelyn Pearl Stuart Hughes		11. Present Address of Registrant: 621 S.River, Picher, Okla.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 19 19 64	12. Signature of Notary: Wanda Thomas		13. Notary Commission expires: Mar. 16 19 65	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Oklahoma State File #50-034261	Date Issued: July 18, 1956	Date Orig. Entry: child born Sept. 3, 1950	
	Date of Birth: Age: 35	Birth Place: Blackbear, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Gertrude Edna Stuart Raney	Date Issued: March 21, 1964	Date Orig. Entry: ---	
	Date of Birth: February 6, 1915	Birth Place: Blackbear, Shoshone County, Idaho	Full Name of Mother: Gertrude Edna Dial	Name of Father: John Kermit Stuart	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #555-50-9996	By whom issued and signed: Treasury Department	Date Issued: ---	Date Orig. Entry: Feb. 10, 1955	
	Date of Birth: Feb. 6, 1915	Birth Place: Blackbear, Idaho	Full Name of Mother: Gertrude Edna Dial	Name of Father: John K. Stuart	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm gml Glenda M. Larson	July 9, 1964

FORM BH 56067

5-22-64

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Hughes

JUL [illegible]

[illegible] (Person whose birth is being registered)	Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Month FEB.	Day [illegible]
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Blackfoot, a County: Shoshone
			6. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: [illegible] STUART		7. State or Country of Father's Birth: NEW YORK
MOTHER	8. Maiden Name of Mother: [illegible] DIAL		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Pearl Stuart Hughes	11. Present Address of Registrant: 621 S. River, Richer, Okla.
NOTARY (Seal)	Subscribed and sworn to before me as Feb. 19 [illegible]	12. Signature of Notary: Marie Thomas	13. Notary Commission expires: Mar. 16 [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	Oklahoma State [illegible]	[illegible]	[illegible]
Date of Birth: [illegible]	Full Name of Mother: [illegible]		
Age [illegible]	Blackfoot, Idaho		

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Gertrude [illegible]	[illegible]	
Date of Birth: [illegible]	Full Name of Mother: Gertrude Edna Dial	Name of Father: [illegible] Stuart	

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		[illegible]
Date of Birth: [illegible]	Full Name of Mother: Gertrude Edna Dial	Name of Father: [illegible] Stuart	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence had been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM BH 5607

165-230-004-85-1

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Marie Jones			2. Date Of Birth (month) September (day) 30 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Charles Wesley Jones			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ressie Maude Headlee			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Marie Jones		11. Present Address of Registrant: 812 E 7th Street, The Dalles, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1964	12. Signature of Notary: Betty R. Brier		13. Notary Commission expires: Feb. 13 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ressie M. Jones	Date Issued: July 29, 1964	Date Orig. Entry: ---	
	Date of Birth: Sept. 30, 1915	Birth Place: Montpelier, Bear Lake County, Idaho	Full Name of Mother: Ressie Maude Headlee	Name of Father: Charles Wesley Jones	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital birth certificate of own child	By whom issued and signed: The Dalles Hospital, Dalles, Oregon	Date Issued: ---	Date Orig. Entry: child born Feb. 3, 1941	
	Date of Birth: Sept. 30, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: School Honor Card	By whom issued and signed: The Dalles High School	Date Issued: ----	Date Orig. Entry: school year 1932-1933	
	Date of Birth: Age 17	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Joyce B. Foltz	August 31, 1964

FORM BH 56067

21449

SEP 1 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Gilbert

265-228-033-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-617
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VADA MARIE SWECKER
2. Date of Birth (month) March (day) 28 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Lyman

FATHER

6. Full Name of Father: Arthur Benefiel Swecker
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Bertha Maria Bood
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vada S Meng
11. Present Address of Registrant: 139 Webster Ave. Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 21 19 64

12. Signature of Notary: Mary Smith
13. Notary Commission expires: June 25 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Affidavit by sister Age 69	Anna B. Anderson	July 21, 1964	---
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	March 28, 1915	Lyman, Madison County, Idaho	Bertha M. Bood	Arthur B. Swecker
SUPPORTING RECORD 2. Class_____	Insurance Policy #36763	Pacific National Life Assurance Company	Dec. 30, 1941	Dec. 10, 1941
	March 28, 1915	Lyman, Idaho	Bertha M. Swecker	Arthur B. Swecker
SUPPORTING RECORD 3. Class_____	Own child's birth certificate	On file Idaho #54-13475	---	child born Oct. 18, 1954
	Age: 39	Lyman, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 11, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 14 1964

155-120-021-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DON ALBERT JENKS			2. Date of Birth (month) NOV (day) 20 (year) 1915
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth, a. County: FRANKLIN	b. City or Town of Birth: WESTON, IDAHO
FATHER	6. Full Name of Father: WALLACE ALBERT JENKS			7. State or Country of Father's Birth: OGDON, UTAH
MOTHER	8. Full Maiden Name of Mother: ANNIE IZETTA OLSEN			9. State or Country of Mother's Birth: WESTON, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Don Albert Jenks		11. Present Address of Registrant: 275 Filmore, Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 14 1964	12. Signature of Notary: James B. Green		13. Notary Commission expires: 1-10 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Meadow Ward, Pocatello Stake		Date Issued: ---	Date Orig. Entry: blessed March 11, 1916
	Date of Birth: Nov. 20, 1915	Birth Place: Weston, Franklin County, Idaho	Full Name of Mother: Annie Izetta Olsen	Name of Father: W. A. Jenks	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle age 76	By whom issued and signed: O. Llewellyn Olsen		Date Issued: Sept. 14, 1964	Date Orig. Entry: ---
	Date of Birth: Nov. 20, 1915	Birth Place: Weston, Franklin County, Idaho	Full Name of Mother: Annie Izetta Olsen Jenks	Name of Father: Wallace Albert Jenks	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #379281		Date Issued: ---	Date Orig. Entry: child born Sept. 5, 1943
	Date of Birth: Age 27	Birth Place: Weston, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 21, 1964

FORM BH 56067

SEP 21 1964

APR 14 1970

394-1[illegible]004-86X

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Fredrick Trunnell		2. Date of Birth (month) (day) (year): February 6 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Montpellier Idaho. b. City or Town of Birth: Montpellier Idaho
FATHER	6. Full Name of Father: Bradley James Trunnell		7. State or Country of Father's Birth: Kentuckey
MOTHER	8. Full Maiden Name of Mother: Augusta F. Youngberg		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John F Trunnell	11. Present Address of Registrant: 956 Howe Ave Sacramento Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 28 1964	12. Signature of Notary: Kenneth C Cook	13. Notary Commission expires: My Commission Expires May 2, 1965 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of Birth		By whom issued and signed: L.D.S.Church, Salt Lake City Utah, J.F. Smith, Custodian	Date Issued: Jan 16, 1951	Date Orig. Entry: March 24, 1923
	Date of Birth: Feb. 6, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Augusta Youngberg	Name of Father: Bradley J. Trunell	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry.		By whom issued and signed: Salt Lake County, Utah Alvin Keddington, Clerk	Date Issued: Sept. 10, 1964	Date Orig. Entry: June 19,1937
	Date of Birth: Feb. 6, 1915	Birth Place: Montpelier, Idaho	Full Name of Mother: Augusta Youngberg	Name of Father: Bradley J. Trunell	
SUPPORTING RECORD 3.	Type of Document: photocopy of application to insurance company 25-788-995		By whom issued and signed: New York Life Insurance Co.	Date Issued: ---	Date Orig. Entry: July 30, 1956
	Date of Birth: Feb. 6,1915	Birth Place: Montpelier, Idaho U.S.A.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Glenda Larson	Date Filed: Sept. 23, 1964

FORM BH 56067

9-0-64

SEP 23 1964

693219.022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-677

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Wilson	2. Date Of Birth (month) August (day) 19 (year) 1915
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Fremont	b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: Henry Levern Wilson	7. State or Country of Father's Birth: Twin Groves, Fremont, Idaho
MOTHER	8. Full Maiden Name of Mother: Treva Gladys Young	9. State or Country of Mother's Birth: Lyman, Fremont, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Wilson Clifford; 11. Present Address of Registrant: Rt. 2. Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 25 1964	12. Signature of Notary: [signature]; 13. Notary Commission expires: September 19 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Treva Gladys Wilson	Date issued: Sept. 25, 1964	Date Orig. Entry: ---
	Date of Birth: Aug. 19, 1915	Birth Place: Twin Groves, Idaho Fremont County	Full Name of Mother: Treva Gladys Wilson	Name of Father: Henry Levern Wilson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Affidavit for marriage license		By whom issued and signed: Jefferson County, Idaho	Date issued: Sept. 25, 1964	Date Orig. Entry: Jan. 5, 1935
	Date of Birth: Age 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #447137	Date issued: ---	Date Orig. Entry: child born Oct. 27, 1947
	Date of Birth: Age 32	Birth Place: Twin Groves, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 7, 1964

FORM BH 56067 search made

OCT 7 1964

454-220-003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-738

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leone Medford		2. Date Of Birth (month) (day) (year): 11 20 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Grace, Idaho Bannock
			b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Albert Medford		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Gertrude Harris		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lionel Medford	11. Present Address of Registrant: 450 No. 9th East American Fork, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: October 31st 1964	12. Signature of Notary: Howard W. Robinson	13. Notary Commission expires: April 1st 1966

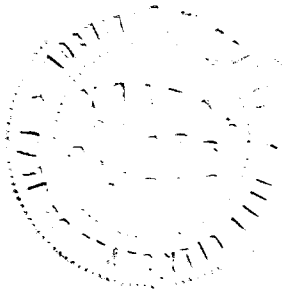
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school record Grace High School	By whom issued and signed: Joint Class A School Dist. #148, Grace, Idaho	Date Issued: Oct.22,1964	Date Orig. Entry: 1930
	Date of Birth: Nov.20,1915 / Birth Place: Grace, Idaho	Full Name of Mother: Gertrude Harris Medford	Name of Father: Mr. Albert Medford	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #66245	By whom issued and signed: Beneficial Life Ins. Co. of Utah, Salt Lake City	Date Issued: Sept. 11, 1926	Date Orig. Entry: June 30,1926
	Date of Birth: Nov.20,1915 / Birth Place: Grace, Idaho	Full Name of Mother: Gertrude Medford	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Carbon County, Utah B. H. Young, Clerk	Date Issued: Oct.30,1964	Date Orig. Entry: Dec. 28,1935
	Date of Birth: Age 20 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 4, 1964

FORM BH 56067

NOV 5 1964
DEC 19 1966



652-225-033-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Mary Westover		2. Date of Birth (month) March (day) 29 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Ray Finley Westover		7. State or Country of Father's Birth: Rexburg, Idaho
MOTHER	8. Full Maiden Name of Mother: Olive Zenola Smith		9. State or Country of Mother's Birth: Spanish Fork, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Webster	11. Present Address of Registrant: 465 12th Street, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 16, 1964	12. Signature of Notary: L M Blaylock	13. Notary Commission expires: February 29, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

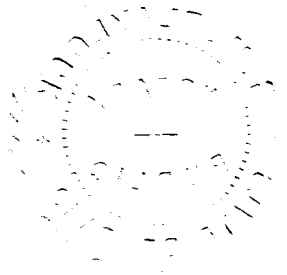
SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: IDS Church, Idaho Falls 3rd Ward, S. Idaho Falls Stake	Date Issued: Nov. 14, 1964	Date Orig. Entry: blessed June 6, 1915
	Date of Birth: March 29, 1915 / Birth Place: Rexburg, Madison County, Idaho	Full Name of Mother: Olive Smith	Name of Father: Ray F. Westover	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Idaho State College, Pocatello	Date Issued: ----	Date Orig. Entry: October 1951
	Date of Birth: March 29, 1915 / Birth Place: Rexburg, Idaho	Full Name of Mother: Mrs. Ray Westover	Name of Father: Ray F. Westover	
SUPPORTING RECORD 3.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Gem State Mutual H & A Association, Inc., Pocatello, Idaho	Date Issued: June 12, 1956	Date Orig. Entry: May 22, 1956
	Date of Birth: March 29, 1915 / Birth Place: Rexburg	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 1, 1964

FORM BH 56067

11-23-

DEC 1 1964



318-206-029-734

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-802

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bonita Helen Taylor		2. Date of Birth (month) April (day) 6 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bovill, Idaho Latah; b. City or Town of Birth: Bovill, Idaho
FATHER	6. Full Name of Father: Harry Franklin Taylor		7. State or Country of Father's Birth: Dayton, Wash.
MOTHER	8. Full Maiden Name of Mother: Anna Bell Plummer		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bonita H Taylor Dodd	11. Present Address of Registrant: 12035 - 3rd Ave So, Seattle, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 19 64	12. Signature of Notary: Lady Lawson	13. Notary Commission expires: May 12 19 68

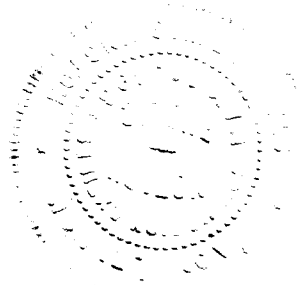
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #534-22-5939	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: June 4, 1943
	Date of Birth: April 6, 1915	Birth Place: Bovill, Latah County, Idaho	Full Name of Mother: Anna Bell Plummer	Name of Father: Harry Franklin Taylor
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother age: 65	By whom issued and signed: Clarence A. Taylor	Date Issued: Nov. 28, 1964	Date Orig. Entry: -----
	Date of Birth: April 6, 1915	Birth Place: Bovill, Idaho	Full Name of Mother: Anna Bell Plummer Taylor	Name of Father: Harry Franklin Taylor
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's hospital certificate of birth	By whom issued and signed: Sacred Heart Hospital Spokane, Washington	Date Issued: Nov. 28, 1964	Date Orig. Entry: child born Feb. 26, 1937
	Date of Birth: April 6, 1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 7, 1964

FORM BH 56067

DEC 7 1964



299-222-026-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SUSIE ANNA BRIGGS			2. Date of Birth (month) JAN (day) 22 (year) 1915
	3. Color or Race: White	4. Sex: FEMALE	5. Place of Birth a. County: RIGBY IDAHO JEFFERSON	b. City or Town of Birth: RIGBY
FATHER	6. Full Name of Father: GEORGE WASHINGTON BRIGGS			7. State or Country of Father's Birth: LITTLE ROCK ARK
MOTHER	8. Full Maiden Name of Mother: IVA BELL KELLER			9. State or Country of Mother's Birth: WABASH COUNTY INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susie Anna Herron		11. Present Address of Registrant: 4648 Fenton [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 22 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho # 368576		Date Issued: -----	Date Orig. Entry: child born Jan. 29, 1943
	Date of Birth: Age 28	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #GH774-4	By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho		Date Issued: April 19, 1945	Date Orig. Entry: April 16, 1945
	Date of Birth: Jan. 22, 1915	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 63	By whom issued and signed: Ina Skelton		Date Issued: Dec. 22, 1964	Date Orig. Entry: -----
	Date of Birth: Jan. 22, 1915	Birth Place: Rigby, Idaho	Full Name of Mother: Iva Keller Briggs	Name of Father: Geo. W. Briggs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 22, 1964

FORM BH 56067

DEC 22 1954

238-231-039-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Schild			2. Date of Birth (month) March (day) 31 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Henry Schild, Sr.			7. State or Country of Father's Birth: Dittledorf, Russia
MOTHER	8. Full Maiden Name of Mother: Elizabeth Weinmeister			9. State or Country of Mother's Birth: Dittledorf, Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Elizabeth Humphries		11. Present Address of Registrant: 12 106 E. Viola Yakima Wash
NOTARY (Seal)	Subscribed and sworn to before me on: 9 - 14 1964	12. Signature of Notary: Harold J Lamb		13. Notary Commission expires: June 4 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #35046		By whom issued and signed: Vital Statistics, Olympia Washington	Date issued: May 15,1959	Date Orig. Entry: child born July 16, 1953
	Date of Birth: Age 38	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #B16927-4		By whom issued and signed: Idaho Mutual Benefit Association	Date issued: ---	Date Orig. Entry: Jan. 11, 1943
	Date of Birth: March 31, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Geo. L. Sprattler, Evang. Luth. Pastor	Date issued: May 9,1915	Date Orig. Entry: May 9, 1915
	Date of Birth: March 31, 1915	Birth Place: Am. Falls, Idaho	Full Name of Mother: Elisabeth Weinmeister	Name of Father: Heinrich Schild	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 6, 1965

FORM BH 56067

Humphreys

JAN 6 19

693-206-028-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-020

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Ruth Wickner		2. Date of Birth (month) July (day) 6 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Edwin A. Wickner		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Clara L. Leinum		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Evelyn Peacock	11. Present Address of Registrant: #1116 Central - Spokane, Wn
NOTARY (Seal)	Subscribed and sworn to before me on January 4 1965	12. Signature of Notary: Ruby A. Tippie	13. Notary Commission expires: November 15 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Wickner		Date Issued: Jan. 4, 1965	Date Orig. Entry: -----
	Date of Birth: July 6, 1915	Birth Place: Coeur d'Alene, Idaho Kootenai County	Full Name of Mother: Clara Wickner	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage	By whom issued and signed: Spokane County, Washington Frank J. Glover, county Auditor		Date Issued: Jan. 4, 1965	Date Orig. Entry: March 7, 1936
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Clara Leinum	Name of Father: Edwin Wickner	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #276082		Date Issued: -----	Date Orig. Entry: child born Dec. 1, 1938
	Date of Birth: Age 23	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Evelyn Ruth Wickner	Name of Father: William Henry Peacock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan. 12, 1965

FORM BH 56067

1/12-65

Peacock

JAN 12 1965

BOTH DELAYED

Dup 081915-61485

369-206-021-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Q. Corbridge			2. Date Of Birth (month) 9 (day) 6 (year) 15
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Preston, Franklin Idaho	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Clarence Fredrick Corbridge			7. State or Country of Father's Birth: Franklin, Franklin County Idaho
MOTHER	8. Full Maiden Name of Mother: Florence Golightly			9. State or Country of Mother's Birth: Preston, Franklin Co., Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Corbridge Roe		11. Present Address of Registrant: 685 East 5th North Provo, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1965	12. Signature of Notary: Leanor B. Bratherson		13. Notary Commission expires: COMMISSION EXPIRES NOV. 21, 1967 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Clarence F. Corbridge	Date Issued: Dec.4,1964	Date Orig. Entry: -----	
	Date of Birth: Sept.6,1915	Birth Place: Preston, Franklin County, Idaho	Full Name of Mother: Florence Golightly Corbridge	Name of Father: Clarence F. Corbridge	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #GK5189-1	By whom issued and signed: Idaho Mutual Benefit Association Boise, Idaho	Date Issued: Jan.30,1948	Date Orig. Entry: ---	
	Date of Birth: Sept.6,1915	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #407963	Date Issued: -----	Date Orig. Entry: child born June 28, 1945	
	Date of Birth: Age 29	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 22, 1965

FORM BH 56067

1 cp. ppd rec # 8646

(R) 1-14-65

JAN 22 1915

Rec

DELAYED

Dup of 1915. 33671

318-201-021--265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-076

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merle Taylor
2. Date Of Birth (month) (day) (year): September 1 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Weston, Idaho

FATHER

6. Full Name of Father: James Henry Taylor
7. State or Country of Father's Birth: Battle Creek, Idaho

MOTHER

8. Full Maiden Name of Mother: Rose Swensen
9. State or Country of Mother's Birth: Hyde Park, Cache Co, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merle T Garneau
11. Present Address of Registrant: Box 1005 Carlin, Nevada

NOTARY (Seal)

Subscribed and sworn to before me on: December 14th 1964

12. Signature of Notary: Joseph [illegible]

13. Notary Commission expires: July 16th 1968.

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	Carlin, Nevada Ward pg. 2, line 16, Marcus Evans, Clerk	------	baptized May 9, 1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 1, 1915 / Weston, Idaho	Rose Swensen	James Henry Taylor	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Rose S. Robinson	Dec. 14, 1964	-----
	Sept. 1, 1915 / Weston, Franklin County, Idaho	Rose Swensen	James Henry Taylor	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate	Weber County, Utah, Ogden city	Jan. 20, 1965	child born June 17, 1933
	Age 17 / Weston, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Feb. 1, 1965

FORM BH 56067

12-29-

FEB 1 1985

693109.043-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-083

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgil Ivan Wilmarth		2. Date of Birth (month) June (day) 9 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Cascade Ida Valley; b. City or Town of Birth: Cascade Idaho
FATHER	6. Full Name of Father: Benjamine Onie Wilmarth		7. State or Country of Father's Birth: Palouse Wash Latah Co
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Evans		9. State or Country of Mother's Birth: Star Idaho Canyon Co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil Ivan Wilmarth	11. Present Address of Registrant: Homestead Oregon PO Box 28
NOTARY (Seal)	Subscribed and sworn to before me on: January 13 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo-copy for Social Security Application	By whom issued and signed: U. S. Treasury Dept.	Date issued: Jan. 13 1937	Date Orig. Entry: Jan. 13, 1937
	Date of Birth: June 9, 1915 / Birth Place: Cascade, Idaho	Full Name of Mother: Mary Ellen Evans	Name of Father: Benjamine Onie Wilmarth	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Willard Wagner, Lt. Col. Army of the United States	Date issued: Jan 19, 1946	Date Orig. Entry: Jan19 1946
	Date of Birth: June 9, 1915 / Birth Place: Cascade, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary E. Carter	Date issued: Jan.27,1965	Date Orig. Entry: ----
	Date of Birth: June 9,1915 / Birth Place: Van Wyck, Idaho (Cascade)	Full Name of Mother: Mary Ellen Wilmarth	Name of Father: Benjamin Onie Wilmarth	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Feb. 3, 1965

FORM BH 56067 / C.C. paid - rec-#'s 6145 & 8645 1965

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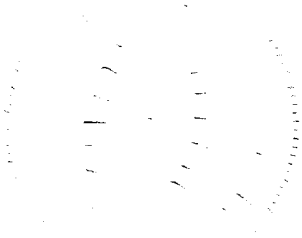

689-220-033-163

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-187

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: La Preal C White		2. Date Of Birth (month) Aug (day) 20 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Plano Madison; b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: John Alma White		7. State or Country of Father's Birth: Arizona
MOTHER	8. Full Maiden Name of Mother: Chilnecha Jolley		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: La Preal C White Lundgren	11. Present Address of Registrant: 114 So 700 E Pleasant Grove, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 21 1965	12. Signature of Notary: DeAnna Lundgren	13. Notary Commission expires: January 2 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin (b.d. 8/24/1889)	By whom issued and signed: Welcome D. Chapman	Date issued: Feb.21,1965	Date Orig. Entry: -----
	Date of Birth: Aug.20,1915; Birth Place: Idaho	Full Name of Mother: Chilnecha Jolley White	Name of Father: John Alma White	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Insurance Company	Date issued: ----	Date Orig. Entry: May 8, 1946
	Date of Birth: Aug.20,1915; Birth Place: Plano, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256827	Date issued: -----	Date Orig. Entry: child born June 21, 1937
	Date of Birth: Age 21; Birth Place: Plano, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 26, 1965

FORM BH 56067 (L) 2-11-65. nm

MAR 29 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth a. County	a. City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
APPLICANT	10. Signature of Registrant		11. Present Address of Registrant
NOTARY (Seal)	12. Signature of Notary		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: Melvin H. Chapman	Date Issued: Feb. 21, 1965 / Date Orig. Entry: —
	Date of Birth: [illegible]	Birth Place: Idaho	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Subsequent application for [illegible]	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: — / Date Orig. Entry: May [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: — / Name of Father: —
SUPPORTING RECORD 3	Type of Document: Cr. Childa Birth Certificate	By whom issued and signed: On file Idaho #[illegible]	Date Issued: — / Date Orig. Entry: [illegible]
	Date of Birth: Aug 21	Birth Place: Idaho	Full Name of Father: — / Name of Father: —
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: [illegible]	Date Filed: March 26, 1965

[illegible]

235-206-025-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-229

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERTHA MARIE STEVENS
2. Date Of Birth (month) (day) (year): MARCH 6 1915
3. Color or Race: INDIAN
4. Sex: F
5. Place of Birth a. County: KOOSKIA IDAHO — Idaho
b. City, or Town of Birth: KOOSKIA IDAHO

FATHER

6. Full Name of Father: SIMON Stevens
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: DOREUS MILLER Doreus Miller
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha M. Webb
11. Present Address of Registrant: 2273 BERMUDA Drive SAN MATEO, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on September 2, 1964 ~~Doreus Miller 1964~~

12. Signature of Notary: William D. Stevens
Residing at Lapwai, Idaho

13. Notary Commission expires: January 24, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #550-26-8726	Treasury Department	-----	July 14, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 6, 1915	Kooskia, Idaho	Darcus Miller	Simon Stevens

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by her physician	Lester C. Krotcher, M.D.	Feb.25,1965	1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 6, 1915	Koskia, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from records of the Nez Perce Tribe	U.S. Dept. of Interior, Office of Indian Affairs, A.G. Wilson	June 8, 1943	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 6, 1915	------	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	April 5, 1965

FORM BH 56067 (W) 7-2-64. nm search made 7-1-64.

APR 5 1965

Webb

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	2. Registration Full Name of Birth	3. Date of Birth (month) (day) (year)
	4. Color or Race (M, Sex)	5. Place of Birth (County)
		6. City or Town of Birth
FATHER	7. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Whereas [illegible]	11. Signature of Registrant
		12. Signature of Notary
NOTARY	13. Subscribed and sworn to before me on September 2, 1964	14. Notary Commission Expires January 24, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document [illegible]	By whom Issued and Signed [illegible]	Date Issued ----	Date Orig. Entry [illegible]
	Date of Birth [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
	[illegible]	[illegible]		
SUPPORTING RECORD 2.	Type of Document Statement by her physician	By whom Issued and Signed [illegible]	Date Issued Feb. 28, 1964	Date Orig. Entry 1964
	Date of Birth [illegible]	Birth Place [illegible]	Name of Father ----	
	[illegible]	[illegible]		
SUPPORTING RECORD 3.	Type of Document Statement from records of [illegible]	By whom Issued and Signed [illegible]	Date Issued June 6, 1964	Date Orig. Entry ----
	Date of Birth [illegible]	Birth Place ----	Name of Father ----	
	[illegible]			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Civil)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Glenda Larson	April 5, 1965

Form as stated (W) 7-2-64. [illegible] 7-1-64.

79-408-024-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-240

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Edward Graffe			2. Date of Birth (month) (day) (year): November 8, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Otto Frederick Graffe			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Lilly May Coleman			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Edward Graffe		11. Present Address of Registrant: 1218 Olympic Highway S. Shelton, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1965	12. Signature of Notary: Robert L. Snyder		13. Notary Commission expires: February 18 1966

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Otto Fredrick Graffe	Date Issued: Mar.12,1965	Date Orig. Entry: -----
	Date of Birth: Nov.8,1915	Birth Place: Wendell, Gooding County, Idaho	Full Name of Mother: Lilly May Graffe (Coleman)	Name of Father: Otto Fredrick Graffe	
SUPPORTING RECORD 2.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.1,1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: May Graffe	Name of Father: Otto Graffe	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Shelton General Hospital Association, Shelton, Washington	Date Issued: Apr.1,1965	Date Orig. Entry: Mar.18,1957
	Date of Birth: Nov.8,1965	Birth Place: Idaho	Full Name of Mother: Lilly Mae Coleman	Name of Father: Otto Graffe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1965

FORM BH 56067

APR 8 1965

713-221-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ferne Odell Patterson		2. Date Of Birth (month) (day) (year): November 21 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Ustick
FATHER	6. Full Name of Father: Burt Forrest Patterson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lula Augusta Wilson		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ferne O. Falcomb	11. Present Address of Registrant: P.O. Box 423 Bainbridge Island, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Nov. 21 1915 / Birth Place: Ustick, Idaho	Full Name of Mother: Lula Augusta Wilson	Name of Father: Burt Forrest Patterson	
SUPPORTING RECORD 2.	Type of Document: Certified copy School Record	By whom issued and signed: Boise Public Schools Josephine Douglas, Registrar	Date Issued: May 11 1965	Date Orig. Entry: Attended school B.H.Sept.1931
	Date of Birth: Nov. 21 1915 / Birth Place: Ustick, Idaho	Full Name of Mother: ------	Name of Father: Burt Patterson	
SUPPORTING RECORD 3.	Type of Document: Certified copy Own child's birth certificate	By whom issued and signed: State Registrar of Wash. Geroge H. Ormrod	Date Issued: Dec. 6 1963	Date Orig. Entry: child born Oct. 15, 1941
	Date of Birth: Age 25 / Birth Place: Ustick, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 12, 1965

FORM BH 56067

MAY 17 1965

SUBSTITUTE	1. Name of Person	2. Date of Birth	
	Ferne Odell Patterson	November 21 1915	
	3. Place of Birth		
	Nelte Female	Ada	Ustick
FATHER	4. Full name of father	5. Place of Birth	
	Burt Forrest Patterson	Idaho	
MOTHER	6. Full name of Mother	7. Place of Birth	
	Lula Augusta Wilson	Oklahoma	
APPLICANT	8. Name of Person	9. Signature of Registrar	10. Present Address of Registrar
			11. Notary Commission expires
			19

SUPPORTING RECORD 1.	Type of Record	Name of Person	Date Issued	Date Orig. Entry
	Bible Record	Family Bible	------	Obviously old
	Date of Birth	Full name of Mother	Date of Father	
	Nov. 21 1915 Ustick, Idaho	Lula Augusta Wilson	Burt Forrest Patterson	
SUPPORTING RECORD 2.	Type of Record	Name of Person	Date Issued	Date Orig. Entry
	Certified copy	Boise Public Schools	May 11 1965	Attended school
	School Record	Josephine Douglas, Registrar		
	Date of Birth	Full name of Mother	Date of Father	
	Nov. 21 1915 Ustick, Idaho	------	Burt Patterson	
SUPPORTING RECORD 3.	Type of Record	Name of Person	Date Issued	Date Orig. Entry
	Certified copy	State Registrar of Wash.	Dec. 6 1963	Child born Oct. 15, 1941
	Own child's birth certificate	George H. Ormrod		
	Date of Birth	Full name of Mother	Date of Father	
	Age 25 Ustick, Idaho	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that my birth certificate has been found in the Division of Vital Statistics for this registration and that the foregoing abstract is a true and correct abstract of the facts as set forth in the foregoing abstract.

State Registrar	Residence Reviewed by	Date Filed
W. W. Benson	Florence Cartright	May 12, 1965

213-21-1026-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Ballantyne			2. Date Of Birth (month) Feb (day) 19 (year) 1915	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Rigby, Idaho Jefferson	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: Abraham F. Ballantyne			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Grace Briggs			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Ballantyne Wright	11. Present Address of Registrant: 105 Valleyview Dr. Pocatello, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on July 12 1965		12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct. 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Rigby Ward, Rigby Stake Jas. J. Chandler, Clerk	Date Issued: -----	Date Orig. Entry: blessed April 4, 1915
	Date of Birth: Feb.19,1915	Birth Place: Rigby, Idaho	Full Name of Mother: Grace Briggs	Name of Father: Abraham Ballantyne	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #10172801		By whom issued and signed: Metropolitan Life insurance Company	Date Issued: June 11,1937	Date Orig. Entry: Feb.18,1937
	Date of Birth: Feb.19,1915	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Pocotello 1st Ward, E. A. Walton, Clerk	Date Issued: -----	Date Orig. Entry: baptized June 3,1923
	Date of Birth: Feb.19,1915	Birth Place: Rigby, Idaho	Full Name of Mother: Grace Briggs	Name of Father: Abraham F. Ballentyne	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 27, 1965

FORM BH 56067

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995-20X-1039-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ADELE BERNICE ZINK		2. Date of Birth (month) August (day) 4 (year) 1915
	3. Color or Race: White	4. Sex: FEMALE	5. Place of Birth a. County: AMERICAN FALLS, Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: EMMITT BRENNARD ZINK		7. State or Country of Father's Birth: LOUP CITY - NEBRASKA
MOTHER	8. Full Maiden Name of Mother: INEZ Ruth Scheffel		9. State or Country of Mother's Birth: DENVER, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adele B. Bitetti	11. Present Address of Registrant: 416 CAROLANE TRAIL, Houston, Tx.
NOTARY (seal)	Subscribed and sworn to before me on: June 28 1965	12. Signature of Notary: Mrs James Lentari	13. Notary Commission expires: June 1 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Christopher's Church, Lubbock, Texas	Date Issued: -----	Date Orig. Entry: baptized Sept. 8, 1956
	Date of Birth: Aug. 4, 1915 / Birth Place: American Falls, Idaho	Full Name of Mother: Inez Scheffel	Name of Father: Emmitt B. Zink	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Emmitt Brennard Zink	Date Issued: Sept. 11, 1959	Date Orig. Entry: -----
	Date of Birth: Aug. 4, 1915 / Birth Place: American Falls, Idaho	Full Name of Mother: ------	Name of Father: Emmitt Brennard Zink	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Pg. 512 Vol 37 births City of Lubbock, Texas	Date Issued: July 25, 1960	Date Orig. Entry: child born Sept. 22, 1954
	Date of Birth: Age 39 / Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 28, 1965

FORM BH 56067

10-16-64

JUL 28 1965

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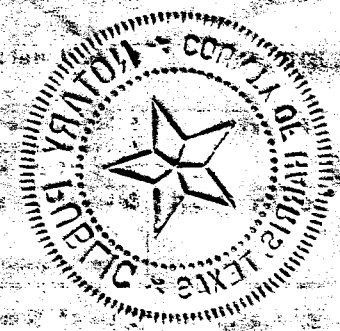


593-217-033-756

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED GENEVIEVE NICHOLES		2. Date Of Birth (month) (day) (year): MARCH 17 1915
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Lyman, Madison; b. City or Town of Birth: LYMAN
FATHER	6. Full Name of Father: EDWIN Hawley Nicholes		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jennie Grosman		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Genevieve Nicholes	11. Present Address of Registrant: 753 Birch ave San Mateo California
NOTARY (Seal)	Subscribed and sworn to before me on: November 10th 1961	12. Signature of Notary: Edmund J. Picetti	13. Notary Commission expires: 1-6 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Methodist Episcopal Church, Thomas Manwaring, Pastor	Date issued: -----	Date Orig. Entry: baptized June 20, 1916
	Date of Birth: Mar.17,1915	Birth Place: Lyman, Idaho	Full Name of Mother: Jennie Nicholes	Name of Father: Edward H. Nicholes
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate certified copy	By whom issued and signed: File No. 249577, California	Date issued: May 8, 1952	Date Orig. Entry: child born Aug. 23, 1952
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father:
SUPPORTING RECORD 3.	Type of Document: statement of marriage notice in newspaper	By whom issued and signed: San Francisco Public Library from San Francisco Examiner	Date issued: June 30,1965	Date Orig. Entry: May 19,1937
	Date of Birth: Age 22	Birth Place: -----	Full Name of Mother: ------	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw sm Glenda Larson	August 2, 1965

1 copy paid 10-4-61

FORM BH 56067

AUG 2 1969

OCT 1976

RELATED CERTIFICATE OF BIRTH

Person whose birth is being (Deceased)	2. Date of birth (month) (day) (year)		
	3. Place of birth	4. Place of birth	Bicity or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant		11. Present Address of Registrant
NOTARY	12. Signature of Notary		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date issued	Date reg. Date
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date reg. Date
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date reg. Date
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
CERTIFICATION				

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary [illegible] has been [illegible] which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Date Filed

I copy paid 10-4-81

995-220-032-397

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Louise Irving		2. Date Of Birth (month) Dec. (day) 20 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Jerome~~ Lincoln; b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: William Thomas Irving		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ellen Drusilla Tippetts		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie [illegible] Irving	11. Present Address of Registrant: Glenns Ferry, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 21 1965	12. Signature of Notary: George F. Robertson	13. Notary Commission expires: Feb. 14 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 60	By whom issued and signed: William F. Irving	Date Issued: Sept. 13 1965	Date Orig. Entry: -------
	Date of Birth: Dec. 20 1915	Birth Place: Jerome, Idaho	Full Name of Mother: Ellen Drucilla Tippets	Name of Father: William Thomas Irving
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church Samuel Bleak, Bishop	Date Issued: Aug 3 1925	Date Orig. Entry: Baptized July 30, 1925
	Date of Birth: Dec. 20 1915	Birth Place: Jerome, Idaho	Full Name of Mother: Ellen D. Tippetts	Name of Father: William Thomas Irving
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church Samuel S. Smith, Bishop	Date Issued: March 5 1916	Date Orig. Entry: Blessed March 5, 1916
	Date of Birth: Dec. 20 1915	Birth Place: Jerome, Idaho	Full Name of Mother: Ellen D. Tippets	Name of Father: William T. Irving
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept. 22, 1965

FORM BH 56067

SEP 22 1965

Johnson

65-926-037-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LYDIA WEIMER			2. Date of Birth (month) August (day) 29, (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Salem, Madison Co., Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Christ Weimer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Maria Elizabeth Weimer			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Gerlock		11. Present Address of Registrant: Rt.1, Wiley, Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 1965	12. Signature of Notary: Howard J Smith		13. Notary Commission expires: Oct 7 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: F. Brennecke, Pastor		Date Issued: ------	Date Orig. Entry: baptized Sept.26,1915
	Date of Birth: Aug.29,1915	Birth Place: Salem, Idaho	Full Name of Mother: Maria Elisabeth Weimer	Name of Father: Christ Weimer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate certified copy	By whom issued and signed: Colorado #14715 Vital Statistics		Date Issued: July 1, 1952	Date Orig. Entry: child born July 18, 1945
	Date of Birth: Age 29	Birth Place: Salem, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Dave Weimer (10 yrs old at time of birth)		Date Issued: Aug.31,1965	Date Orig. Entry: ------
	Date of Birth: Aug.29,1915	Birth Place: Salem, Madison County, Idaho	Full Name of Mother: Maria Elizabeth Weimer	Name of Father: Christ Weimer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept.24,1965

FORM BH 56067

SEP 24 1965

253-127-014-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-824

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Orvel Bell		2. Date of Birth (month) July (day) 27 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Rural Star
FATHER	6. Full Name of Father: Alexander Wesley Bell		7. State or Country of Father's Birth: Dumont, Iowa	
MOTHER	8. Full Maiden Name of Mother: Maude Pauline Cleek		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard O Bell	11. Present Address of Registrant: Arco Idaho Box 91	
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1965	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 76	By whom issued and signed: Calvin J. Cleek	Date Issued: Oct. 25 1965	Date Orig. Entry: --------
	Date of Birth: July 27 1915	Birth Place: Rural Star, Idaho	Full Name of Mother: Maude Pauline Cleek	Name of Father: Alexander Wesley Bell
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 310688	Date Issued: ------	Date Orig. Entry: child born Mar. 21, 1941
	Date of Birth: Age 25	Birth Place: Star, Idaho	Full Name of Mother: ---------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Life Ins. Policy	By whom issued and signed: Mutual Life INs. Willard Johns, Secretary	Date Issued: July 6 1945	Date Orig. Entry: May 26, 1945
	Date of Birth: July 27, 1915	Birth Place: Star, Idaho	Full Name of Mother: ---------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 15, 1965

FORM BH 56067

824 Bill

NOV 18 1965

DECEASED

469-104-006-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-847

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Max Mortensen,
2. Date Of Birth (month) (day) (year): July 4th, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Blackfoot, Bingham Co. Idaho,
b. City or Town of Birth: Blackfoot, Idaho.

FATHER

6. Full Name of Father: James Leland Mortensen,
7. State or Country of Father's Birth: Hyrum, Cash Co., Utah.

MOTHER

8. Full Maiden Name of Mother: Effie Evans,
9. State or Country of Mother's Birth: Springville, Utah Co., Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Max Mortensen
11. Present Address of Registrant: Route #2, Rexburg, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: 31st December, 1964
12. Signature of Notary: Geo. W. A. Parker
13. Notary Commission expires: August 6th, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #10420	Western Farm Bureau Life Ins. Co. Denver, Colo.	July 11,1956	June 13, 1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 4,1915 / Blackfoot, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by father	James Leland Mortensen	Nov.10,1965	-----
	July 4,1915 / Blackfoot, Idaho Bingham County	Effie Ann Evans	James Leland Mortensen	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #54-16240	-----	child born Dec.9,1954
	Age 39 / Blackfoot	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: Nov. 19, 1965

FORM BH 56067

8-2-

NOV 19 1965

Mortensen

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name of Birth: [illegible] Mortensen	2. Date of Birth: July 4th, 1915
Registered	3. Place of Birth: Blackfoot, Bingham Co. Idaho	4. City or Town of Birth: Blackfoot, Idaho
FATHER	5. Full Name of Father: James Leland Mortensen	7. State or Country of Father's Birth: [illegible], Utah
MOTHER	6. Full Maiden Name of Mother: [illegible]	8. State or Country of Mother's Birth: [illegible], Utah
APPLICANT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible], Dexburg, Idaho.	
	12. Subscribed and sworn to before me on: [illegible]	13. Signature of Notary: [illegible]
	14. Notary Commission expires: August 6th, [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Orange Policy 16120	By whom issued and signed: Western Farm Bureau Co. [illegible]	Date Issued: July 11, 1956
	Date of Birth: July 4, 1915	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit by father	By whom issued and signed: James Leland Mortensen	Date Issued: Nov. 10, 1965
	Date of Birth: July 4, 1915	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: [illegible]
SUPPORTING RECORD 3	Type of Document: Dem of Birth birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Blackfoot	Full Name of Mother: [illegible]
ADDITIONAL INFORMATION			

RECISTRAR'S CERTIFICATION (Seal): I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Nov. 12, 1965

FORM NO. [illegible]

291-207-007-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-900

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BEVERLY BEULAH BRACKEN	2. Date Of Birth (month) (day) (year): 7 - 7 - 1915
	3. Color or Race: LT. BRN. 4. Sex: F. 5. Place of Birth: ~~ARCO, IDAHO~~ a. County: BLAINE	b. City or Town of Birth: ARCO, IDAHO
FATHER	6. Full Name of Father: John Henry Bracken	7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: EDNA AMANDA ARNTSEN	9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Registrant: Beverly B. Weech	11. Present Address of Registrant: 10738 EL. ARCO-DR. WHITTIER
NOTARY (Seal)	Subscribed and sworn to before me on: 7 December 1965 12. Signature of Notary: Marvin E. Jacobs	13. Notary Commission expires: 18 March 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temple Recommend	By whom issued and signed: LDS Church	Date issued: Feb.28,1948	Date Orig. Entry: Feb.28,1948
	Date of Birth: July 7,1915 / Birth Place: Arco, Blaine County, Idaho	Full Name of Mother: Edna A. Arntsen	Name of Father: John Henry Bracken	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #226706	Date issued: -----	Date Orig. Entry: child born Nov. 4, 1934
	Date of Birth: Age 19 / Birth Place: Arco, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #26 852 317	By whom issued and signed: New York Life Ins. Co.	Date issued: Dec.18,1959	Date Orig. Entry: Nov.28,1959
	Date of Birth: July 7,1915 / Birth Place: Arco, Idaho USA	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 9, 1965

FORM BH 56067

7-18-62 1 copy paid

DEC 9 1965

FEB 25 1971

693-131-016-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-942

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leo Osborne Wilcox		2. Date of Birth (month) (day) (year): July 31, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ranch in Moulton Valley; b. City or Town of Birth: Near Oakley, Idaho
FATHER	6. Full Name of Father: Sherman Benjamin Wilcox		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Blanch Olive Osborne		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo O Wilcox	11. Present Address of Registrant: 1277 Foothill St. Redwood City, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 09 1965	12. Signature of Notary: Esther Luckett	13. Notary Commission expires: March 19 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #20 041 449	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Oct.10,1931	Date Orig. Entry: Sept.17,1931	
	Date of Birth: July 31,1915	Birth Place: Moulton, Idaho	Full Name of Mother: Blanch O. Wilcox	Name of Father: Sherman B. Wilcox	
SUPPORTING RECORD 2.	Type of Document: military separation paper photocopy	By whom issued and signed: U.S. Navy, Fred O. Goodell, Lt., USNR	Date Issued: Oct.9,1945	Date Orig. Entry: enlisted Jan.27,1940	
	Date of Birth: July 31,1915	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Navy Department, W.D.Edwards, employment Supt.	Date Issued: Oct.15,1946	Date Orig. Entry: Oct.15,1946	
	Date of Birth: July 31,1915	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 27, 1965

FORM BH 56067

DEC 27 1965

212230-024-757

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ira Sophia Kassens		2. Date of Birth (month) (day) (year): Aug. 30, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Tuttle
FATHER	6. Full Name of Father: Ira Arthur Kassens		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Annie Lu Bessie Pearson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ira Christensen	11. Present Address of Registrant: Rt. 2, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 28 1965	12. Signature of Notary: Lloyd Christensen	13. Notary Commission expires: 11-7 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Samuel L. Bleak, Bishop IDS Church	Date Issued: July 28,1924	Date Orig. Entry: baptized July 28, 1924
	Date of Birth: Aug.30,1915; Birth Place: Tuttle, Gooding County, Idaho	Full Name of Mother: Bessie Pearson	Name of Father: Ira Kassens	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-15389	Date Issued: -----	Date Orig. Entry: child born Dec. 23, 1951
	Date of Birth: Age 36; Birth Place: Tuttle, Idaho Gooding County	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Western Farm Bureau Life Ins. Co., Denver Coloarado	By whom issued and signed: Insurance Policy #22179	Date Issued: Aug.24,1959	Date Orig. Entry: Aug.24,1959
	Date of Birth: Aug.30,1915; Birth Place: Tuttle, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 19, 1966

K FORM BH 56067 Cp and Reg #4711 1-7-66 Fm

JAN 19 1966

DECEASED

463223-039-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frieda Helena Dockter		2. Date of Birth (month) Oct. (day) 23 (year) 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: American Falls b. City or Town of Birth: American Falls, Ida.
FATHER	6. Full Name of Father: Jacob Dockter		7. State or Country of Father's Birth: Newdorf So. Russia
MOTHER	8. Full Maiden Name of Mother: Regina Henne		9. State or Country of Mother's Birth: Klostitc S. Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frieda H. Jacobsen	11. Present Address of Registrant: 1022 H St. Rupert, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: January 21, 19 66	12. Signature of Notary: [illegible]	13. Notary Commission expires: January 18 19 68

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #13903		By whom issued and signed: Gem State Mutual Life Assoc.	Date Issued: Feb.23,1937	Date Orig. Entry: ----
	Date of Birth: Oct.23,1915	Birth Place: Am. Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Certificate		By whom issued and signed: K.K. Maier, Pastor Zoar Congregational Church, Am.Falls,	Date Issued: ----	Date Orig. Entry: Jan.9,1916
	Date of Birth: Oct.23,1915	Birth Place: -----	Full Name of Mother: Regiene Henne	Name of Father: Jacob Dokter	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Regina Vollmer	Date Issued: Feb.9,1966	Date Orig. Entry: -----
	Date of Birth: Oct.23,1915	Birth Place: American Falls, Idaho	Full Name of Mother: Regina Dockter Vollmer	Name of Father: Jacob Dockter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 7,1966

FORM BH 56067

2-4-66 gml

MAR 7 1966

757-121-035-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-184

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Earl Gephart
2. Date of Birth (month) (day) (year): May 21 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Leland, Idaho

FATHER

6. Full Name of Father: William Thomas Gephart
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Lyda D. Bond
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd E. Gephart
Witness: Lyda D. Gephart
11. Present Address of Registrant: 3330 8th St Lewiston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: JAN. 25 1965
12. Signature of Notary: [illegible]
13. Notary Commission expires: 2-13 1965

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Military discharge paper	Army of the United States	Nov.20,1945	inducted Sept.24,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 21,1915 / Leland, Idaho	----	----	
SUPPORTING RECORD 2.	hospital record of own child's birth	Our Lady of Consolation Hospital, Cottonwood, Idaho	-----	child born Sept.26,1946
	May 21,1915 / Leland, Idaho	----	-----	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Washington,D.C.,Census Bureau	Feb.16,1966	Jan.1,1920
	Age 4 7/12 / Idaho	Lyda Gephart	William Gephart	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	March 7, 1966

FORM BH 56067 (G) 11-13-64. nm

3-1-66

MAR 7 1966

317-21 8102 1-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adelia LA PRAY			2. Date Of Birth (month) (day) (year): December 18 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Weston FRANKLIN	b. City or Town of Birth: Weston	
FATHER	6. Full Name of Father: John LA PRAY			7. State or Country of Father's Birth: FRANKLIN - Idaho	
MOTHER	8. Full Maiden Name of Mother: SUSAN Robins LAPRAY			9. State or Country of Mother's Birth: Snowville - Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Adelia La Gray (Prafayn)		11. Present Address of Registrant: Route #3 Preston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1964	12. Signature of Notary: Anna Marie Atkinson		13. Notary Commission expires: MARCH 19 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Weston Ward bk.D Line 123		Date Issued: -----	Date Orig. Entry: baptized July 5, 1924
	Date of Birth: Dec.18,1915	Birth Place: Weston, Idaho	Full Name of Mother: Susie A. Robins	Name of Father: John Lapray	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Thomas D. Dee Memorial Hosp. Ogden, Utah L.H.Evans,Supt.		Date Issued: ----	Date Orig. Entry: child born Feb.4,1951
	Date of Birth: Dec.18,1915	Birth Place: Weston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 79	By whom issued and signed: Ellsworth LaPray		Date Issued: Mar.7,1966	Date Orig. Entry: ------
	Date of Birth: Dec.18,1915	Birth Place: Weston, Idaho	Full Name of Mother: Susan Arnetta Robbins	Name of Father: John LaPray	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	March 17, 1966

FORM BH 56067 4-15-60 ICP

3-4-66

MAR 17 1966

258703-018-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEO BROWN SNYDER			2. Date of Birth (month) FEB (day) 3 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: FRAZER a. County: CLEARWATER	b. City or Town of Birth: FRAZER
FATHER	6. Full Name of Father: HENRY CLAY SNYDER			7. State or Country of Father's Birth: WEST VIRGINIA
MOTHER	8. Full Maiden Name of Mother: ELLA ELIZABETH SMITH			9. State or Country of Mother's Birth: WEST VIRGINIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo Brown Snyder		11. Present Address of Registrant: 2214 MAIN BOISE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1966	12. Signature of Notary: Violet Sykes		13. Notary Commission expires: April 8 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Lukes Hospital	Date Issued: March 17 1966	Date Orig. Entry: Admitted Feb.3,1948
	Date of Birth: Feb. 3,1915 / Birth Place: Frazer, Idaho	Full Name of Mother: ------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Notorized page from Bible	By whom issued and signed: Family Bible	Date Issued: Notorized Feb.1966	Date Orig. Entry: Original obviously old
	Date of Birth: Feb.3,1915 / Birth Place: Frazer, Idaho	Full Name of Mother: Ella Elizabeth Smith	Name of Father: Henry Clay Snyder	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father age 81	By whom issued and signed: Henry Clay Snyder	Date Issued: Mar.20,1966	Date Orig. Entry: -------
	Date of Birth: Feb. 3, 1915 / Birth Place: Frazer, Idaho	Full Name of Mother: Ella Elizabeth Smith	Name of Father: Henry Clay Snyder	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Mar.24,1966

FORM BH 56067

3-25-66

MAR 2 4 1966

239-126-017-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-303

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max Boyd Stringham			2. Date of Birth (month) (day) (year): Feb. 26, 1915.
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Clark County,	b. City or Town of Birth: Dubois, Idaho
FATHER	6. Full Name of Father: Thomas Henry Stringham			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Melvia Iona Davis			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max Boyd Stringham		11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1966	12. Signature of Notary: W. C. Hoofbourrow Residing at American Falls, Idaho.		13. Notary Commission expires: Jan. 3, 1967.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Melvia Iona Green	Date Issued: Jan.20,1966	Date Orig. Entry: ----
	Date of Birth: Feb.26,1915 / Birth Place: Dubois, Clark County, Idaho	Full Name of Mother: Melvia Iona Davis	Name of Father: Thomas Henry Stringham	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #530-03-9749	By whom issued and signed: Social Security Administration, Treasury Dept.	Date Issued: ------	Date Orig. Entry: Sept.13,1937
	Date of Birth: Feb.26,1915 / Birth Place: Dubois, Idaho	Full Name of Mother: Millie Iona Davis	Name of Father: Thomas Henry Stringham	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit of application for marriage #16233	By whom issued and signed: Clark County, clerk's office, Nevada	Date Issued: Aug.5,1959	Date Orig. Entry: May 28, 1938
	Date of Birth: Age 23 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 13, 1966

FORM BH 56067

1 copy paid Receipt # 11229

APR 1 4 1966

366-417-014-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vester Fountain Cook			2. Date Of Birth (month) 8 (day) 17 (year) 1915	
	3. Color or Race: A/S	4. Sex: M	5. Place of Birth a. County: Nampa, Idaho Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Frank Elmer Cook			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mary Fountain Cochran			9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vester F Cook		11. Present Address of Registrant: Oak View Trailer Court Jefferson City, Missouri	
NOTARY (Seal)	Subscribed and sworn to before me on 3/11/66 19___	12. Signature of Notary: Rita Nies		13. Notary Commission expires 6/10/66 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Mary F. and Frank E. Cook		Date Issued: Mar.18,1966	Date Orig. Entry: -----
	Date of Birth: Aug.17,1915	Birth Place: Nampa, Idaho	Full Name of Mother: Mary F. Cochran Cook	Name of Father: Frank E. Cook	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #5 151 457	By whom issued and signed: The Northwestern Mutual Life Ins. Co. Milwaukee, Wisconsin		Date Issued: -----	Date Orig. Entry: July 27, 1959
	Date of Birth: Aug.17,1915	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #52142	By whom issued and signed: State of Missouri, Division of Vital Statistics		Date Issued: Feb.20,1959	Date Orig. Entry: child born Aug.21,1945
	Date of Birth: Age: 30	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 25, 1966

FORM BH 56067

1-26-66

APR 25 1966

235-223-014-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-364

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Noma Elizabeth Stephens		2. Date of Birth (month) October (day) 23, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Amos Russell Stephens		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Andrews		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Noma Elizabeth Stephens	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 1st 1966	12. Signature of Notary: Mrs. E. McReynolds	13. Notary Commission expires: June 1 1966

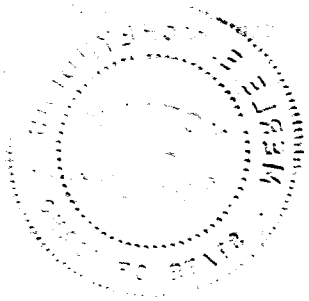
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record book	By whom issued and signed: Book published 1958 Estel L. Wright, Chairman	Date Issued: 1958	Date Orig. Entry: Published 1958
	Date of Birth: Oct.23,1915	Birth Place: Nampa, Idaho	Full Name of Mother: Annie Elizabeth Andrews	Name of Father: Amos Russell Stephens
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: # 413541 on file with state of Idaho	Date Issued: -------	Date Orig. Entry: child born Nov. 5, 1945
	Date of Birth: Age 30	Birth Place: Nampa, Idaho	Full Name of Mother: ---------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Kuna, Idaho High School	Date Issued: -----	Date Orig. Entry: Sept.17,1930
	Date of Birth: Oct.23,1930	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: April 28, 1966

FORM BH 56067

No Corresp — Searched 1960



652-215-028-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-385

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Maurine Webster
2. Date of Birth (month) (day) (year): November 15 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Kootenai
   b. City or Town of Birth: Rathdrum

FATHER

6. Full Name of Father: Daniel Boone Webster
7. State or Country of Father's Birth: Burwell Nebraska

MOTHER

8. Full Maiden Name of Mother: Helen Elizabeth Thomas
9. State or Country of Mother's Birth: Doone Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Maurine Grayum
11. Present Address of Registrant: Rt. 2, Box 284 Ridgefield, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: April 19 1966

12. Signature of Notary: C Walter Baty
13. Notary Commission expires: Jan 7 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of page from family Bible	Family Bible Records	-----	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.15,1915 / Rathdrum, Idaho Kootenai County	Helen E. Thomas	Daniel B. Webster	
SUPPORTING RECORD 2.	Affidavit by mother	Helena Thomas Webster	June 5,1960	-----
	Nov.15,1915 / Rathdrum, Idaho Kootenai County	Helena Thomas Webster	Daniel B. Webster	
SUPPORTING RECORD 3.	Insurance policy #82 496 271	The Prudential Insurance Co. of America	June 9,1930	-----
	age next bd. 15 / -----	-----	-----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 3, 1966

FORM BH 56067 1 copy paid rec.8845 (G)4-13-66

MAY 3 1966

Grimmer

362-21-3042-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Idaho Coburn			2. Date of Birth (month) February (day) 13 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Albert C. Coburn			7. State or Country of Father's Birth: Lewiston, Idaho
MOTHER	8. Full Maiden Name of Mother: Minnie Amelia Wright			9. State or Country of Mother's Birth: Zumbrota, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Idaho Coburn	11. Present Address of Registrant: 4969 Los Coyotes, Long Beach, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: PRINCIPAL OFFICE IN 2 1965		12. Signature of Notary: Morris Hayter	13. Notary Commission expires: My Commission Expires June. 29, 1967 19

OFFICIAL SEAL
MORRIS HAYTER
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie A. Coburn	Date Issued: Nov.3,1964	Date Orig. Entry: ----
	Date of Birth: Feb.13,1915 / Birth Place: Twin Falls,Idaho Twin Falls County	Full Name of Mother: Minnie Amelia Wright	Name of Father: Albert C. Coburn	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Long Beach unified School Dist. Long Beach, California	Date Issued: Feb.16,1965	Date Orig. Entry: term ending 5-11-23
	Date of Birth: Feb.13,1915 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: A. C. Coburn	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Feb.13,1915 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Minnie Amelia Coburn	Name of Father: Albert C. Coburn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 3, 1966

FORM BH 56067

1 copy paid rec. nos. 50-39749 &64-6534 50¢ ea.

cc 3-8-65

MAY 3 1966

276-218-043-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-394

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Dale Spoor		2. Date of Birth (month) (day) (year): November 18 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley; b. City or Town of Birth: Smiths Ferry, Idaho
FATHER	6. Full Name of Father: Gideon Spoor		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mabel Clare Rule		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Dale Spoor	11. Present Address of Registrant: 4830 Norwood Ave Arcata Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1966	12. Signature of Notary: Hazel L. Hebbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Ins. Co.	Date Issued: Oct.22,1952	Date Orig. Entry: ------
	Date of Birth: Nov.18,1915	Birth Place: Smiths Ferry,Ida	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother 76	By whom issued and signed: Mabel C. Spoor	Date Issued: Nov.27,1962	Date Orig. Entry: ---------
	Date of Birth: Nov.18,1915	Birth Place: Idaho	Full Name of Mother: Mabel Clare Rule	Name of Father: Gideon Spoor
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 262103 on file with state of Idaho	Date Issued: ------	Date Orig. Entry: child born Dec.5, 1937
	Date of Birth: Age 22	Birth Place: Smiths Ferry	Full Name of Mother: -------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 10,1966

FORM BH 56067

MAY 1 0 1966

519-129-039-344

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Nelsen Early		2. Date Of Birth (month) Sept. (day) 29 (year) 1915	
	3. Color or Race: white	4. Sex	5. Place of Birth a. County: Power	b. City or Town of Birth: Homestead near American Falls
FATHER	6. Full Name of Father: Squire J. W. Early		7. State or Country of Father's Birth: Delaware Co. New York	
MOTHER	8. Full Maiden Name of Mother: Martha L. Tilman		9. State or Country of Mother's Birth: Holly Bluff, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard N. Early	11. Present Address of Registrant: 1902 Sycamore Way Sparks, Nev	
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1966	12. Signature of Notary: Notary Public — State of Nevada, Washoe County, My Commission Expires Jan. 31, 1970	13. Notary Commission expires: Jan. 31 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records, Dist. #411	By whom issued and signed: Twin Falls Public Schools, Ida. Robert E. Stobaugh, clerk	Date Issued: Apr. 4, 1966	Date Orig. Entry: Sept. 1927
	Date of Birth: Sep. 29, 1915	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Statement regarding insurance records.	By whom issued and signed: Beneficial Life Ins. Co. Salt Lake City, Utah	Date Issued: -----	Date Orig. Entry: Apr. 16, 1943
	Date of Birth: Sep. 29, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of social security application #519-05-8944	By whom issued and signed: Social Security Adm.	Date Issued: May 27, 1937	Date Orig. Entry: May 27, 1937
	Date of Birth: Sep. 29, 1915	Birth Place: American Falls, Idaho	Full Name of Mother: Martha Newman	Name of Father: Squire Early
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 16, 1966

FORM BH 56067

4-18-60 one copy paid #20802

MAY 16 1966

766-11 F1007-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-486

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joe W Powers
2. Date Of Birth (month) (day) (year): 7 14 1915
3. Color or Race: W
4. Sex: MALE
5. Place of Birth a. County: BLAINE Co. b. City or Town: HILL CITY
b. City or Town of Birth: HILL CITY IDAHO

FATHER

6. Full Name of Father: PERCY P POWERS
7. State or Country of Father's Birth: COFFEVILLE KANS

MOTHER

8. Full Maiden Name of Mother: VERNA H BELL
9. State or Country of Mother's Birth: WELLS NEVADA ELKO Co

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joe W Powers
11. Present Address of Registrant:

MYRON E. TAUSSIG (Seal) Notary Public Sacramento County State of California

Subscribed and sworn to before me on March 29 1966

12. Signature of Notary: Myron E. Taussig
13. Notary Commission expires: My Commission Expires Sept. 15, 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding union records	Chauffeurs, Teamsters & Helpers local #150, Sacramento, Calif.	Mar. 28, 1966	Aug. 1955
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 14, 1915 / -----	-----	-----	
SUPPORTING RECORD 2.	Affidavit by parents	Percy Powers and Verna H. Powers	Apr. 11, 1966	-----
	Aug. 14, 1915 / Hill City, Idaho Blaine County	Verna Hortense Bell Powers	Percy Powers	
SUPPORTING RECORD 3.	photocopy of Military Discharge paper	Army of the United States, L.L. Koontz, Colenel, Air Corps	Jan. 19, 1946	inducted June 26, 1942
	Aug. 14, 1915 / Hill City, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Glenda Larson	June 2, 1966

FORM BH 56067 No search made. (P) 3-14-66

JUN 2 1966

367-212-010-527

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-495

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charlotte Cox
2. Date of Birth (month) July (day) 12 (year) 1915
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Idaho Falls, Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Leonard Delaun Cox
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Diantha Esplin
9. State or Country of Mother's Birth: Utah, Kane Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charlotte C. Smith
11. Present Address of Registrant: 1109 No. 16 E, Logan, Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: May 17, 1966
12. Signature of Notary: Clyde Tuttle
13. Notary Commission expires: Nov 5, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Marriage License and Certificate	On file Idaho #50-2968	-----	June 29,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 34	Idaho Falls, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #55-1563	-----	child born Feb.5,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 39	Idaho Falls, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Shelley 1st Ward Conrad Beckstrand, Elder	-----	baptized Aug.2,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 12,1915	Idaho Falls, Idaho Bonneville County	Diantha Esplin	Leonard Cox

QUALIFYING INFORMATION

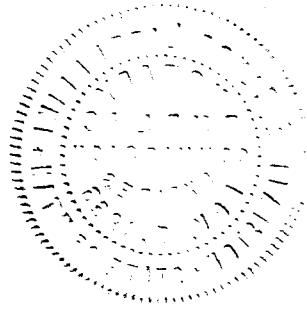
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 6, 1966

FORM BH 56067

JUN 6 1966



918-22-5-029-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-518

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floy Leah Rayburn
2. Date Of Birth: (month) July (day) 25 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth: Near Potlatch, Idaho

FATHER

6. Full Name of Father: Lee Rayburn
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Florence Cotter
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floy L. Rayburn (Mrs.)
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on April 29th 1966

12. Signature of Notary: William Church
13. Notary Commission expires: November 20th 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of school record	By whom issued and signed: LaGrande Senior High, Dist.#1 Oregon, Dale Wyatt, principal	Date Issued: Apr. 26, 1966	Date Orig. Entry: Sept. 8, 1930
	Date of Birth: July 25, 1915 / Birth Place: -----	Full Name of Mother: Florence E. Rayburn	Name of Father: Lee Rayburn	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment	By whom issued and signed: Vancouver Memorial Hosp. Inc.	Date Issued: -------	Date Orig. Entry: July 29, 1955
	Date of Birth: July 25, 1915 / Birth Place: Latah Co., Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Lee Rayburn	Date Issued: May 23, 1966	Date Orig. Entry: -----
	Date of Birth: July 25, 1915 / Birth Place: Potlatch, Idaho	Full Name of Mother: Florence Rayburn	Name of Father: Lee Rayburn	

QUALIFYING INFORMATION

Cradle Roll of the United Brethren Sunday School of Ceder Creek issued Dec. 25, 1916 gives date of birth as July 25, 1915 and parents' names as Mr. And Mrs. Lee Rayburn.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 8, 1966

K

FORM BH 56067

(B) 5-19-66

JUN 8 1966

15-128-016-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-526

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Lile Anderson			2. Date Of Birth (month) June (day) 28 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Cassia	b. City or Town of Birth: Naf
FATHER	6. Full Name of Father: Joseph Anderson			7. State or Country of Father's Birth: Utah,
MOTHER	8. Full Maiden Name of Mother: Carrie Marie Olson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Lile Anderson		11. Present Address of Registrant: R.F.D. Heber City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 66	12. Signature of Notary: Ralph J. Carlile		13. Notary Commission expires: May 9 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Wasatch High School	Date Issued: -----	Date Orig. Entry: Sept. 1930
	Date of Birth: June 28,1915 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Joe Anderson	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, George B. Stanley Bishop, Heber 1st Ward	Date Issued: -----	Date Orig. Entry: baptized November 1,1924
	Date of Birth: June 28,1915 / Birth Place: Nafe, Idaho	Full Name of Mother: Carrie Olson	Name of Father: Joseph Anderson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 31535	By whom issued and signed: Country Mutual Life, Salt Lake City, Utah	Date Issued: -----	Date Orig. Entry: Jan. 10, 1959
	Date of Birth: June 28,1915 / Birth Place: Nafe, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: June 9, 1966

FORM BH 56067

JUN 9 1966

165-115-023-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE JONES		2. Date Of Birth (month) Feb. (day) 15, (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: GEM; b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Albert William Jones		7. State or Country of Father's Birth: Pocatello, Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Louise Reese		9. State or Country of Mother's Birth: Farmington, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Jones	11. Present Address of Registrant: Box 947, Carlin, Nevada
NOTARY	Subscribed and sworn to before me on May 3rd 1966	12. Signature of Notary: Joseph A. King	13. Notary Commission expires: July 16th 1968

JOSEPH A. KING
Notary Public - State of Nevada
Elko County, Nevada
My commission expires July 16, 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge paper AC	By whom issued and signed: William E. Hignite, 1st Lt. AC	Date issued: separated Oct.8,1945	Date Orig. Entry: enlisted Sept. 16, 1940
	Date of Birth: Feb.15,1915; Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Carl Lowder, Clerk	Date issued: Aug.1,1926	Date Orig. Entry: baptized July 31
	Date of Birth: Feb.15,1915; Birth Place: Emmett, Idaho	Full Name of Mother: Louise Reese	Name of Father: Albert Jones	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, George F. Smith, Emmett Ward, Bishop	Date issued: -----	Date Orig. Entry: blessed March 7,1915
	Date of Birth: Feb.15,1915; Birth Place: Emmett, Idaho	Full Name of Mother: Emma Louise Reese	Name of Father: Albert W. Jones	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 17, 1966

FORM BH 56067

ICW Pd Lic # 11097

5-13-66

JUN 17 1966

489-215-016-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-564

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Frieda Uhrich
2. Date Of Birth (month) 11 (day) 15 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Yale, IDAHO~~ CASSIA
   b. City or Town of Birth: YALE

FATHER

6. Full Name of Father: JACOB Uhrich
7. State or Country of Father's Birth: FRANK, RUSSIA

MOTHER

8. Full Maiden Name of Mother: ANNA MARY LESSER
9. State or Country of Mother's Birth: FRANK RUSSIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen U. Temple
11. Present Address of Registrant: Paul IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on June 14 1966

12. Signature of Notary: Robert N. Sagers
13. Notary Commission expires: Notary Public, Residing at Burley, Idaho. My Commission Expires Sept. 18, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Baptismal Certificate	H. Hoersch, Pastor, Yale, Idaho	----	March 11,1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.15,1915	-----	Anna Maria Lesser	Jacob Uhrich

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Naturalization #637442	Dept. of Labor, USA, Ray Gudmundsen, clerk of 4th Judical Dist.	----	Apr.3,1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.15,1915	Yale, Idaho	Mary Ulrich	Jacob Ulrich

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #409261	-----	Child born June 12,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 29	Yale, Idaho	-----	-----

QUALIFYING INFORMATION

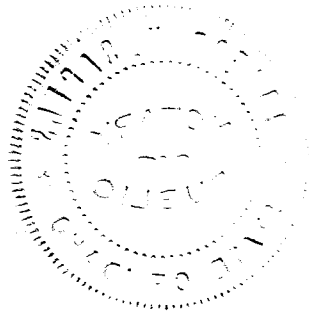
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 22, 1966

FORM BH 56067

JUN 22 1966



759-118-009-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-600

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CALVIN MILLS PERRY			2. Date Of Birth (month) NOV. (day) 18 (year) 1915	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO - BONNER	b. City or Town of Birth: SAND POINT	
FATHER	6. Full Name of Father: CHARLES EDGAR PERRY			7. State or Country of Father's Birth: ~~WISCONSIN~~ N. CAROLINA	
MOTHER	8. Full Maiden Name of Mother: LAURA LOUISE PERRY			9. State or Country of Mother's Birth: WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Calvin M. Perry	11. Present Address of Registrant: PENDLETON - ORE.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1966		12. Signature of Notary: Eugene P. Gaden	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 27, 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin Age 65		By whom issued and signed: Clarence D. Piatt	Date Issued: Sept.23,1963	Date Orig. Entry: -----
	Date of Birth: Nov.18,1915	Birth Place: Sandpoint, Idaho	Full Name of Mother: Laura Louise Casey Perry	Name of Father: Charles Edgar Perry	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Bonner Co. Class A Dist.#82 Sandpoint, Idaho	Date Issued: Dec.13,1965	Date Orig. Entry: Sept. 1922
	Date of Birth: Nov.18,1915	Birth Place: -----	Full Name of Mother: Mrs. Laura Perry	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Military discharge paper		By whom issued and signed: U.S. Army, John E. Walsh, Lt. Col. Field Artillery,	Date Issued: Mar.7,1944	Date Orig. Entry: inducted Jan.25,1944
	Date of Birth: Age 28 2/12	Birth Place: Sandpoint, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 7, 1966

FORM BH 56067 (P) 6-22-66 gml

JUL 7 1966

Jerry

493-114-043-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Earl Dickison		2. Date of Birth (month) Oct (day) 14 (year) 1915
	3. Color or Race: white	4. Sex: m	5. Place of Birth: Idaho a. County: Valley b. City or Town of Birth: Roseberry
FATHER	6. Full Name of Father: Hilliard Curtis Dickison		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Edna Myrtle Birdsall		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor E. Dickison	11. Present Address of Registrant: 1444 Center St Corning Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 7 1966	12. Signature of Notary: Shirley J Landis	13. Notary Commission expires: My Commission Expires June 16, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license		By whom issued and signed: Tehama County, California	Date issued: ----	Date Orig. Entry: June 23,1937
	Date of Birth: Age 21	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: military discharge record		By whom issued and signed: U.S. Army, K.H. Kolley, Ist Lt. AC	Date issued: separated Feb.12,1946	Date Orig. Entry: enlisted Oct.8,1942
	Date of Birth: Oct.14,1915	Birth Place: Roseberry,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Edna Myrtle Weston	Date issued: July 14,1966	Date Orig. Entry: -----
	Date of Birth: Oct.14,1915	Birth Place: Roseberry, Idaho	Full Name of Mother: Edna Myrtle Weston	Name of Father: Hilliard Curtis Dickison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

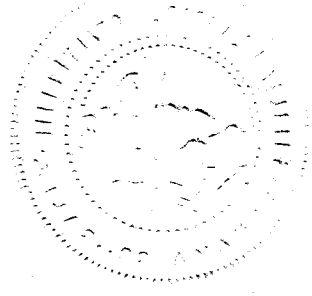
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 22, 1966

FORM BH 56067 [illegible] # 3177 7-8-66 gml

Weston

JUL 22 1966



393-121-003-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Glen Tillotson			2. Date Of Birth (month) July (day) 21, (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Edwin Warren Tillotson			7. State or Country of Father's Birth: Virginia, Idaho
MOTHER	8. Full Maiden Name of Mother: Ada Merinda Kemp			9. State or Country of Mother's Birth: Fairview, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Glen Tillotson		11. Present Address of Registrant: Box 379 Rt 1 South, McCammon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1966	12. Signature of Notary: Jane Matkins		13. Notary Commission expires: Oct 10 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Don Olson, Ward Clerk	Date Issued: -----	Date Orig. Entry: baptized Aug. 5, 1923	
	Date of Birth: July 21, 1915	Birth Place: McCammon, Idaho Bannock County	Full Name of Mother: Ada Merinda Kemp	Name of Father: Edwin Warren Tillotson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #55-1388	Date Issued: -----	Date Orig. Entry: child born Feb. 13, 1955	
	Date of Birth: Age 39	Birth Place: McCammon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-12-7775	By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Feb. 17, 1938	
	Date of Birth: July 21, 1915	Birth Place: McCammon, Idaho	Full Name of Mother: Edwin Warren Tillotson	Name of Father: Ada Kemp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Glenda Larson	July 26, 1966

FORM BH 56067 1-28-66

JUL 26 1966

259-726-025-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-834

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lyle Warren Knight
2. Date of Birth (month) (day) (year): October 26 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho
   b. City or Town of Birth: Harrisburg

FATHER

6. Full Name of Father: Eddie Waren Knight
7. State or Country of Father's Birth: United States

MOTHER

8. Full Maiden Name of Mother: Jennie Simmeron
9. State or Country of Mother's Birth: United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyle Warren Knight
11. Present Address of Registrant: Kamiah Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan 19 1966

12. Signature of Notary: Edd D Hancock
13. Notary Commission expires: April 5 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by person with personal knowledge of birth.	Ada Pfefferkorn (born 8-9-1899)	Apr.23,1966	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.26,1915 / Harrisburg,Idaho Idaho County	Jennie Simmeron	Eddie Waren Knight	
SUPPORTING RECORD 2.	photocopy of application for insurance policy	United Benefit Life Ins.Co.	-----	June 30,1954
	Oct.26,1915 / Idaho	-----	-----	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #59-11874	-----	child born Sept.25,1959
	Age 43 / Harrisburg, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

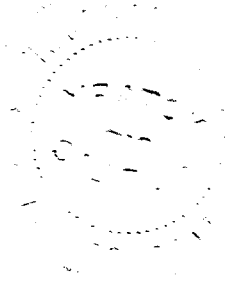
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Sept. 19, 1966

FORM BH 56067

1 copy paid receipt 12602 2-17-66

SEP 19 1966



415-106-032-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Daniels			2. Date of Birth (month) July (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: John William Daniels			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Mildred BERDENSEE			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Daniels		11. Present Address of Registrant: Bliss, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7-20 1966	12. Signature of Notary: Julia T. Jenker		13. Notary Commission expires: 4-15- 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #259159	Date Issued: -----	Date Orig. Entry: child born Sept.16,1937	
	Date of Birth: Age 22	Birth Place: Shoshone, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage license and certificate	By whom issued and signed: On file Idaho #51-14501	Date Issued: Oct.20,1951	Date Orig. Entry: Oct.19,1951	
	Date of Birth: Age 36	Birth Place: Shoshone, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of enlistment record	By whom issued and signed: Idaho National Guard, Clifford Bevington Capt.	Date Issued: Apr.16,1936	Date Orig. Entry: Sept.30,1935	
	Date of Birth: July 5,1915	Birth Place: Shoshone, Idaho	Full Name of Mother: Mrs. J. W. Daniels	Name of Father: Mr. J. W. Daniels	
QUALIFYING INFORMATION					

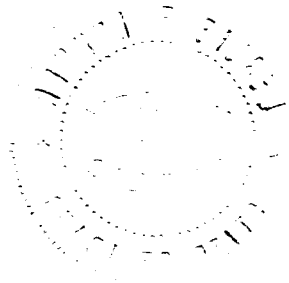
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 23, 1966

FORM BH 56067

SEP 23 1966



852-128-022-234 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-940
Local Reg. No.
Reg. Dist. No.

RECEIVED
OCT 14 1966
Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ashton
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ashton
d. STREET ADDRESS (If rural, give location): Same

3. CHILD'S NAME (Type or print)
a. (First): Everett
b. (Middle): Ernest
c. (Last): Heserman

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN V TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd V 3rd ____
6. DATE OF BIRTH: (Month) Oct. (Day) 28, (Year) 1915

FATHER OF CHILD

7. FULL NAME
a. (First): Everett
b. (Middle):
c. (Last): Heserman

8. AGE (At time of this birth) YEARS:
9. BIRTHPLACE (State or foreign country) (City or Town):
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Stern

13. AGE (At time of this birth) YEARS: 30
14. BIRTHPLACE (State or foreign country) (City or Town): Bredeff Germany
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 wks. pregnancy?) None
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. R. Heserman
19. ADDRESS: Ashton Idaho

18. ATTENDANT AT BIRTH: M.D. V MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED: Oct 14, 1966

21. DATE REC'D BY LOCAL REG.: Oct. 14, 1966
22. REGISTRAR'S SIGNATURE: W. W. Benson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY: 9½ WEEKS
WEIGHT AT BIRTH: 8½ LBS. 0 OZS.
Was a standard serological test for syphillis performed? Yes ____ No V
Approximate date ____
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY: DELAYED
Was 1% Silver Nitrate Used to prevent blindness? YES V NO ____
BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE; V NO
CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE; V NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

JAN 1 6 1974

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

753-22-007-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-995

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ina Elizabeth Peterson			2. Date of Birth (month) April (day) 26 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey	
FATHER	6. Full Name of Father: Levi Sylvester Peterson			7. State or Country of Father's Birth: Montana	
MOTHER	8. Full Maiden Name of Mother: Willda E. Hess			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Ina E. Bogusławski	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1966		12. Signature of Notary: Richard V. Kelly	13. Notary Commission expires: Dec. 17, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Willda E. Hess	Date Issued: Jan.6,1966	Date Orig. Entry: -----
	Date of Birth: Apr.26,1915 / Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Willda E. Hess	Name of Father: Levi Sylvester Peterson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism (Roman Catholic)	By whom issued and signed: St.Jerome's Church, Idaho Rev. Eric A. Schermanson	Date Issued: Feb.14,1952	Date Orig. Entry: baptized Feb.14,1952
	Date of Birth: Apr.26,1915 / Birth Place: Carey, Idaho	Full Name of Mother: Wilda Hess	Name of Father: Levi S. Peterson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Grange Mutual Life Co.,Nampa, Idaho	Date Issued: -----	Date Orig. Entry: Nov.14,1949
	Date of Birth: Apr.26,1915 / Birth Place: Carey, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 18, 1966

FORM BH 56067 NM

B 1-31-66

NOV 1 8 1966

666-28.026-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAULINE WOOD		2. Date of Birth (month) (day) (year): DECEMBER 18 1915
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: JEFFERSON; b. City or Town of Birth: RIGBY
FATHER	6. Full Name of Father: MERRIT J. WOOD		7. State or Country of Father's Birth: WILLARD, UTAH
MOTHER	8. Full Maiden Name of Mother: MARGARET HUBBARD		9. State or Country of Mother's Birth: WILLARD, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Wood	11. Present Address of Registrant: 285 Barlow Drive, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1966	12. Signature of Notary: Blanche H. Poole	13. Notary Commission expires: October 15 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavits by parents	By whom issued and signed: Merrit J. Wood and Margaret H. Wood	Date Issued: May 2,1966	Date Orig. Entry: -----
	Date of Birth: Dec.18,1915 / Birth Place: Rigby, Idaho	Full Name of Mother: Margaret Hubbard Wood	Name of Father: Merrit J. Wood	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-14486	Date Issued: -----	Date Orig. Entry: child born Dec.7,1948
	Date of Birth: Age 32 / Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Driver's License #V 85862	By whom issued and signed: Dept. of Motor Vehicles, State of California	Date Issued: Feb.21,1944	Date Orig. Entry: Feb.21,1944
	Date of Birth: Dec.18,1915 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 1, 1966

FORM BH 56067 1 copy paid rec. 17039 (B) 7-28-66

Blackburn

DEC 2 1966

385-231-007-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doalee Chess			2. Date of Birth: (month) July (day) 31 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Fishcreek Idaho - Blaine	b. City or Town of Birth:
FATHER Deceased	6. Full Name of Father: Benjamin Ross Chess			7. State or Country of Father's Birth: Tennessee
MOTHER Deceased	8. Full Maiden Name of Mother: Clora Alice Davis			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doalee Chess Groffenberger		11. Present Address of Registrant: 604 E. Revere Ave Bend-Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 2 1966	12. Signature of Notary: [illegible]		13. Notary Commission expires: 7-1-68 19

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records	By whom issued and signed: Blaine Co. School Dist. #61 Hailey, Idaho	Date Issued: Mar.25,1966	Date Orig. Entry: Sept.26,1922
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: Ben Chess
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Oregon	Date Issued: Mar.31,1966	Date Orig. Entry: child born Apr.18,1942
	Date of Birth: July 31,1915	Birth Place: Fishcreek, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.19,1966	Date Orig. Entry: Jan. 1,1920
	Date of Birth: Age 4 yrs. 6 mos.	Birth Place: Idaho	Full Name of Mother: Clara Chess	Name of Father: Ben R. Chess
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan.16,1967

FORM BH 56067

(6)

JAN 1 6 1967

243-203-004-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-088
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Buck			2. Date of Birth (month) March (day) 3 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho,	b. City or Town of Birth: Bennington.
FATHER	6. Full Name of Father: Percival Buck			7. State or Country of Father's Birth: Arnold, Nott. England
MOTHER	8. Full Maiden Name of Mother: Alice Bacon			9. State or Country of Mother's Birth: Dale Abbey, Derby, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Buck Antilla		11. Present Address of Registrant: 417 Pine Ave., Kemmerer, Wyoming 83101
NOTARY (Seal)	Subscribed and sworn to before me on: November 2, 1966	12. Signature of Notary: Mae Butler Co. Clerk		13. Notary Commission expires: Term Jan.uary 2, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 64		By whom issued and signed: James P. Buck	Date Issued: Jan.27,1967	Date Orig. Entry: -----
Class*	Date of Birth: Mar.3,1915	Birth Place: Bennington, Idaho Bear Lake County	Full Name of Mother: Alice Bacon	Name of Father: Percival Buck	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Dist. #1, Kemmerer, Wyoming LaRae Somers, Secretary	Date Issued: Nov.2,1966	Date Orig. Entry: -----
Class	Date of Birth: Mar.3,1915	Birth Place: -----	Full Name of Mother: -----	Name of Father: Percival Buck	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: St.Paul's Lutheran Church, Kemmerer, Wyoming	Date Issued: Nov.3,1966	Date Orig. Entry: Sept.1,1949
Class	Date of Birth: May 3,1915	Birth Place: Bennington, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: Glenda Larson	Date Filed: Feb. 14, 1967	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

FEB 15 1967

314-201-007-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-138

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth May Campbell			2. Date Of Birth (month) May (day) 1 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Carey, Idaho a. County: Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: George William Campbell			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rose Fuller			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth May Campbell Eaton		11. Present Address of Registrant: Dayton, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 11 19 65	12. Signature of Notary: Madeline Barton		13. Notary Commission expires: January 12 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 67		By whom issued and signed: Helen F. Farley	Date issued: Mar.4,1965	Date Orig. Entry: -------
	Date of Birth: May 1,1915	Birth Place: Carey, Idaho	Full Name of Mother: Rose Fuller	Name of Father: George William Campbell	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy		By whom issued and signed: Mutual Benefit Assn.	Date issued: Apr 18,1947	Date Orig. Entry: April 10, 1947
	Date of Birth: May 1,1915	Birth Place: Carey, Idaho	Full Name of Mother: ------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Dayton General Hospital, Wash. Betty Turner, Med.Rec.Dept.	Date issued: Jan.30,1967	Date Orig. Entry: Nov.21,1954
	Date of Birth: May 1,1915	Birth Place: Carey, Idaho	Full Name of Mother: Rose Fuller Campbell	Name of Father: George William Campbell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

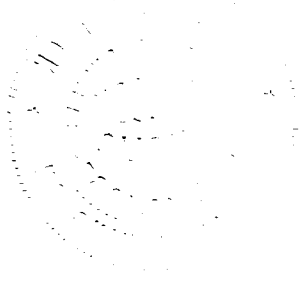
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	March 6, 1967

K FORM BH 56067 1 re. paid Rec #

6-8-64

MAR 6 1967



S-99-222-022-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-168

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Selma Edith Erickson			2. Date of Birth: (month) May (day) 22 (year) 1915	
	3. Color or Race: White	4. Sex	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: William Erickson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Elnora Anderson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Selma E Winegar	11. Present Address of Registrant: R # 2, St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 19 67		12. Signature of Notary: La Monte Bauer, Clerk by Russ C Jenkins, Deputy.	13. Notary Commission expires: Elective 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #217797	Date Issued: ------	Date Orig. Entry: child born Nov.27,1933
	Date of Birth: Age 18	Birth Place: St.Anthony,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy#482254		By whom issued and signed: Beneficial Life Ins.Co.	Date Issued: -----	Date Orig. Entry: Aug.8,1959
	Date of Birth: May 22,1915	Birth Place: St.Anthony,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Heman Ward,G.O. Neilson, Bishop	Date Issued: -------	Date Orig. Entry: baptized Feb.23,1941
	Date of Birth: May 22,1915	Birth Place: St.Anthony,Idaho	Full Name of Mother: Alice Anderson	Name of Father: William Erickson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 9, 1967

FORM BH 56067

2-23-67

MAR 1 0 1967

NOV 2 3 1973

796-226-035-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-197

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma May Proper			2. Date Of Birth (month) 5 (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Sweetwater a. County: Nez Perce	b. City or Town of Birth: Sweetwater, Idaho
FATHER	6. Full Name of Father: Leland L. Proper			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Lucille A. Jennings			9. State or Country of Mother's Birth: Misouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Thelma Simmons		11. Present Address of Registrant: 1523 21st Ave. Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 8 1967	12. Signature of Notary: Clara M. Proper		13. Notary Commission expires: June 14, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records		By whom issued and signed: Dist. #1, Lewiston, Idaho	Date Issued: -----	Date Orig. Entry: Sept.6,1926
	Date of Birth: May 26,1915	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit #134892		By whom issued and signed: Nez Perce County, Idaho county recorder's office	Date Issued: Feb.9,1967	Date Orig. Entry: Oct.4,1930
	Date of Birth: Age 15	Birth Place: -----	Full Name of Mother: Mrs. Lucile A. Burke	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by first Cousin (more than ten years older)		By whom issued and signed: Mrs. Eva Benoit	Date Issued: Mar.1,1967	Date Orig. Entry: -----
	Date of Birth: May 26,1915	Birth Place: Sweetwater, Idaho	Full Name of Mother: Lucile A. Jennings	Name of Father: Leland L. Proper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 17,1967

FORM BH 56067 [illegible] #7153 (S) 2-20-67 [illegible]

MAR 17 1967

331-111-024-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William S. Clark		2. Date of Birth (month) (day) (year): Dec 11 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Henry Lloyd Clark		7. State or Country of Father's Birth: Missouri Adrian
MOTHER	8. Full Maiden Name of Mother: Audrey Berniece Stark		9. State or Country of Mother's Birth: Nebraska, Elwood
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William S. Clark	11. Present Address of Registrant: 1584 O'Leary St. Fortuna Calif 95540
NOTARY (Seal)	Subscribed and sworn to before me on March 2 1967	12. Signature of Notary: Thelma B. Wood	13. Notary Commission expires: June 11th 1967

THELMA B. WOOD
NOTARY PUBLIC
Humboldt County, California
My commission expires June 11, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1149743	By whom issued and signed: Occidental Life Ins. Co. Los Angeles, California	Date Issued: June 12,1936	Date Orig. Entry: May 5, 1936
	Date of Birth: Dec.11,1915 / Birth Place: Hagerman, Idaho Gooding County	Full Name of Mother: Audrey Bernice Clark	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at birth	By whom issued and signed: Florrie A. Stark Age 93	Date Issued: Feb.20,1967	Date Orig. Entry: -----
	Date of Birth: Dec.11,1915 / Birth Place: Hagerman, Idaho	Full Name of Mother: Audrey Berniece Stark	Name of Father: Henry Lloyd Clark	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #352215	Date Issued: -----	Date Orig. Entry: child born June 13,1942
	Date of Birth: Age 26 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 28, 1967

FORM BH 56067 1 CP pd rec # 5604 2-10-67

MAR 2 8 1967

653108003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-223

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Fellis
2. Date of Birth (month) 4 (day) 8 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: Idaho a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Gust Fellis
7. State or Country of Father's Birth: Greece

MOTHER

8. Full Maiden Name of Mother: Demetro Bettas
9. State or Country of Mother's Birth: Greece

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Fellis
11. Present Address of Registrant: 3757 Manchester N.W., Albuquerque, New Mexico

NOTARY (Seal)

Subscribed and sworn to before me on 27th day of March 1967

12. Signature of Notary: Ubaldo C. Gurule Jr.
13. Notary Commission expires: Sept 2 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Demetro Fellis	Mar.25,1967	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.8,1915 / Bannock County, Idaho	Demetro Fellis	Gust Fellis	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Birth and Baptism	By whom issued and signed: Greek Orthodox Archdiocese of N.&S.America, Rev.G.Brozanis	Date Issued: -----	Date Orig. Entry: baptized Apr.30,1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.8,1915 / Pocatello, Idaho	Dimetra G. Fillis	Gust G. Fillis	
SUPPORTING RECORD 3.	Type of Document: photocopy of Army Discharge	By whom issued and signed: U.S. Army, L.A.Friberg, Lt. Col Inf	Date Issued: Nov.14,1945	Date Orig. Entry: inducted Dec.23,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.8,1915 / Pocatello, Idaho	-----	-----	

QUALIFYING INFORMATION

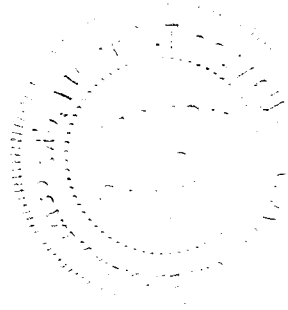
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Glenda Larson	March 28, 1967

FORM BH 56067

MAR 2 8 1967



305 168-201-016 -55-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elna Flaye Johnson			2. Date of Birth (month) March (day) 1 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Cassia	b. City or Town of Birth: Jackson
FATHER	6. Full Name of Father: Charles Edwin Johnson			7. State or Country of Father's Birth: Blue Earth, Minnesota
MOTHER	8. Full Maiden Name of Mother: Lizzie Neilson			9. State or Country of Mother's Birth: La Jara, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elna F. Wilson		11. Present Address of Registrant: R.5 Box 175 Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1967	12. Signature of Notary: Gladys Uzzel		13. Notary Commission expires: July 10, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insuramce Policy #4303	By whom issued and signed: Old West Life Ins. Co.	Date Issued: Oct. 21,1959	Date Orig. Entry: Aug 3,1959
	Date of Birth: Mar.1,1915 / Birth Place: Jackson, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 75	By whom issued and signed: Lizzie Neilsen Johnson	Date Issued: May 3,1967	Date Orig. Entry: ------
	Date of Birth: Mar.1,1915 / Birth Place: Jackson, Idaho	Full Name of Mother: Lizzie Neilsen	Name of Father: Charles Edwin Johnson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 57-11524	Date Issued: ---	Date Orig. Entry: child born Aug 23,1957
	Date of Birth: Age 42 / Birth Place: Jackson, Idaho	Full Name of Mother: ----------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 5, 1967

FORM BH 56067

11-22-67

Wilson

MAY 9 1967

OCT 21 1968

DECEASED

965-126-003-969

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-310

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Luke Roghaar Zondervon
2. Date of Birth (month) (day) (year): March 26 1915
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Peter Zondervon
7. State or Country of Father's Birth: Holland

MOTHER

8. Full Maiden Name of Mother: Maggie Roghaar (Zondervon)
9. State or Country of Mother's Birth: Holland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Luke Roghaar Zondervon
11. Present Address of Registrant: 614-24th St

NOTARY (Seal)

Subscribed and sworn to before me on: 5 April 1967
12. Signature of Notary: Leonard W. Barker
13. Notary Commission expires: June 18 1970

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Pete Zondervon	July 29,1939	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.26,1915 / Grace, Idaho	-----	Peter Zondervon	
SUPPORTING RECORD 2.	Church certificate of Birth	LDS Church	Apr.8,1966	Oct.3,1915
	Mar.26,1915 / Grace, Bannock County, Idaho	Margaret Roghaar	Peter Zondervon	
SUPPORTING RECORD 3.	Honorable Discharge	U.S. Navy, Archer M.R.Allen, Capt. U.S.N.	Nov.10,1938	enlisted Nov.16,1934
	Mar.26,1915 / Grace, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barker	Glenda Larson	May 8, 1967

FORM BH 56067 No Search made. Two copies Paid rec. # 7866. (Z) 3-14-66

MAY 9 1967

Yonderson

613-24 667-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carlys Zeanoust Watkins			2. Date of Birth (month) October (day) 24 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Beachum Watkins			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Julia May Guiver			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Carlys Z Watkins		11. Present Address of Registrant: 314 West 13th The Dalles Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Nov.5,1916	Date Orig. Entry: Blessed Nov. 5, 1916
	Date of Birth: Oct.24,1915 / Birth Place: Carey, Idaho	Full Name of Mother: Julia May Guiver	Name of Father: Beachum Watkins	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 61	By whom issued and signed: Arthur B. Watkins	Date Issued: Apr.7,1967	Date Orig. Entry: ------
	Date of Birth: Oct.24,1915 / Birth Place: Carey, Idaho	Full Name of Mother: Julia May Guiver	Name of Father: Beachum D. Watkins	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for lodge membership	By whom issued and signed: Wasco Lodge #15 A.F.&A.M. of Oregon	Date Issued: Apr.19,1967	Date Orig. Entry: was 34 yrs old at time.(abt.1949
	Date of Birth: Oct.24,1915 / Birth Place: Carry, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

certified copy of own child's birth certificate #50367 for son born Oct.9,1946 gives father's age as 30 and birthplace as Carey, Idaho. Copy issued May 1,1962 by the State of West Virginia Div. of Vital Statistics.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	fc Glenda Larson	May 12, 1967

FORM BH 56067

no record - searched 4-7-67

MAY 12 1967

719-213-006 -235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 67-381**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Venetta Park			2. Date of Birth (month) 1 (day) 13 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Wapello
FATHER	6. Full Name of Father: Samuel P. Park			7. State or Country of Father's Birth: Ashley, Utah
MOTHER	8. Full Maiden Name of Mother: Gladys Miney Stewart			9. State or Country of Mother's Birth: Fairview, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Venetta Courtney		11. Present Address of Registrant: 920 Hays Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 73		By whom issued and signed: Samuel P. Park	Date Issued: Jul.26,1966	Date Orig. Entry: ----
	Date of Birth: Jan 13,1915	Birth Place: Wapello,Idaho	Full Name of Mother: Gladys M. Stewart	Name of Father: Samuel P. Park	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: L.D.S. C.A. Merkley,Bishop	Date Issued: Feb.7,1915	Date Orig. Entry: Blessed Feb. 7, 1915
	Date of Birth: Jan.13,1915	Birth Place: Wapello,Idaho	Full Name of Mother: Gladys M. Stewart	Name of Father: Samuel P. Park	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho #246942	Date Issued: ---	Date Orig. Entry: child born Aug 22,1936
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 19, 1967

FORM BH 56067 (C) 7-19-66. nm search made

MAY 1 9 1967

243-115-020-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Arnold Butterfield		2. Date of Birth (month) June (day) 15 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Arrow Rock
FATHER	6. Full Name of Father: Lawrence Washington Butterfield		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Grace Caroline Graham		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence A. Butterfield	11. Present Address of Registrant: P.O. Box 357 Weaverville, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1967	12. Signature of Notary: Keith D. Crane	13. Notary Commission expires: April 14 1970

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of notice of Separation from U.S.Naval Service	By whom issued and signed: U.S. Navy, Louis H.Davy, Ensign, USNR.	Date Issued: Mar.18,1946	Date Orig. Entry: Apr.14,1945
	Date of Birth: June 15,1915 / Birth Place: Arrow Rock, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: Rev. Ruggles in Oakland, Alameda County, California	Date Issued: -----	Date Orig. Entry: Aug. 5, 1938
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Estella Catherine Fuller (nee Graham) Age 81	Date Issued: Apr.18,1967	Date Orig. Entry: -----
	Date of Birth: June 15,1915 / Birth Place: Arrow Rock, Idaho	Full Name of Mother: Grace Caroline Butterfield nee: Graham	Name of Father: Lawrence Washington Butterfield	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 28, 1967

FORM BH 56067

504 pd. (B) 2nd form sent. 2-14-67 gmk

Butterfield, Lawrence Arnold

JUN 28 1967

861-220-011-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Lucille Hoagland		2. Date of Birth (month) July (day) 20 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonners (Boundary) b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Joseph Hare Hoagland		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Emma Gwendolyn Shindler		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Hoagland Fosbark	11. Present Address of Registrant: 2431 N.E. 62nd Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 5th 19 67	12. Signature of Notary: Margaret S. Nelson	13. Notary Commission expires: My Commission Expires May 12, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records		By whom issued and signed: Clatsop County, Oregon School Dist. #1, Astoria	Date issued: Mar. 17, 1967	Date Orig. Entry: Nov. 25, 1919
	Date of Birth: Age 4	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Joseph Hare Hoagland	Date issued: June 3, 1967	Date Orig. Entry: -----
	Date of Birth: July 20, 1915	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Emma Gwendolyn Shindler	Name of Father: Joseph Hare Hoagland	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license #1022		By whom issued and signed: Clatsop County, Oregon	Date issued: Mar. 17, 1967	Date Orig. Entry: July 6, 1945
	Date of Birth: July 20, 1915	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 17, 1967

FORM BH 56067 [illegible]

JUL 17 1967
MAY 11 1972

435219.003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-673

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth McNabb			2. Date of Birth: (month) April (day) 19 (year) 1915	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Inkom, Idaho	
FATHER	6. Full Name of Father: William Harrison McNabb (deceased)			7. State or Country of Father's Birth: Roane County, Tennessee	
MOTHER	8. Full Maiden Name of Mother: Nora Jane Krous			9. State or Country of Mother's Birth: Roane County, Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mary Elizabeth Davis		11. Present Address of Registrant: Pocatello Rt. 2 N, Box 228 -- Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 1967	12. Signature of Notary: Vernon N Powell		13. Notary Commission expires: My Commission expires March 30, 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-15456		Date Issued: -----	Date Orig. Entry: child born Dec.15,1954
	Date of Birth: Age 39	Birth Place: Inkom, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy 383605-57M	By whom issued and signed: Mutual Benefit Health & Accident Assoc. Omaha, Nebraska		Date Issued: Dec.5,1957	Date Orig. Entry: Dec.5,1957
	Date of Birth: Apr.19,1915	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nora Jane McNabb		Date Issued: Jul.20,1967	Date Orig. Entry: -----
	Date of Birth: Apr.19,1915	Birth Place: Inkom, Idaho	Full Name of Mother: Nora Jane McNabb	Name of Father: William Harrison McNabb	
QUALIFYING INFORMATION					

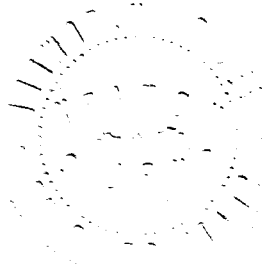
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gmi Glenda Larson	August 22,1967

FORM BH 56067

AUG 22 1967



DECEASED

593-118-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis Alma Nilsson			2. Date Of Birth (month) July (day) 18 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Jeppa Albert Nilsson			7. State or Country of Father's Birth: Monroe, Sevier County, Utah
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Andreasen			9. State or Country of Mother's Birth: Monroe, Sevier County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lewis Alma Nilsson		11. Present Address of Registrant: 1420 Redondo Avenue Salt Lake City, Utah 84105
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1967	12. Signature of Notary: R. L. Spriggs		13. Notary Commission expires: July 10 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Joseph Fielding Smith, Historian	Date Issued: Aug.23,1967	Date Orig. Entry: Sept.5,1915
	Date of Birth: July 18,1915 / Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Annie Elizabeth Andreasen	Name of Father: Jeppa Albert Nilsson	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge papers	By whom issued and signed: U.S. Army, Harvey D.Taylor, Lt. Col. Cav.	Date Issued: Oct.25,1945	Date Orig. Entry: inducted Aug.18,1941
	Date of Birth: July 18,1915 / Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school records	By whom issued and signed: LDS Business College Clara Armstrong, Registrar	Date Issued: July 2,1964	Date Orig. Entry: Sept.1948
	Date of Birth: July 18,1915 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

photocopy of affidavit by sister, Jessie Ireta Nilsson Davis, (at least ten years older) issued June 5,1967. gives information as follows: Lewis Alma Nilsson was born July 18, 1915 in Iona, Bonneville County, Idaho to Jeppa Albert Nilsson and Annie Elizabeth Andreasen Nilsson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept. 6, 1967

FORM BH 56067

5-23-67

SEP 7 1967

666-22-042-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-746

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleota Woodland			2. Date of Birth (month) (day) (year): May 22, 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Murtaugh, Twin Falls, County,	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Lenard Woodland			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: LaVon Walton			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Cleota Park		11. Present Address of Registrant: Box 41, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 19 67	12. Signature of Notary: Lem R. Strut		13. Notary Commission expires: Notary Public, Residing at Burley, Idaho My Commission Expires July 15, 1970 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Certificate		By whom issued and signed: On file Idaho #49-20309	Date Issued: ------	Date Orig. Entry: Oct.10,1949
	Date of Birth: Age 34	Birth Place: Twin Falls,Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Alfred D. Lee, Bishop	Date Issued: July 8,1923	Date Orig. Entry: baptized June 30, 1923
	Date of Birth: May 22,1915	Birth Place: Murtaugh, Idaho	Full Name of Mother: La Von Walton	Name of Father: Lenard Woodland	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy application		By whom issued and signed: The Equitable Life Assurance Society of the United States.	Date Issued: Jan. 25, 1947	Date Orig. Entry: Jan.31,1947
	Date of Birth: May 22,1915	Birth Place: ------	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 20, 1967

FORM BH 56067

SEP 20 1967

365-210-036-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILLE ELIZABETH CONARROE.		2. Date Of Birth (month) (day) (year): November 10th. 1915.
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County ONEIDA; b. City or Town of Birth: ROY. Idaho. U S A
FATHER	6. Full Name of Father: WALTER JEROME CONARROE.		7. State or Country of Father's Birth: OHIO. UNITED STATES.
MOTHER	8. Full Maiden Name of Mother: JANIE LUCINDA MUNT.		9. State or Country of Mother's Birth: ILLINOIS. UNITED STATES.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Elizabeth Durinnell	11. Present Address of Registrant: P.O.Box 301. Quesnel. British Columbia.
NOTARY (Seal)	Subscribed and sworn to before me on at Quesnel.B.C. 29th June 1959.	12. Signature of Notary: Alfred S. Vaughan.	13. Notary Commission expires: life appointment.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 1-31-1901)		By whom issued and signed: Janie Mae Hartley	Date Issued: 6-29-59	Date Orig. Entry:
	Date of Birth: Nov. 10, 1915	Birth Place: Oneida Co. Roy, Idaho	Full Name of Mother: Janie Lucinda Munt	Name of Father: Walter Jerome Conarroe	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: S.R.Baker Memorial Hospital, Quesnel, British Columbia	Date Issued: Aug.31,1967	Date Orig. Entry: Mar.9,1953
	Date of Birth: Nov.10,1915	Birth Place: Idaho, U.S.A	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: census record		By whom issued and signed: Dominion Bureau of Statistics Ottawa, Canada	Date Issued: June 29, 1964	Date Orig. Entry: June 1,1926
	Date of Birth: Age 10	Birth Place: U.S.A.	Full Name of Mother: Janie Lacinda Conarroe	Name of Father: Walter Jerome Conarroe	
QUALIFYING INFORMATION					

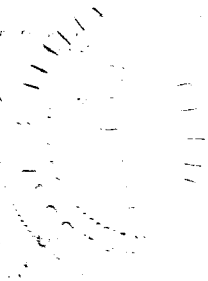
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	nr Glenda Larson	Sept. 27, 1967

FORM BH 56067

SEP 27 1967



536-110-037-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-802

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Damaso Elordi, Jr.			2. Date of Birth (month) (day) (year): September 10, 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Cow Creek, Owyhee County	b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Damaso Elordi			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Gregoria Cabot			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Damaso Elordi, Jr.		11. Present Address of Registrant: Jordan Valley, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9th 1967	12. Signature of Notary: Gabriel Elordi		13. Notary Commission expires: Sept 16 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism (Roman Catholic Church)	By whom issued and signed: St. Bernard Church, Jordan Valley, Oregon	Date Issued: Nov. 30, 1965	Date Orig. Entry: baptized Nov. 7, 1915	
	Date of Birth: Sep. 10, 1915	Birth Place: Cow Creek, Idaho	Full Name of Mother: Gregoria Cabot	Name of Father: Damaso Elordi	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-11290	Date Issued: -----	Date Orig. Entry: child born Sep. 23, 1951	
	Date of Birth: Age 36	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge of birth	By whom issued and signed: Joe Corta Age 66	Date Issued: Sept. 1967	Date Orig. Entry: -----	
	Date of Birth: Sep. 10, 1915	Birth Place: Cow Creek, Idaho Owyhee County	Full Name of Mother: Gregoria (Cabot) Elordi	Name of Father: Damaso Elordi	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

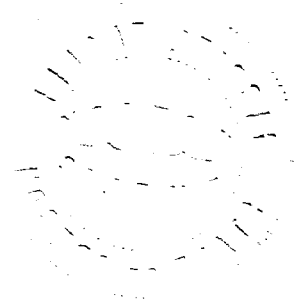
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Sept. 27, 1967

FORM BH 56067

10-7-6

SEP 27 1967



036-129025-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-815

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Daniel Newton Scott
2. Date of Birth: (month) October (day) 29 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Woodland

FATHER

6. Full Name of Father: Cless Blain Scott
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: June Loretta McCoy
9. State or Country of Mother's Birth: Colorado

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Daniel Newton Scott
11. Present Address of Registrant: 950 Melita Isle Riviera

NOTARY (Seal)

Subscribed and sworn to before me on: September 13, 1967

12. Signature of Notary: Kenneth C. Rydbrink
13. Notary Commission expires: KENNETH C. RYDBRINK 19 — My Commission Expires January 21, 1969

APPLICANT — (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	June Loretta Scott	Jul.20,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.29,1915	Woodland, Idaho Idaho County	June Loretta McCoy	Cless Blain Scott

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	Riverside County, California C.L. Waite, Minister 1st Christian Church	Jun.23,1937	June 21,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
hospital certificate of own child's birth certificate	Murphy Memorial Hospital Whittier, California	-----	child born Aug.3,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.29,1915	Woodland, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 28, 1967

FORM BH 56067 nm. 9-8-67 gml (S)

SEP 29 1967

753-218-008-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-827

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Eveline Peck			2. Date of Birth (month) June (day) 18 (year) 1915
	3. Color or Race: White	4. Sex: ☒ male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Brownlee
FATHER	6. Full Name of Father: Gilbert I. Peck			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Sarah Ida Eaton			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Irene Leicht		11. Present Address of Registrant: 4611 Shirley St
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 1967	12. Signature of Notary: W W Benson		13. Notary Commission expires: any 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 64	By whom issued and signed: Sarah Peck	Date Issued: Sept. 5,1942	Date Orig. Entry: -----
	Date of Birth: Jun 18,1915 / Birth Place: Brownlee, Idaho	Full Name of Mother: Sarah Ida Eaton Peck	Name of Father: Gilbert I. Peck	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 241973	Date Issued: ---	Date Orig. Entry: child born Mar.21,1936
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Lukes Hospital, Boise,Ida.	Date Issued: Sept. 3, 1967	Date Orig. Entry: Oct. 27, 1944
	Date of Birth: June 18, 1915 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION				

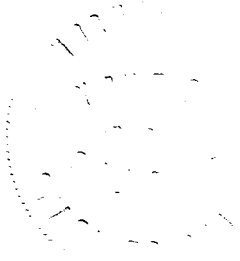
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Betty Rhoades	Oct. 3, 1967

FORM BH 56067

OCT 3 1967



219-212-022-134

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-828

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Lucile Barrickman
2. Date Of Birth: (month) July (day) 12 (year) 1915
3. Color or Race: white
4. Sex: f
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Harvey Branson Barrickman
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Maggie Elizabeth Almond
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Lucile Barrickman
11. Present Address of Registrant: Rt. 1, Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 27 19 67

12. Signature of Notary: Ray W. Ligby
13. Notary Commission expires: January 26 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Rexburg 1st Ward Franklin Stevens, Bishop	May 3,1959	baptized May 1,1959
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Jul.12,1915 Ashton, Fremont County, Idaho	Maggie Elizabeth Almond	Harvey Branson Barrickman	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #263269	-----	child born Feb.1,1938
	Age 22 / Idaho	-----	-----	
SUPPORTING RECORD 3.	Insurance Policy #1387104	Occidental Life Ins. Co. of California	Apr.21,1943	Apr.21,1943
	July 12,1915 / Ashton, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Oct. 5, 1967

FORM BH 56067

OCT 5 1967

458-114 ? 37-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-856

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ARTHUR MEHLHAFF
2. Date of Birth: (month) JUNE (day) 14 (year) 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: POWER; b. City or Town of Birth: AMERICAN FALLS IDAHO

FATHER

6. Full Name of Father: JOHANN MEHLHAFF
7. State or Country of Father's Birth: RUSSIA

MOTHER

8. Full Maiden Name of Mother: EVA-YUB- MEHLHAFF
9. State or Country of Mother's Birth: RUSSIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Mehlhaff
11. Present Address of Registrant: 6460 TRILANE RICHMOND CALIF

NOTARY SEAL — GEORGE R. GLAVINOVICH, Notary Public, Alameda County, State of California

Subscribed and sworn to before me on: July 3 1967

12. Signature of Notary: GEORGE R. GLAVINOVICH

13. Notary Commission expires: September 16 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of church record	Geo. L. Spraitler, Evang.Luth. Pastor	----	Aug.29,1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 14,1915 / American Falls, Idaho	Eva Yub Eberhard	Johann Mehlhaff	
SUPPORTING RECORD 2.	Affidavit by father-in-law	E. L. Williams Age 77	July 12,1967	-----
	June 14,1915 / American Falls, Idaho	-----	-----	
SUPPORTING RECORD 3.	Union Book Local #642 Richmond, Calif.	United Brotherhood of Carpenters & Joiners of America	Aug.16,1940	Aug.16,1940
	June 14,1915 / -----	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: October 10, 1967

FORM BH 56067

(m) 9-20-67

OCT 1 1 1967

795-211-041-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-919

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zenda Agnes Green		2. Date Of Birth (month) 7 (day) 11 (year) 1915	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Idaho, Teton	b. City or Town of Birth: Driggs
FATHER	6. Full Name of Father: Barzilla James Green		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Cecelia Amelia Winger		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zenda G. Judson	11. Present Address of Registrant: 6247 Monroe Ave. Hollywood, Cal	
NOTARY (Seal)	Subscribed and sworn to before me on: September 18 1967	12. Signature of Notary: Hazel L. Hulbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry #75878	By whom issued and signed: Salt Lake County, Utah	Date Issued: Feb.17,1958	Date Orig. Entry: Apr.2,1937	
	Date of Birth: Jul.11,1915	Birth Place: Driggs, Idaho	Full Name of Mother: Luelia Winger	Name of Father: Brazilla James Green	
SUPPORTING RECORD 2.	Type of Document: Social Security application	By whom issued and signed: Internal Revenue # 528-09-2214	Date Issued	Date Orig. Entry: Nov. 30,1936	
	Date of Birth: Jul.11,1915	Birth Place: Driggs, Idaho	Full Name of Mother: Cecelia Amelia Winger	Name of Father: Brazilla James Green	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D.S. Church - Wm. A.Seamons	Date Issued: Apr.15,1958	Date Orig. Entry: Baptized July 17,1923	
	Date of Birth: July 11,1915	Birth Place: Driggs, Idaho	Full Name of Mother: Cecelia Winger	Name of Father: Barzilla James Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: Oct.25,1967

FORM BH 56067

1 cp. pd. rec # 20889

(J) 9-18-67 gml

OCT 25 1967

259-224-028-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-995

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Frances Keimig		2. Date Of Birth (month) May (day) 24 (year) 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Post Falls, Idaho Kootenai; b. City or Town of Birth: Post Falls, Idaho
FATHER	6. Full Name of Father: John Albert Keimig		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Marie Thiele		9. State or Country of Mother's Birth: ~~Kansas~~ Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Frances Henderson	11. Present Address of Registrant: 3213 W Dalton Spokane, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 13 1967	12. Signature of Notary: Kenneth E. Gemmill	13. Notary Commission expires: Oct 15 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible record	Date issued: Oct.30,1967	Date Orig. Entry: obviously old
	Date of Birth: May 24,1915	Birth Place: ——	Full Name of Mother: Emma M. Thiele	Name of Father: John A. Keimig
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: John Albert Keimig	Date issued: Oct.20,1967	Date Orig. Entry: ——
	Date of Birth: May 24,1915	Birth Place: Post Falls,Idaho Kootenai County	Full Name of Mother: Emma Marie Thiele Keimig	Name of Father: John Albert Keimig
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #102-50-5525	By whom issued and signed: State of Arizona, Bureau of Vital Statistics	Date issued: Mar.20,1967	Date Orig. Entry: child born Apr.9,1950
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: ——	Name of Father: ——
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 16, 1967

FORM BH 56067 1 cp [illegible] # 1419 5-17-67

NOV 1 6 1967

236209-044-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nyna Ernestine Stover			2. Date of Birth (month) April (day) 9 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Ernest Stanley Stover			7. State or Country of Father's Birth: Madrid, Iowa
MOTHER	8. Full Maiden Name of Mother: Pearl McCormick			9. State or Country of Mother's Birth: Omaha, Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nyna E. Hartson		11. Present Address of Registrant: 2144 Deerfield Ave. Redding, California
NOTARY (Seal)	Subscribed and sworn to before me on 11-8 19 67	12. Signature of Notary: Kay V. Peterson		13. Notary Commission expires: Feb. 19 19 68

OFFICIAL SEAL
KAY V. PETERSON
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
THE COUNTY OF SHASTA

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Pearl Stover		Date Issued: May 18,1967	Date Orig. Entry: -----
	Date of Birth: Apr.9,1915	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Pearl McCormick		Name of Father: Ernest Stanley Stover
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Northwestern National Life Ins. Co.,Minneapolis,Minn.		Date Issued: -----	Date Orig. Entry: Nov.14,1937
	Date of Birth: Apr.9,1915	Birth Place: Weiser, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of hosptial record	By whom issued and signed: Corning Memorial Hospital, Corning, California		Date Issued: -----	Date Orig. Entry: May 3,1961
	Date of Birth: Apr.9,1915	Birth Place: Idaho	Full Name of Mother: Pearl McCormick		Name of Father: Ernest Stover
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Dec. 7, 1967

FORM BH 56067

DEC 8 1967

253-116-003-572

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1033

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Riley A. Beckstead			2. Date of Birth (month) Nov. (day) 16 (year) 1915	
	3. Color or Race: W	4. Sex: M	5. Place of Birth (a. County): Grace Now Bannock	b. City or Town of Birth: Grace, Idaho	
FATHER	6. Full Name of Father: Ira Alexander Beckstead			7. State or Country of Father's Birth: Salem Utah	
MOTHER	8. Full Maiden Name of Mother: Myrtle Maria Beckstead Egbert			9. State or Country of Mother's Birth: Grace Ida Ho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Riley A. Beckstead		11. Present Address of Registrant: Douglas Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 16, 1967	12. Signature of Notary: Donald R Cannell		13. Notary Commission expires: Oct. 31, 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Myrtle Maria Egbert		Date Issued: Nov.16,1967	Date Orig. Entry: -----
	Date of Birth: Nov.16,1915	Birth Place: Grace, Idaho	Full Name of Mother: Myrtle Maria Egbert	Name of Father: Ira Alexander Beckstead	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Douglas County Memorial Hospital, Waterville, Washington		Date Issued: Dec.4,1951	Date Orig. Entry: child born Dec.4,1951
	Date of Birth: Nov.16,1915	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #873592	By whom issued and signed: Equitable Life Ins. Co. of Iowa		Date Issued: Apr.5,1948	Date Orig. Entry: Mar.3,1948
	Date of Birth: Nov.16,1915	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

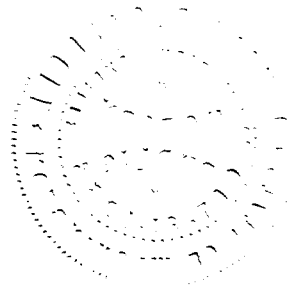
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 8, 1967

FORM BH 56067

10-20-67

Egbert

DEC 8 1967



296-122-033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Eddy Brown		2. Date of Birth (month) March (day) 22 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison; b. City or Town of Birth: Plano, Idaho
FATHER	6. Full Name of Father: Henry Alonzo Brown		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lola Smith		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Eddy Brown	11. Present Address of Registrant: Route 2 Box 177 Rexburg, Idaho 83440
NOTARY (Seal)	Subscribed and sworn to before me on December 6 1967.	12. Signature of Notary: Kay W. Rigby	13. Notary Commission expires: January 26 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of school census records	By whom issued and signed: School Dist #56, Madison Co., Idaho	Date Issued: Dec.6,1967	Date Orig. Entry: Sept.28,1921
	Date of Birth: Mar.22,1915 / Birth Place: ———	Full Name of Mother: Lola Brown	Name of Father: H. A. Brown	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #91797	By whom issued and signed: Continental Life Ins. Co., St. Louis, Missouri	Date Issued: Jan.12,1927	Date Orig. Entry: Oct.23,1926
	Date of Birth: Mar.22,1915 / Birth Place: Plano	Full Name of Mother: Lola S. Brown	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Plano Ward Jas. H. Steel, Clerk	Date Issued: Nov.15,1923	Date Orig. Entry: baptized Aug.5,1923
	Date of Birth: Mar.22,1915 / Birth Place: Plano, Madison County, Idaho	Full Name of Mother: Lola Smith	Name of Father: Henry Alonzo Brown	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 14, 1967

FORM BH 56067 (B) 8-5-65. one copy pd. rec. #17710 - search made.

DEC 1 5 1967

194-229-010-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-037
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY JIMENEZ			2. Date Of Birth (month) MARCH (day) 29 (year) 1915	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO FALLS / BONNEVILLE	b. City or Town of Birth: IDAHO FALLS	
FATHER	6. Full Name of Father: MIGUEL JIMENEZ			7. State or Country of Father's Birth: ARANDAS JALISCO, MEXICO	
MOTHER	8. Full Maiden Name of Mother: REFUGIO CHAVEZ			9. State or Country of Mother's Birth: HUANIMARO GUANAJUATO, MEXICO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 507 Devine	
NOTARY (Seal)	Subscribed and sworn to before me on: November 6 1967	12. Signature of Notary: V. E. MAXWELL, Notary Public, Bexar County, Texas [signature]		13. Notary Commission expires: June 1 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ma. Refugio Gonsales		Date Issued: Nov.1,1967	Date Orig. Entry: -----
Class*	Date of Birth: Mar.29,1915	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Maria Resugio Chavez	Name of Father: Miguel Jimenez	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Adams Co., Colorado, Bertha Heid, Supt. of Schools		Date Issued: Oct.23,1967	Date Orig. Entry: Feb.10,1929
Class	Date of Birth: Mar.29,1915	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Baptismal record	By whom issued and signed: Rev.Felix Segovia F.,Monterrey, Mexico,Iglesia de La Santa Cruz		Date Issued: Dec.20, 1967	Date Orig. Entry: Apr.6,1949
Class	Date of Birth: Mar.29,1915	Birth Place: Idaho Falls,Idaho U.S.A.	Full Name of Mother: Refugia Chavez Jimenez	Name of Father: Miguel Jimenez	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 11, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

rec pd rec. #67-23832

(J) 12-20-67 P-1

JAN 1 1 1968

318-224-033-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oneta Hazel Taylor			2. Date of Birth (month) March (day) 24 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sunnydell
FATHER	6. Full Name of Father: John Henry Taylor			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hazel Florence Mattson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oneta Hazel Taylor Miller		11. Present Address of Registrant: Rt #1 Box 157-B Lorenzo-Idaho 83432
NOTARY (Seal)	Subscribed and sworn to before me on: February 1X 1968	12. Signature of Notary: [signature]		13. Notary Commission expires: January 26 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: John Henry Taylor	Date Issued: July 4,1965	Date Orig. Entry: -----
	Date of Birth: Mar.24,1915	Birth Place: Sunnydell, Idaho	Full Name of Mother: Hazel Florence Mattson (Taylor)	Name of Father: John Henry Taylor	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Archer Ward Carl Johnson, Clerk	Date Issued: ------	Date Orig. Entry: blessed Jan.22,1933
	Date of Birth: Mar.24,1915	Birth Place: Sunnydell, Idaho	Full Name of Mother: Hazel Madson	Name of Father: Henry Taylor	
SUPPORTING RECORD 3.	Type of Document: photocopy of Temple Recommend		By whom issued and signed: LDS Church, H. Dale Weeles, Idaho Falls Temple	Date Issued: Feb.10,1957	Date Orig. Entry: Feb.10,1957
	Date of Birth: Mar.24,1915	Birth Place: Sunnydell, Idaho Madison County	Full Name of Mother: Hazel Florence Mattson	Name of Father: John Henry Taylor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 23, 1968

K

FORM BH 56067 1 copy paid rec. 8373 (M) 5-15-67

Miller

FEB 23 1968

433-217-013-142

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Evelyn Mc Carter		2. Date of Birth (month) March (day) 17 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene Idaho Canae	b. City or Town of Birth: Coeur d'Alene, Idaho, Canae County Idaho
FATHER	6. Full Name of Father: Henry Richard Mc Carter		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Insa A. Adkins		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Evelyn Ball	11. Present Address of Registrant: 515 So. Roosevelt Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 24 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #430726	Date Issued: ---	Date Orig. Entry: child born Jan.18,1947
	Date of Birth: Age: 31	Birth Place: Corral, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle		By whom issued and signed: W. S. McCarter Age:80	Date Issued: Jan.27,1968	Date Orig. Entry: ----
	Date of Birth: Mar.17,1915	Birth Place: Corral, Idaho	Full Name of Mother: Insa Adkins McCarter	Name of Father: Henry Richard McCarter	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #540 281 476 MO		By whom issued and signed: Metropolitan Life Ins. Company	Date Issued: Feb.1,1954	Date Orig. Entry: Feb.1,1954
	Date of Birth: Age next bd. 39 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Feb. 28, 1968

FORM BH 56067 / C.L. pd - Rec # 28395

FEB 28 1968

215-106-043-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin ELi Kantola			2. Date of Birth (month) May (day) 6 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County Norwood Valley	b. City or Town of Birth: Norwood
FATHER	6. Full Name of Father: Uriel Kantola			7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Hannah KaaKKo			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Eli Kantola		11. Present Address of Registrant: Rt#1 McCall, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 23rd Day of October 1967	12. Signature of Notary: Edward D Fisher		13. Notary Commission expires: June 1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Long Valley Luthern - Idaho	Date Issued: Jun.9,1929	Date Orig. Entry: Baptized Jun 9, 1929	
	Date of Birth: May 6,1915	Birth Place: ----	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Cascade Hospital	Date Issued: Jan.3,1943	Date Orig. Entry: child born Jan 3, 1943	
	Date of Birth: May 6,1915	Birth Place: Norwood, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 63	By whom issued and signed: Hilma Maki	Date Issued: Sept.7,1967	Date Orig. Entry: ------	
	Date of Birth: May 6, 1915	Birth Place: Norwood, Idaho	Full Name of Mother: Hanna Kaakko	Name of Father: Uriel Kantola	
QUALIFYING INFORMATION					

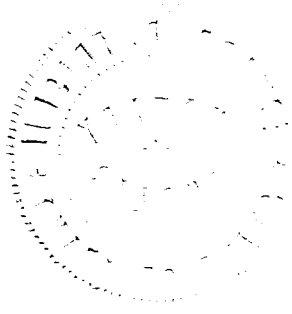
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 1,1968

FORM BH 56067

MAR 1 1968



314-108-009-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-260

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAY Edison LAMB			2. Date of Birth (month) July (day) 8 (year) 1915	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: BONNER	b. City or Town of Birth: LAKEVIEW, IDAHO	
FATHER	6. Full Name of Father: Oliver GRANT LAMB			7. State or Country of Father's Birth: INDIANA	
MOTHER	8. Full Maiden Name of Mother: SyLVIA Belle MEdough			9. State or Country of Mother's Birth: SOUTH DAKOTA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray E. Lamb		11. Present Address of Registrant: 11727-5th AVE. NE. SEATTLE, WASHINGTON	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 23 1968	12. Signature of Notary: Anna K Bartsch		13. Notary Commission expires: 9/2 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Shoshone County, Idaho School Dist.#11 Burke, Idaho		Date Issued: Feb.23,1968	Date Orig. Entry: Sept. 1929
	Date of Birth: July 8,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: Oliver Lamb	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment	By whom issued and signed: Hecla Mining Co. Wallace,Ida.		Date Issued: Feb.22,1968	Date Orig. Entry: July 7,1933
	Date of Birth: July 8,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: Oliver Lamb	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho T.L.O'Neill, registrar		Date Issued: Mar.17,1967	Date Orig. Entry: Sept.18,1936
	Date of Birth: July 8,1915	Birth Place: Lakeview, Idaho	Full Name of Mother: Sylvia (Medough) Lamb	Name of Father: Oliver G. Lamb	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 8, 1968

FORM BH 56067

Issue Date 11-22-68

513-66

MAR 8 1968

415-26-025-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-268

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred William Manes			2. Date of Birth (month) February (day) 26, (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: Jesse Lee Manes			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Bertha Ellen Curtis			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred William Manes		11. Present Address of Registrant: Rt #2, Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 19 67	12. Signature of Notary: David H. Johnson		13. Notary Commission expires: Nov 21, 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Class A School Dist #241, Grangeville, Idaho E. Vopat, Dist. Supt.		Date Issued: Mar. 27, 1967	Date Orig. Entry: Apr. 22, 1929
	Date of Birth: Age 14	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Jesse L. Manes and Bertha E. Manes		Date Issued: Mar. 23, 1967	Date Orig. Entry: -----
	Date of Birth: Feb. 26, 1915	Birth Place: Clearwater, Idaho	Full Name of Mother: Bertha E. Manes	Name of Father: Jesse L. Manes	
SUPPORTING RECORD 3.	Type of Document: Federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Feb. 14, 1968	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 4 yrs. 11 mos.	Birth Place: Idaho	Full Name of Mother: Bertha E. Manes	Name of Father: Jesse L. Manes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 12, 1968

FORM BH 56067

4-17-69 gml

MAR 1 2 1968

699210 016-143

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viva Wrigley		2. Date Of Birth (month) Dec. (day) 10 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County Cassia; b. City or Town of Birth: View mail Burley Idaho.
FATHER	6. Full Name of Father: John Elon Wrigley		7. State or Country of Father's Birth: American Fork (Utah) Utah
MOTHER	8. Full Maiden Name of Mother: Julia C. Julian		9. State or Country of Mother's Birth: American Fork (Utah) Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Viva Anderson	11. Present Address of Registrant: 2800 N-E. 71st st Vancouver Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: January 29th 1968	12. Signature of Notary: B. J. Thurber	13. Notary Commission expires: May 29th 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Vancouver Memorial Hosp.Wash. Jessie Robinson,Med.Rec.Lib.	Date Issued: Jan.30,1968	Date Orig. Entry: Sept.18,1954
	Date of Birth: Dec.10,1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: official copy of membership records	By whom issued and signed: LDS Church, Vancouver Ward R.E.Ajax, Clerk	Date Issued: Jan.30,1968	Date Orig. Entry: baptized Aug.24,1924
	Date of Birth: Dec.10,1915 / Birth Place: Burley, Idaho Cassia County USA	Full Name of Mother: Julia C. Julian	Name of Father: John Wrigley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth (16 yrs. older)	By whom issued and signed: Sidney A. Larsen	Date Issued: Feb.5,1968	Date Orig. Entry: ---
	Date of Birth: Dec.10,1915 / Birth Place: Rt.#2 View of Burley,Cassia Co.	Full Name of Mother: Julia Caroline Julian	Name of Father: John Elon Wrigley	
QUALIFYING INFORMATION	Idaho			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

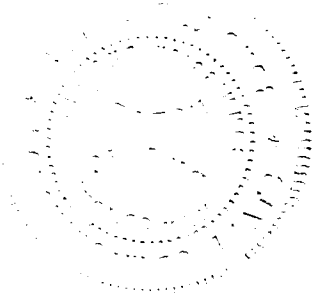
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	March 12, 1968

FORM BH 56067

Certificate No. 23126

11-3-67

MAR 12 1968



234-217-003 -239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BLANCHE ADA BLUNDELL			2. Date of Birth (month) SEPT. (day) 17, (year) 1915
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: SAMUEL BLUNDELL			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: ALICE E. STINGER			9. State or Country of Mother's Birth: utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs.) Blanche Ada Blundell		11. Present Address of Registrant: 420 No. Birch, Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 19 68	12. Signature of Notary: Jessie Standlee		13. Notary Commission expires: June 1 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #418621		Date Issued: -----	Date Orig. Entry: child born Apr. 5, 1946
	Date of Birth: Age: 30	Birth Place: McCammon, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Pocatello 1st Ward, Edmund B. Swallow, Clerk LDS Church		Date Issued: Mar. 6, 1927	Date Orig. Entry: baptized Mar. 6, 1927
	Date of Birth: Sep. 17, 1915	Birth Place: McCammon, Idaho	Full Name of Mother: Alice Stanger		Name of Father: Samuel Blundell
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Emerson School)	By whom issued and signed: Bannock County, Idaho Dist. #25 Rulon M. Ellis, Supt.		Date Issued: Feb. 27, 1968	Date Orig. Entry: 1928-29
	Date of Birth: Sep. 17, 1915	Birth Place: ----	Full Name of Mother: Mrs. A. E. Blundell		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 14, 1968

FORM BH 56067

2-1-68

MAY 1 5 1968

318-216-016-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-507

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH LOUISE TAYLOR		2. Date of Birth (month) February (day) 16 (year) 1915
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: JAMES THOMAS ~~TAYLOR~~ TAYLOR, Jr.		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: MARY FRANCES YOST		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Louise Taylor (Mrs)	11. Present Address of Registrant: Rt.#1 Heyburn, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 22, 19 68	12. Signature of Notary: Vera Carter	13. Notary Commission expires: April 29 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Pacific National Life Ins. Co.,Salt Lake City, Utah	Date Issued: ----	Date Orig. Entry: Oct.3,1934
	Date of Birth: Feb.16,1915 / Birth Place: Almo, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #405774	Date Issued: -----	Date Orig. Entry: child born Apr.7,1945
	Date of Birth: Age: 30 / Birth Place: Elmo, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Heyburn 2nd Ward, Dean C. Jensen, Clerk	Date Issued: Apr.28,1968	Date Orig. Entry: baptized Feb.4,1956
	Date of Birth: Feb.16,1915 / Birth Place: Almo, Cassia County, Idaho	Full Name of Mother: Mary Francis Yost	Name of Father: James Thomas Taylor, Jr.	
QUALIFYING INFORMATION	photocopy of family Bible record states birthdate as Feb.16,1915 and parents' names as James Taylor and Frances Yost			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: May 21, 1968

K FORM BH 56067

1 copy paid rec. 29112 (W) 4- 68 ~~3-18-68~~

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MAY 21 1968

319-221-040-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-522

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Ruth Carlstrand	2. Date of Birth (month) (day) (year): September 21, 1915
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Burke, Idaho; a. County: Shoshone; b. City or Town of Birth: Burke	
FATHER	6. Full Name of Father: Samuel Carlstrand	7. State or Country of Father's Birth: Spokane, Washington
MOTHER	8. Full Maiden Name of Mother: Alyce Ruth Jenkins	9. State or Country of Mother's Birth: San Francisco, California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Ruth Walker; 11. Present Address of Registrant: 11246 E. Danbury St, Arcadia, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: County of Los Angeles, Calif. January 2 1968	12. Signature of Notary: 126 E. Lanak, Arcadia, Calif. D. J. Zinn; 13. Notary Commission expires: May 20th 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record #23324		By whom issued and signed: Los Angeles County Recorder's Office, California	Date issued: Nov.22,1967	Date Orig. Entry: Dec.11,1937
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: Alyce Ruth Williams	Name of Father: Samuel Carlstrand	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: The Hospital of the Good Samaritan Medical Center, L.A.	Date issued: Dec.20,1967	Date Orig. Entry: June 14,1953
	Date of Birth: Sep.21,1915	Birth Place: -----	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt		By whom issued and signed: Hulda Bergquist Age:75	Date issued: 4/26/68	Date Orig. Entry: ----
	Date of Birth: 9/21/15	Birth Place: Shoshone County Burke, Idaho	Full Name of Mother: Alyce Jenkins	Name of Father: Samuel Carlstrand	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	gml Glenda Larson	May 28, 1968

FORM BH 56067 1 cp pd rec # 21202 (W) 1-11-68 gml

MAY 29 1968

249-205-022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Smith		2. Date Of Birth (month) August (day) 5 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Farnum, Fremont, Idaho; b. City or Town of Birth: Farnum, Fremont, Idaho
FATHER	6. Full Name of Father: Henry Watkins Smith		7. State or Country of Father's Birth: Salt Lake City, Salt Lake Utah
MOTHER	8. Full Maiden Name of Mother: Aurilla Jane Richardson		9. State or Country of Mother's Birth: Kamas, Summit, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Smith Green	11. Present Address of Registrant: 385 North 2nd East American Fork, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Ninth of May 1968	12. Signature of Notary: Bud B. Ormond	13. Notary Commission expires: Nov. 17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: duplicate copy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, American Fork 6th Ward, Albert Green, Clerk	Date issued: Apr.21,1968	Date Orig. Entry: baptized Aug.5,1923
	Date of Birth: Aug.5,1915; Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: Aurilla Jane Richardson	Name of Father: Henry Watkins Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Farnum Ward, Henry W. Smith, Clerk	Date issued: ----	Date Orig. Entry: blessed Sept.5,1915
	Date of Birth: Aug.5,1915; Birth Place: Farnum, Idaho	Full Name of Mother: Aurilla J. Richardson	Name of Father: Henry W. Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from Family Bible	By whom issued and signed: Family Bible	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.5,1915; Birth Place: Fremont County Farnum, Idaho	Full Name of Mother: Aurilla Jane Richardson Smith	Name of Father: Henry Watkins Smith	
QUALIFYING INFORMATION				

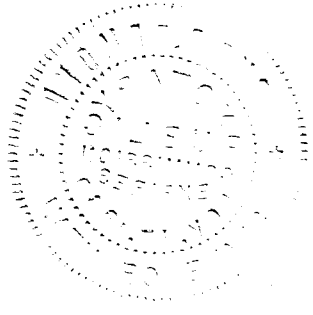
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 28, 1968

FORM BH 56067 1cp pd rec # 31450 4-15-68

MAY 29 1968



657-102 1037-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-543

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William George Wegman			2. Date of Birth: (month) Feb (day) 2, (year) 1915	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Grand View, Id. Owyhee	b. City or Town of Birth: Grand View, Id.	
FATHER	6. Full Name of Father: John Henry Wegman			7. State or Country of Father's Birth: Minniesota	
MOTHER	8. Full Maiden Name of Mother: Esther E. Elvera Nelson			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Henry Wegman		11. Present Address of Registrant: 222 No Bridge St. Hammonton, Florida	
NOTARY (Seal)	Subscribed and sworn to before me on: May 7, 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: 11-29-71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Esther Elvera Wegman		Date Issued: June 5,1968	Date Orig. Entry: ----
	Date of Birth: Feb.2,1915	Birth Place: Grandview, Idaho	Full Name of Mother: Esther Elvera Nelson	Name of Father: John Henry Wegman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Knight Congregational Church, Grandview,Ida.,B.Palmer,Clerk		Date Issued: Apr.8,1968	Date Orig. Entry: baptized Mar.24,1929
	Date of Birth: Feb.2,1915	Birth Place: ----	Full Name of Mother: Esther Wegman	Name of Father: John Wegman	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Pacific National Life Assurance Co.		Date Issued: Jan.9,1947	Date Orig. Entry: Dec.12,1946
	Date of Birth: Feb.2,1915	Birth Place: Grandview, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 4, 1968

FORM BH 56067

4-2-69

JUN 4 1968

213-215-009-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-553

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Saccomano			2. Date of Birth (month) (day) (year): September 15, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Joseph Saccomano			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Anna Naccarato			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Rose Saccomanno		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 21, 1968	12. Signature of Notary: E R Wilson		13. Notary Commission expires: Aug 13 1971

((APPLICANT — DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Aloysius Church, Spokane, Wash., Roman Catholic Church	Date issued: Jan.24,1968	Date Orig. Entry: baptized Sep.26,1915
	Date of Birth: Sep.15,1915	Birth Place: Priest River, Ida.	Full Name of Mother: Anna Naccarato	Name of Father: Joseph Saccomano	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age:68		By whom issued and signed: Henry M. Naccarato	Date issued: Apr.19,1968	Date Orig. Entry: ----
	Date of Birth: Sep.15,1915	Birth Place: Priest River, Ida.	Full Name of Mother: Anna Naccarato Saccomano	Name of Father: Joseph Saccomano	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 530 683 234MO		By whom issued and signed: Metropolitan Life Ins.Co.	Date issued: June 1,1953	Date Orig. Entry: June 1,1953
	Date of Birth: Age next bd. 38	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 6, 1968

FORM BH 56067 1 cp pd rec # 12900 (m) 5-6-68 gml

JUN 6 1968

433-203-010-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-635

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luvia McCowin		2. Date Of Birth (month) May (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Tius Elmer McCowin		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Priscilla Ann Hayes		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luvia M Keach	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 18, 1968	12. Signature of Notary: LaWayne Chapman	13. Notary Commission expires: January 2, 1970

(((APPLICANT— DO NOT WRITE BELOW THIS LINE)))

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #237843	Date issued: ----	Date Orig. Entry: child born Sept.30,1935
	Date of Birth: Age: 20	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Mrs. Ella May McCowin Schwarzenberger Age:74	Date issued: May 28,1968	Date Orig. Entry: -----
	Date of Birth: May 3,1915	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Priscilla Ann Hayes McCowin	Name of Father: Tius Elmer McCowin
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance application	By whom issued and signed: Blue Cross, Idaho Hospital Service, Boise, Idaho	Date issued: -----	Date Orig. Entry: Mar.27,1956
	Date of Birth: May 3,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 10, 1968

FORM BH 56067 1 cp pd rec. #9730 (v) 6-11-68 gml

JUL 1 1 1968

313-223-014-199

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carmen (Mary) Laca	2. Date of Birth (month) (day) (year): October 23 1915
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Nampa Idaho	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Paulino Laca	7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Juliana Arraibi	9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Carmen Laca Elordury; 11. Present Address of Registrant: 5025-Yourst. Sacts, Calif.
NOTARY (seal)	Subscribed and sworn to before me on June 20 1968	12. Signature of Notary: Frank K Richardson; 13. Notary Commission expires: May 1, 1970

FRANK K. RICHARDSON
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Rufina Luque Age: 80	Date Issued: Jun.22,1968	Date Orig. Entry: ----
	Date of Birth: Oct.23,1915	Birth Place: Nampa, Idaho	Full Name of Mother: Juliana Arraibi	Name of Father: Paulino Laca	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal record		By whom issued and signed: St.John's Cathedral, Boise, Ida.	Date Issued: ------	Date Orig. Entry: baptized Jan.26,1916
	Date of Birth: Oct.23,1915	Birth Place: ----	Full Name of Mother: Juliana Arraibi	Name of Father: Paulino Laca	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record		By whom issued and signed: Sacramento County Recorder's Office,Calif. book 96,pg.217	Date Issued: Jun.20,1968	Date Orig. Entry: June 15,1939
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	July 11, 1968

FORM BH 56067

JUL 1 1 1968

626-129-003-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-696

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emmuel (Manuel) Osoro		2. Date of Birth (month) (day) (year): Jan. 29 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Edward Osoro		7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Santa Satica		9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Manuel Osoro	11. Present Address of Registrant: 100 Cyprus St. Bingham Canyon Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 10 1968	12. Signature of Notary: Evelyn Fontana	13. Notary Commission expires: May 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Joseph's Church, Roman Catholic, Pocatello, Idaho	Date Issued: Mar.17,1959	Date Orig. Entry: baptized Apr.25,1915
	Date of Birth: Jan.29,1915 / Birth Place: Pocatello, Idaho	Full Name of Mother: Santa Satica	Name of Father: Edward Osoro	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Bingham High School, Bingham Canyon, Utah, R.A. Bateman, Principal	Date Issued: Jun.19,1968	Date Orig. Entry: 1929
	Date of Birth: Jan.29,1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Ed. Osoro	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: Kennecott Copper Corp., Utah Div., L.O. Hamlin, Ind. Representative	Date Issued: Jun.27,1968	Date Orig. Entry: Apr.12,1941
	Date of Birth: Jan.29,1915 / Birth Place: Pocatello, Idaho	Full Name of Mother: Santa Satica Osoro	Name of Father: Edward Osoro	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 26, 1968

FORM BH 56067

(0) 6-7-68. one copy pd. rec. #34330. search made

Emmanuel Osoro
Jan. 29, 1915
Pocatello, Idaho

JUL 26 1968

DEC 28 1998

271-304-010-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-840

OFFICIAL SEAL
DORIS M. TEAGUE
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
BUTTE COUNTY

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jessie Augusta Spangenberg		2. Date Of Birth (month) June (day) 4 (year) 1915
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth a. County: Idaho Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Grant Monroe Spangenberg		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Alice Mabel Martin		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie Augusta Spangenberg	11. Present Address of Registrant: 1725 Ft. Wayne Onoville, Wal.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 26th 1968	12. Signature of Notary: Doris M. Teague	13. Notary Commission expires: Jan 16 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return		By whom issued and signed: Skamania County, Washington	Date issued: Feb.8,1968	Date Orig. Entry: Feb.20,1936
	Date of Birth: Age: 20	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Alice Martin	Name of Father: Grant Spangenberg	
SUPPORTING RECORD 2.	Type of Document: Physician's Certificate of Birth for own child		By whom issued and signed: Irving E. Kaveney, M.D., No. Bonneville, Washington	Date issued: ----	Date Orig. Entry: child born Nov.25,1936
	Date of Birth: June 4,1915	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Alice Mabel Spangenberg	Date issued: Aug.26,1968	Date Orig. Entry: ----
	Date of Birth: June 4,1915	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Alice Mabel Martin	Name of Father: Grant Monroe Spangenberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 20, 1968

FORM BH 56067

SEP 26 1968

551-230-004-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-862

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Moselle Evans			2. Date Of Birth (month) August (day) 30 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Geneva, Ida. Bear Lake	b. City or Town of Birth: Geneva, Idaho	
FATHER	6. Full Name of Father: William Rufus Evans			7. State or Country of Father's Birth: Utah, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Bischoff			9. State or Country of Mother's Birth: Idaho, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mildred Moselle Evans	11. Present Address of Registrant: 18 South Albion Pl. Newbury Park, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 23 19 68		12. Signature of Notary: Lawrence C. Bridges	13. Notary Commission expires 12-16 19 71	

OFFICIAL SEAL
LAWRENCE C. BRIDGES
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
VENTURA COUNTY
My Commission Expires December 16, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal uncle		By whom issued and signed: Edward Bischoff (bd. 9-8-1880)	Date Issued: Oct.7,1968	Date Orig. Entry: ----
	Date of Birth: Aug.30,1915	Birth Place: Geneva, Idaho	Full Name of Mother: Mary Eliza Bischoff	Name of Father: William Rufus Evans	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #1938 871		By whom issued and signed: State of Wyoming	Date Issued: ---	Date Orig. Entry: child born Mar.25,1938
	Date of Birth: Age: 22	Birth Place: Geneva, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry		By whom issued and signed: Bear Lake County, Idaho	Date Issued: Sep.24,1968	Date Orig. Entry: June 24, 1937
	Date of Birth: Aug.30,1915	Birth Place: Geneva, Idaho	Full Name of Mother: Liza Bischoff	Name of Father: William R. Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 7,1968

FORM BH 56067

2 copies pd rec # 367

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OCT 7 1968

114-28-008-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-889

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERNEST ROSCOE JAMESON			2. Date of Birth (month) OCT. (day) 28 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOISE	b. City or Town of Birth: BANKS,
FATHER	6. Full Name of Father: OSCAR MARTEN JAMESON			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ALICE GERTRUDE RICHARDSON			9. State or Country of Mother's Birth: ARKANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest R Jameson		11. Present Address of Registrant: PRESCOTT, ARKANSAS
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 18 1968	12. Signature of Notary: Janice S. Barnes		13. Notary Commission expires: June 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #432-18-0489	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Sept.30,1939
	Date of Birth: Oct.28,1915 / Birth Place: Banks, Boise County, Idaho	Full Name of Mother: Gertrude Richardson	Name of Father: Oscar Jameson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #31313	By whom issued and signed: State of Arkansas	Date Issued: Apr.28,1955	Date Orig. Entry: child born Sep.13,1949
	Date of Birth: Age: 33 / Birth Place: Banks, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding burial Plan Certificate #92	By whom issued and signed: Dan Pittman, Pres., Prescott Burial Assn., Arkansas	Date Issued: Mar.6,1968	Date Orig. Entry: Aug.6,1938
	Date of Birth: Oct.28,1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Oct. 8, 1968

FORM BH 56067

1 copy paid rec. 28760

2-29-68

OCT 8 1968

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297-10 8-014-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-919

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Kipp			2. Date Of Birth (month) 12 (day) 8 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Frank Kipp			7. State or Country of Father's Birth: Wis
MOTHER	8. Full Maiden Name of Mother: Lulu Bell Morgan			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene L. Kipp		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1968	12. Signature of Notary: L R Willman		13. Notary Commission expires: My Commission Expires July 31, 1976 19

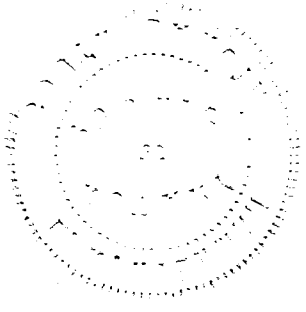
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Brittingham Maternity Home Ontario, Oregon	Date Issued: Aug.19,1943	Date Orig. Entry: child born Aug.19, 1943
	Date of Birth: Dec.8,1915	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother - Age 75		By whom issued and signed: John Kipp	Date Issued: Oct.17,1968	Date Orig. Entry: -----
	Date of Birth: Dec.8,1915	Birth Place: Caldwell, Idaho	Full Name of Mother: Lulu Annette Morgan	Name of Father: Frank Palmer Kipp	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #72808		By whom issued and signed: Oregon Mutual Life Ins.	Date Issued: Feb.3, 1941	Date Orig. Entry: ---
	Date of Birth: Dec.8, 1915	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Oct.23,1968

FORM BH 56067 ICP-dd Rec #38488 8-23-68

OCT 23 1968



466-228-042-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-1025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Laura Moore			2. Date of Birth (month) March (day) 28 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Walter Drellwood Moore			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Vincie May Brewer			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Laura Shaver		11. Present Address of Registrant: 408 Highland St.
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.28,1915	Birth Place: Buhl, Idaho	Full Name of Mother: Vincie May Brewer	Name of Father: Walter Drellwood Moore	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Buhl Public Schools	Date Issued: Jan.31,1966	Date Orig. Entry: attended Nov. 26, 1923
	Date of Birth: Mar 28,1915	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: W.D. Moore	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 222303	Date Issued: ----	Date Orig. Entry: child born May 24,1934
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec.9,1968

FORM BH 56067

1-26-66

DEC 9 1968

122-201-007-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY BELLE ABBOTT			2. Date of Birth (month) (day) (year): MARCH 1, 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: SOLDIER, IDAHO BLAINE	b. City or Town of Birth: SOLDIER
FATHER	6. Full Name of Father: GEORGE RELF ABBOTT			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: NELLIE ETHEL BARKLEY			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary B. Miller		11. Present Address of Registrant: Fairfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 9th 1968	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 26 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: Doris Cox, Sec. Occident Rebekah Lodge #58, Fairfield, Idaho	Date Issued: -----	Date Orig. Entry: Dec. 14, 1944	
	Date of Birth: Mar. 1, 1915	Birth Place: Soldier, Idaho Blaine County	Full Name of Mother: ----	Name of Father: - ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Nellie Barkley Abbott	Date Issued: Dec. 10, 1968	Date Orig. Entry: ----	
	Date of Birth: Mar. 1, 1915	Birth Place: near Soldier, Idaho Blaine County	Full Name of Mother: Nellie Barkley Abbott	Name of Father: George Relf Abbott	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. H. L. Parker	Date Issued: ----	Date Orig. Entry: Baptized May 30, 1915	
	Date of Birth: Mar. 1, 1915	Birth Place: Soldier, Idaho	Full Name of Mother: Nellie Barkley Abbott	Name of Father: George Abbott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 12, 1968

FORM BH 56067

-67

DEC 19 1968

31X-104-010-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Perry Caughie		2. Date Of Birth (month) Dec. (day) 4 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Harrison Perry Caughie		7. State or Country of Father's Birth: Offord, Bannock County, Idaho.	
MOTHER	8. Full Maiden Name of Mother: Rachel Ivy Nelson.		9. State or Country of Mother's Birth: Idaho Falls, Bonn. County, Idaho.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Richard Perry Caughie	11. Present Address of Registrant: 1128 Boise ave I. F. Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 14, 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: 2-17-1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license affidavit #110280	By whom issued and signed: Bonneville, County, Idaho	Date Issued: Oct. 21, 1968	Date Orig. Entry: July 13, 1934	
	Date of Birth: Age: 18 yrs on 12-4-33	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #266920	Date Issued: ----	Date Orig. Entry: child born Mar. 24, 1938	
	Date of Birth: Age: 22	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Archive Record Idaho Falls, Temple	By whom issued and signed: family genealogy sheet	Date Issued: ---	Date Orig. Entry: Apr. 28, 1961	
	Date of Birth: Dec. 4, 1915	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Rachel Ivy Nelson	Name of Father: Harrison Perry Caughie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Dec. 19, 1968

FORM BH 56067

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DEC 20 1968

249-108-039-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ludwig Burgemeister			2. Date of Birth (month) (day) (year): August 8 1915
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Am. FALLS b. City or Town: Power	b. City or Town of Birth: AM FALLS Idaho
FATHER	6. Full Name of Father: Henry Burgemeister			7. State or Country of Father's Birth: RUMANIA
MOTHER	8. Full Maiden Name of Mother: Theresa Radke			9. State or Country of Mother's Birth: RUMANIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ludwig Burgemeister		11. Present Address of Registrant: AM FALLS IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: January 7 19 69	12. Signature of Notary: A. G. Collings		13. Notary Commission expires: November 15 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Pauline Deeg Age:77	Date Issued: Jan.5,1969	Date Orig. Entry: ----
	Date of Birth: Aug.8,1915 / Birth Place: ----	Full Name of Mother: Theresa (Radke) Burgemeister	Name of Father: Henry Burgemeister	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: Geo. L. Lprattler, Pastor Evang. Luth.	Date Issued: ---	Date Orig. Entry: Sept.12,1915
	Date of Birth: Aug.8,1915 / Birth Place: American Falls, Idaho	Full Name of Mother: Theresa Radke	Name of Father: Heinrich Burgemeister	
SUPPORTING RECORD 3.	Type of Document: photocopy of school census report	By whom issued and signed: School Dist. #27, Power County Idaho	Date Issued: ---	Date Orig. Entry: Sept.1924
	Date of Birth: Aug.8,1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Henry Burgemeister	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

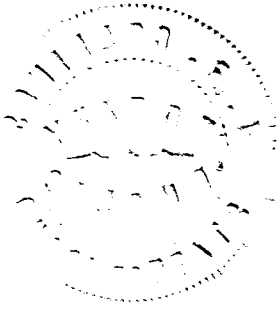
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Jan. 21, 1969

FORM BH 56067

12-13-68

JAN 21 1969



DECEASED

255-108-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delmont Beecher		2. Date Of Birth (month) (day) (year): March 8 1915
	3. Color or Race: white	4. Sex: M	5. Place of Birth: a. County: Elba Cassia; b. City or Town of Birth:
FATHER	6. Full Name of Father: Ransom Asa Beecher		7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Maud Barker		9. State or Country of Mother's Birth: Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delmont Beecher	11. Present Address of Registrant: Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 1 1968	12. Signature of Notary: Harold H Carter	13. Notary Commission expires: June 6 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Maud Barker Beecher and Ransom Asa Beecher	Date issued: Dec.30,1968	Date Orig. Entry: ----
	Date of Birth: Mar.8,1915	Birth Place: Elba, Cassia County, Idaho	Full Name of Mother: Maud Barker Beecher	Name of Father: Ransom Asa Beecher
SUPPORTING RECORD 2.	Type of Document: U.S. Passport #684834	By whom issued and signed: Department of State, USA	Date issued: Oct.16,1957	Date Orig. Entry: Oct.16,1957
	Date of Birth: Mar.8,1915	Birth Place: Elba, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certified copy of Application for License to Marry #957	By whom issued and signed: Box Elder County, Utah	Date issued: Jan.7,1969	Date Orig. Entry: Aug.23,1941
	Date of Birth: Mar.8,1915	Birth Place: Elba, Cassia County, Idaho	Full Name of Mother: Maude Barker	Name of Father: Ransom Beecher
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 21, 1969	

FORM BH 56067 1cp pdl sec # 3042 10-22-61

JAN 22 1969

213-223-044-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Helena Salb			2. Date Of Birth (month) Jan (day) 23 (year) 1915	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Weiser Ida. Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Joseph Salb			7. State or Country of Father's Birth: Ind	
MOTHER	8. Full Maiden Name of Mother: Sarah P. Johnson			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary H Salliff		11. Present Address of Registrant: 6314 Thistle Dr	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 30 1968	12. Signature of Notary: George L. Bange		13. Notary Commission expires: Sept. 12 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: Church of St.Joseph,Jasper, Indiana, Roman Catholic Church		Date Issued: ---	Date Orig. Entry: baptized July 24,1921
	Date of Birth: Jan.23,1915	Birth Place: ---	Full Name of Mother: Sarah Johnson Salb	Name of Father: Joseph Salb	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Fred E.Hollendin,Principal Jasper High School, Indiana		Date Issued: Dec.17,1968	Date Orig. Entry: Sept.15,1930
	Date of Birth: Jan.23,1915	Birth Place: ----	Full Name of Mother: -----	Name of Father: Joseph Salb	
SUPPORTING RECORD 3.	Type of Document: certified copy of voting registration records	By whom issued and signed: Marion County, Indianapolis, Ind.,		Date Issued: Jan.27,1969	Date Orig. Entry: Oct. 1,1962
	Date of Birth: Jan.23,1915	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Affidavit by mother dated November 1, 1968 gives birthdate: January 23, 1915 birthplace: Weiser, Idaho Parents' names: Sarah P. Salb and Joseph Salb.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: February 3,1969	

FORM BH 56067

(J) 90-69m

FEB 4 1969

336204.003-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-055

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elaine Sorensen Lloyd		2. Date of Birth (month) October (day) 4 (year) 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Central
FATHER	6. Full Name of Father: Ellis Lloyd		7. State or Country of Father's Birth: Wellsville Utah Cache county
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Sorensen		9. State or Country of Mother's Birth: Lago Idaho Caribou County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elaine L. Nash	11. Present Address of Registrant: Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 16, 1968 19__	12. Signature of Notary: [signature]	13. Notary Commission expires: 6/9/68 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Ellis Lloyd	Date Issued: Jun.22,1968	Date Orig. Entry: ---
	Date of Birth: Oct.4,1915	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Mary Sorensen Lloyd	Name of Father: Ellis Lloyd	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date Issued: May 8,1968	Date Orig. Entry: obviously old
	Date of Birth: Oct.4,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: application for license to marry		By whom issued and signed: Iver L. Larsen, County Clerk	Date Issued: June 7,1960	Date Orig. Entry: June 7,1960
	Date of Birth: Oct.4,1915	Birth Place: Central, Idaho Bannock County	Full Name of Mother: Mary Sorensen	Name of Father: Ellis Lloyd	
QUALIFYING INFORMATION					

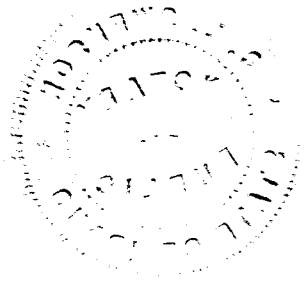
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Feb. 5, 1969

FORM BH 56067 [illegible] 33590 (N) 11-25-

FEB 5 1969



567-22-1028-864.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtie Lois Nogle		2. Date Of Birth (month) April (day) 25 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Post Falls, Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: Archie Walter Nogle		7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary Young		9. State or Country of Mother's Birth: Yorkshire County, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtie Lois Nogle McMullen	11. Present Address of Registrant: 1506 Borah Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 7 1969	12. Signature of Notary: C W Walton	13. Notary Commission expires: 8-1- 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: birth announcement	By whom issued and signed: from Parents posted to Miss Myrtie Resinger, Winona, Minn.	Date Issued: ----	Date Orig. Entry: postmarked Apr.27,1915
	Date of Birth: Apr.25,1915 / Birth Place: postmarked Post Falls, Idaho	Full Name of Mother: Mrs. Archie Nogle	Name of Father: Mr. Archie Nogle	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #17-303-599	By whom issued and signed: The New York Life Ins. Co.	Date Issued: Feb.22,1939	Date Orig. Entry: Feb.22,1939
	Date of Birth: Apr.25,1915 / Birth Place: Post Falls, Idaho	Full Name of Mother: Mary Nogle	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for admission to University	By whom issued and signed: University of Idaho, Moscow, Idaho	Date Issued: ----	Date Orig. Entry: Jan.27,1954
	Date of Birth: Apr.25,1915 / Birth Place: Post Falls, Idaho	Full Name of Mother: Mary Nogle (nee Young)	Name of Father: Archie W. Nogle	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barsom	Glenda Larson	Feb. 11, 1969

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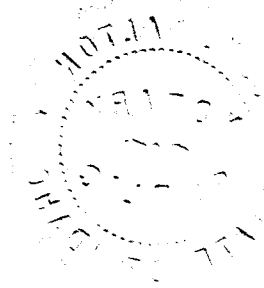
Mc. Mullen

FEB 1 1 1969



DECEASED

666-102-003-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-117

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max Calvin Fowler		2. Date Of Birth (month) May (day) 2 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bancroft a. County: Bannock Hatch mail b. City or Town of Birth: Bancroft Idaho
FATHER	6. Full Name of Father: John Calvin Fowler		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sine Swensen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max Calvin Fowler	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on JUN 5 1967 19	12. Signature of Notary: Alvin R. Whitehead	13. Notary Commission expires 6-12-70 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, David E. Miles, clerk, Williams Ward, Bannock	Date issued: June 3,1967	Date Orig. Entry: Baptized August 3,1929
	Date of Birth: May 2,1915 / Birth Place: Hatch, Bannock County, Idaho	Full Name of Mother: Sine Swensen	Name of Father: John C. Fowler	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy 620217214	By whom issued and signed: Bankers Life and Casualty Co. Chicago, Illinois	Date issued: Jun.13,1962	Date Orig. Entry: June 7, 1962
	Date of Birth: May 2, 1915 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Receipt #M 0120 for Insurance Premium (The Idaho Farmer)	By whom issued and signed: Guy B.Rencher, Mutual Benefit Health and Accident Assoc.	Date issued: May 12,1958	Date Orig. Entry: May 12,1958
	Date of Birth: May 2, 1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 19, 1969

FORM BH 56067 1 cp pd rec. #14470 RUSH 6-6-67 gml

FEB 20 1969

236-205-010-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-228
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IVA MARILDAY SCOTT
2. Date of Birth (month) (day) (year): July 5th 1915
3. Color or Race: WHITE
4. Sex: FEMAIL
5. Place of Birth a. County: IDAHO CANYON
b. City or Town of Birth: MELBA IDAHO

FATHER

6. Full Name of Father: Joel MANUEL SCOTT
7. State or Country of Father's Birth: ALABAMA

MOTHER

8. Full Maiden Name of Mother: ESTHER VERNON MC. MURTREY
9. State or Country of Mother's Birth: ALABAMA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Iva M. Bailiff
11. Present Address of Registrant: 2610 ROCKEFELLER EVERETT WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: 30th of Aug. 1954
12. Signature of Notary: Stephen R. Peterson
13. Notary Commission expires: July 11 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L.D.S. Church	----	Blessed July 2, 1916
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5,1915 / Melba, Idaho	Esther Vernon McMurtrey	Joel Manuel Scott	
SUPPORTING RECORD 2.	Marriage License	State of Montana	--- 9/6/44	Married Sept. 6,1944
Class	Age 29 / Melba, Idaho	-----	------	
SUPPORTING RECORD 3.	Affidavit by parents	Esther Vernon McMurtrey Joel Manuel Scott		Aug. 1954
Class	July 5,1915 / Melba, Idaho	Esther Vernon McMurtrey	Joel Manuel Scott	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 28, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 NM

#5 BONNVILLE SHOULD BE CANYON CORRECTED VSADS SCREEN TO SHOW CO CHANGED 5-5-2017 KMS
#5 VERIFIED COUNTY CHANGED BONNEVILLE TO CANYON 5-5-2017 KMS

MAR 28 1969

316-22-075-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-255

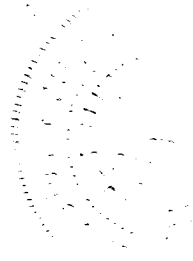
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delpha Wray LaFreniere		2. Date of Birth (month) June (day) 22 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Melrose
FATHER	6. Full Name of Father: Jerome B. LaFreniere		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Myrtle May Sanford		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delpha Wray Layton	11. Present Address of Registrant: 6847 - 21st Ave NE, Seattle Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1969	12. Signature of Notary: [illegible]	13. Notary Commission expires: 6-30 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: Joint School Dist. #304, Kamiah, Idaho	Date Issued: ---	Date Orig. Entry: Sept.10,1928
	Date of Birth: Age: 13	Birth Place: ----	Full Name of Mother: ------	Name of Father: Jerome LaFreniere
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Frank Bacon (bd.12-6-1891)	Date Issued: Mar.7,1969	Date Orig. Entry: ----
	Date of Birth: Jun.22,1915	Birth Place: Melrose, Idaho	Full Name of Mother: Myrtle La Freniere	Name of Father: Jerome La Freniere
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Ballard Community Hospital, Seattle, Washington	Date Issued: Apr.1,1969	Date Orig. Entry: 1956
	Date of Birth: Jun.22,1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 7, 1969	

FORM BH 56067

APR 8 1969



415-213-029-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-268

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUBY ELIZABETH DAVIS
2. Date of Birth (month) MAY (day) 13 (year) 1915
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: LATAH
b. City or Town of Birth: HARVARD

FATHER

6. Full Name of Father: MARK RANDOLPH DAVIS
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: ELIZABETH ANN HASTINGS
9. State or Country of Mother's Birth: CALIFORNIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby E. Graham
11. Present Address of Registrant: 2004 S.E. 57th Portland Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: April 7 1969

12. Signature of Notary: Willis C Warren
13. Notary Commission expires: My Commission Expires June 22, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister (will be 65 on 4-18-69)	Florence M. Potterf	Mar.26,1969	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13,1915	Harvard, Idaho	Elizabeth Ann Davis	Mark R. Davis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Emanuel Hospital, Portland, Oregon, Phyllis E. Rydman,	Apr.4,1969	Aug.11,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13,1915	-----	----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified statement from marriage records	County Clerk, Multnomah Co., Oregon, Vol.76 pg. 375	June 5,1961	Oct.19,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Harvard, Idaho	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 11, 1969

FORM BH 56067

3-21-69

APR 11 1969

259-229-033-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Mary Seipert		2. Date Of Birth (month) January (day) 29, (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Plano, a. County: Madison County; b. City or Town of Birth: Plano (mail Rexburg)
FATHER	6. Full Name of Father: Roman Richard Seipert		7. State or Country of Father's Birth: Fairfield, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Layman White		9. State or Country of Mother's Birth: Harrisville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel M. Bates	11. Present Address of Registrant: 8060 16th Street Elverta, California
NOTARY (Seal)	Subscribed and sworn to before me on: March 2, 1969	12. Signature of Notary: Melville E. Driver	13. Notary Commission expires: September 7, 1970 Sacramento Co, California

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #219276	Date issued: ----	Date Orig. Entry: child born Dec.28,1933
	Date of Birth: Age: 18	Birth Place: Plano via Rexburg Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: BCRC Identity Card		By whom issued and signed: British Columbia Racing Commission, Vancouver, Canada	Date issued: Jul.27,1962	Date Orig. Entry: July 27,1962
	Date of Birth: Jan.29,1915	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Layman Seipert	Date issued: Apr.28,1969	Date Orig. Entry: ----
	Date of Birth: Jan.29,1915	Birth Place: Plano, Idaho	Full Name of Mother: Mary Layman White	Name of Father: Roman Richard Seipert	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 7, 1969

FORM BH 56067

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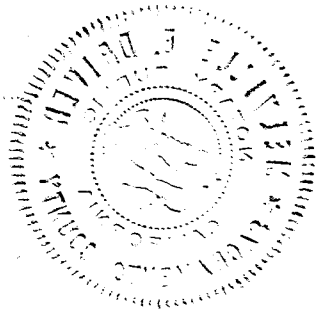
MAY 9 1969



795-117.042-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWARDS, LEHMAN PRESTON		2. Date of Birth (month) 2 (day) 17 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: JESSE LAWRENCE EDWARDS		7. State or Country of Father's Birth: ILLINOIS Illinois	
MOTHER	8. Full Maiden Name of Mother: CLARA LIVISA (LEHMAN) EDWARDS		9. State or Country of Mother's Birth: MISSOURI Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L.P. Edwards	11. Present Address of Registrant: Space 11 - Ponderosa Trailer Park-Indian Springs, Nevada	
	NOTARY (Seal) Notary Public—State of Nevada CLARK COUNTY My Commission Expires Nov. 10, 1972	Subscribed and sworn to before me on: ALICE J. PURVIS 28 1969	12. Signature of Notary: Alice J Purvis	13. Notary Commission expires: Nov. 10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #327037	Date Issued: -----	Date Orig. Entry: child born Nov.30,1941
	Date of Birth: Age: 26	Birth Place: Filer, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Promotion from Cradle Roll Dept.	By whom issued and signed: Methodist Church, Filer, Ida. L.S. Otto, Supt.	Date Issued: promoted Mar.16,1919	Date Orig. Entry: enrolled Feb.7,1917
	Date of Birth: Feb.17,1915	Birth Place: -------	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of personnel security questionnaire	By whom issued and signed: U.S. Atomic Energy Comm., Washington, D.C.	Date Issued: ----	Date Orig. Entry: June 21,1962
	Date of Birth: Feb.17,1915	Birth Place: Filer, Idaho Twin Falls,County	Full Name of Mother: Clara Livissa (Lehman)Edwards	Name of Father: Jesse Lawrence Edwards
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 12, 1969

FORM BH 56067

4-11-69

Edwards

MAY 12 1969

699-210-026-135

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAXINE FRIEDEL		2. Date Of Birth (month) (day) (year): DEC 10 1915
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: RIGBY, IDAHO JEFFERSON; b. City or Town of Birth: RIGBY IDAHO
FATHER	6. Full Name of Father: HENRY MARTIN FRIEDEL		7. State or Country of Father's Birth: BAVARIA GERMANY
MOTHER	8. Full Maiden Name of Mother: ELIN KATARINA ALEXANDERSON		9. State or Country of Mother's Birth: SMOLAND, SWEDEN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine Friedel Hibbard	11. Present Address of Registrant: 1424 BROWNING AVE. SLC Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: June 24, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.10,1915	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Mrs. Helga A. Dunn, Age: 86	Date issued: Jun.29,1968	Date Orig. Entry: ----
	Date of Birth: Dec.10,1915	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Elin Friedel	Name of Father: Henry Martin Friedel
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's hospital certificate of birth	By whom issued and signed: Holy Cross Hospital, Salt Lake City, Utah	Date issued: -----	Date Orig. Entry: child born Aug.27,1944
	Date of Birth: Dec.10,1915	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: ----

QUALIFYING INFORMATION

Statement by C.David Nasburg, Grand Clerk of Neighbors of Woodcraft, Portland, Oregon issued June 19, 1968 gives birthdate as December 10, 1915. Original application for membership was dated September 1932.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 26, 1969

FORM BH 56067

6-12-67

MAY 27 1969
FEB 19 2010

343-211-042-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Faun Tuttle		2. Date of Birth (month) (day) (year): October 11, 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Murtaugh
FATHER	6. Full Name of Father: Ormus Henry Tuttle		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Alaine Shields		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Faun Tuttle Henderson	11. Present Address of Registrant: 1682 N. 300 W.
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.11,1915	Birth Place: Murtaugh, Idaho	Full Name of Mother: Ellen A. Shields	Name of Father: Ormus Henry Tuttle	
SUPPORTING RECORD 2.	Type of Document: Certificate of own child's birth (certified copy) 622-Q		By whom issued and signed: City of Ogden, Utah	Date Issued: May 2,1957	Date Orig. Entry: child born Mar.3,1955
	Date of Birth: Age: 39	Birth Place: Murtaugh, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #292		By whom issued and signed: Weber County, Utah	Date Issued: May 23,1969	Date Orig. Entry: June 15,1936
	Date of Birth: Oct.11,1915	Birth Place: Murtaugh, Idaho	Full Name of Mother: Ellen Shields	Name of Father: Ormis H. Tuttle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 27, 1969

FORM BH 56067

MAY 28 1969

29J-231-024-858

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BEATRICE CAROLINE SILBAUGH			2. Date of Birth (month) MAR (day) 31 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: GOODING COUNTY	b. City or Town of Birth: 6 MILES WEST OF JEROME
FATHER	6. Full Name of Father: JAMES HERBERT SILBAUGH			7. State or Country of Father's Birth: ~~PENNA~~ WEST VIRGINIA
MOTHER	8. Full Maiden Name of Mother: SUZANNE MARIE HEYART			9. State or Country of Mother's Birth: LUXEMBOURG
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Beatrice Caroline Bernhard	11. Present Address of Registrant: 1170 BEGIER AVE SAN LEANDRO, CALIF. 94577
	Subscribed and sworn to before me on: 28, 19 69		12. Signature of Notary: David Rodrigues	13. Notary Commission expires: 9-1 19 71

NOTARY PUBLIC DAVID RODRIGUES ALAMEDA COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #5782	By whom issued and signed: Alameda Co. Health Dept., Oakland, California	Date Issued: Mar.9,1967	Date Orig. Entry: child born Sep.6,1943
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Federal Census record Wendell Prec., Gooding Co., Ida.	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 1,1969	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 15	Birth Place: Idaho	Full Name of Mother: Suzanne Silbaugh	Name of Father: James H. Silbaugh
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: J. H. Silbaugh	Date Issued: Mar.19,1969	Date Orig. Entry: ----
	Date of Birth: Mar.31,1915	Birth Place: approx.6 mi. West of Jerome, Idaho	Full Name of Mother: Suzzanne Silbaugh	Name of Father: J. H. Silbaugh
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	June 5, 1969

FORM BH 56067

3-17-69

JUN 5 1969
MAR 2 5 1976

#1 955-229-024-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Hester Reeves		2. Date of Birth (month) (day) (year): September 29, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: William Earl Reeves		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Jessie Myrtle Hosac		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine H. Gasun	11. Present Address of Registrant: 2180 NE Elrod Dr Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1969	12. Signature of Notary: Hazel S. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #522-09-2929	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: June 5,1941
	Date of Birth: Sep.29,1915 / Birth Place: Hagerman, Idaho	Full Name of Mother: Jessie Hosac	Name of Father: William Earl Reeves	
SUPPORTING RECORD 2.	Type of Document: copy of own child's birth certificate	By whom issued and signed: child born in Bakersfield, California, Mary Owens, M.D.	Date Issued: ----	Date Orig. Entry: Child born Aug.6,1943
	Date of Birth: Age: 27 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: St.Michael's Cathedral	Date Issued: ---	Date Orig. Entry: Baptized April 7, 1928
	Date of Birth: Sept.29,1915 / Birth Place: Hagerman, Idaho	Full Name of Mother: Jessie Hosac	Name of Father: Willaim Earl Reeves	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Cartright	June 6,1969

FORM BH 56067

JUN 10 1969

792-124-024-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Manley Arthur Gibbons		2. Date of Birth (month) Jan. (day) 24 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: James Jehu Gibbons (Green)		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Katherine Ellen Gibbons		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Manley A. Gibbons	11. Present Address of Registrant: % Idaho City Stage, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1969	12. Signature of Notary: Marguerite L. Magni	13. Notary Commission expires: June 10 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: U.S. Army-Cpt. Doidge	Date Issued: ----	Date Orig. Entry: Separated Dec. 2, 1945	
	Date of Birth: Jan. 24, 1915	Birth Place: Hagerman, Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 427804	Date Issued: -----	Date Orig. Entry: child born Nov. 28, 1946	
	Date of Birth: Age 31	Birth Place: Hagerman	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Social Security Application	By whom issued and signed: # 419-07-6780 Treas. Dept.	Date Issued: Sept. 21, 1937	Date Orig. Entry:	
	Date of Birth: Jan. 24, 1915	Birth Place: Hagerman, Ida.	Full Name of Mother: Ellen Gibbons	Name of Father: James Green	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: June 13, 1969

FORM BH 56067

3-22-62

JUN 13 1969

815-117-004-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LLOYD ARNELL HANSEN	2. Date Of Birth (month) (day) (year): NOV 17 1915
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: SHARON - BEARLAKE	b. City or Town of Birth: SHARON, IDAHO
FATHER	6. Full Name of Father: HARLEY V. HANSEN SR.	7. State or Country of Father's Birth: BEARLAKE - IDAHO
MOTHER	8. Full Maiden Name of Mother: EFFIE M. ARNELL	9. State or Country of Mother's Birth: BEARLAKE - IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd A. Hansen; 11. Present Address of Registrant: PARIS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1962	12. Signature of Notary: L. Hugh Shepherd; 13. Notary Commission expires: Oct 10 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #401320	Date issued: ----	Date Orig. Entry: child born Aug. 8, 1944
	Date of Birth: Age: 28; Birth Place: Sharon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (bd. 12-15-1896)	By whom issued and signed: Byrna Hansen Andersen	Date issued: June 3, 1915	Date Orig. Entry: ----
	Date of Birth: Nov. 17, 1915; Birth Place: Sharon, Idaho Bear Lake County	Full Name of Mother: Effie M. Arnell Hansen	Name of Father: Harley V. Hansen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage application bk. 5, pg. 202	By whom issued and signed: Bear Lake County Recorder's Office, Idaho	Date issued: ----	Date Orig. Entry: Dec. 7, 1940
	Date of Birth: Nov. 17, 1915; Birth Place: Sharon, Idaho	Full Name of Mother: Effie Arnell	Name of Father: H. V. Hansen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 23, 1969

FORM BH 56067(H) 12-18-61. MAR Search made in Bear Lake Co. 1 Copy Pd. 6007 1-24-62-5m

JUN 23 1969

483-201-022-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-436

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara Myler Myler
2. Date of Birth (month) Oct (day) 1 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Lewisville

FATHER

6. Full Name of Father: Lorenzo Myler
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Virtue Leona Brown
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara Osborn
11. Present Address of Registrant: 500 E. San Francisco Pomona Calif.

NOTARY (seal)

Subscribed and sworn to before me on April 10 1969

12. Signature of Notary: Felix Otero
13. Notary Commission expires: FELIX OTERO My Commission Expires January 16, 1972

OFFICIAL SEAL FELIX OTERO NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN COUNTY OF LOS ANGELES MY COMMISSION EXPIRES JANUARY 16, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy #12-217-612	Oct.1,1915	Lewisville, Idaho	The New York Life Ins. Co.	Virtue Leona Myler	----	Lorenzo Myler	Jan.1,1934
SUPPORTING RECORD 2.	photocopy of hospital certificate of own child's birth	Oct.1,1915	Lewisville, Idaho	Stork's Nest Maternity Hosp. Inglewood, California	----	----	----	child born Dec.26,1941
SUPPORTING RECORD 3.	photocopy of patriarchial blessing	Oct.1,1915	Lewisville, Idaho	Joseph Reece, Patriarch, Los Angeles, Califronia	Virtue Leona Brown	Feb.19,1932	Lorenzo Myler	Feb.19,1932

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 23, 1969

FORM BH 56067

JUN 2 3 1969

TO 447 C

(Individual)

TI

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On April 10, 1969 before me, the undersigned, a Notary Public in and for said State, personally appeared Barbara Osborn,

, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature

FELIX OTERO
My Commission Expires January 16, 1972

Name (Typed or Printed)

OFFICIAL SEAL
FELIX OTERO
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
COUNTY OF LOS ANGELES
MY COMMISSION EXPIRES JANUARY 16, 1972

(This area for official notarial seal)

384-212-025-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: De 69-456

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Loree Lyda		2. Date Of Birth (month) 1 (day) 12 (year) 15
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Boles a. County: Idaho b. City or Town of Birth: Boles Ida
FATHER	6. Full Name of Father: James Marion Lyda		7. State or Country of Father's Birth: North Carlonia
MOTHER	8. Full Maiden Name of Mother: Louise Catherine Harless		9. State or Country of Mother's Birth: Pryor. Okla
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Loree Lyda (Hill)	11. Present Address of Registrant: 4813-190th S.W. Lynnwood Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 31, 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: May. 7, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal aunt more than 10 years older	By whom issued and signed: Leta Wright	Date issued: Mar.31,1969	Date Orig. Entry: ----
	Date of Birth: Jan.12,1915 / Birth Place: Boles, Idaho	Full Name of Mother: Louise Catherine Lyda	Name of Father: James Marion Lyda	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Earl Vopat, Dist. Supt., Joint School Dist. #241, Grangeville	Date issued: Jun.10,1969	Date Orig. Entry: Jan.28,1930
	Date of Birth: Age: 15 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-3185	Date issued: ----	Date Orig. Entry: child born Mar.19,1948
	Date of Birth: Age: 33 / Birth Place: Boles, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 27, 1969

FORM BH 56067 1cp Address # [illegible] 1-16-69

JUL 1 1969

343-16:044-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Michael John Kulick		2. Date of Birth (month) (day) (year): Aug 16 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Crane Creek
FATHER	6. Full Name of Father: John Michael Kulick		7. State or Country of Father's Birth: Poland
MOTHER	8. Full Maiden Name of Mother: Minnie Josephine Simmons		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. J. Kulick	11. Present Address of Registrant: 415 Beacon Drive Eugene Ore
NOTARY (Seal)	Subscribed and sworn to before me on: 4-29 1968	12. Signature of Notary: Velma J. Distrap	13. Notary Commission expires: 9-14 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of return of marriage		By whom issued and signed: Lane County, Oregon	Date Issued: June.21,1967	Date Orig. Entry: Dec.26,1943
	Date of Birth: Aug.16,1915	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who raised child since mother's death in 1916		By whom issued and signed: Jenny Riley Ivie Age:82	Date Issued: June 10,1969	Date Orig. Entry: -----
	Date of Birth: Aug.16,1915	Birth Place: Crane Creek	Full Name of Mother: Minnie Josephine Simmons (Riley) Kulick	Name of Father: John Michael Kulick	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Millard Z.Pond,Clerk School Dist.#4, Lane County, Oregon	Date Issued: Jun.22,1967	Date Orig. Entry: Oct.25,1930
	Date of Birth: Aug.16,1915	Birth Place: ----	Full Name of Mother: Jenny Ivie	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 27, 1969

FORM BH 56067

5-11-67

Michael J. Kulick

JUL 1 1969

958-218-031-411

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARTHA JEAN REHBERG		2. Date Of Birth (month) MARCH (day) 18 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth: IDAHO a. County: LEWIS b. City or Town of Birth: KAMIAH
FATHER	6. Full Name of Father: FREDERICK HERMAN REHBERG		7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: HELEN BERTHA MAAS		9. State or Country of Mother's Birth: WISCONSIN, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Jean Clark	11. Present Address of Registrant: 848 Magnolia Bowling Green Kentucky
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1969	12. Signature of Notary: Marguerite Orman	13. Notary Commission expires: Notary Public, Kentucky State-at-Large My Commission Expires January 25, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record		By whom issued and signed: Bowling Green-Warren County Hosp., Bowling Green, Kentucky	Date Issued: Jun.23,1969	Date Orig. Entry: June 11,1964
	Date of Birth: Mar.18,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Application for marriage license		By whom issued and signed: Manatee County, Florida	Date Issued: Jun.20,1942	Date Orig. Entry: Aug.18,1937
	Date of Birth: Age: 22	Birth Place: Kamiah, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Page from Baby Book (signed by Dr.C.H.Bryan)		By whom issued and signed: Family Record/Marguerite Orman, Notary Public	Date Issued: Jun.25,1969	Date Orig. Entry: obviously old
	Date of Birth: Mar.18,1915	Birth Place: Kamiah	Full Name of Mother: Helen Rehberg	Name of Father: F. H. Rehberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 3, 1969

FORM BH 56067 1 cp pd rec # 16133 6-18-69

JUL 3 1969

351-206-039-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-577

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Virginia Teal			2. Date Of Birth (month) August (day) 6, (year) 1915
	3. Color or Race: White	4. Sex: fem	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Cyrus H Teal			7. State or Country of Father's Birth: Polk county, Missouri
MOTHER	8. Full Maiden Name of Mother: Hattie Elenoria Schmidt			9. State or Country of Mother's Birth: Watertown, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruth V Smith	11. Present Address of Registrant: Longview, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 15, 1969		12. Signature of Notary: Oral Weese	13. Notary Commission expires: April 26, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement regarding marriage records		By whom issued and signed: Walla Walla County Auditor's office, Washington	Date Issued: Aug.6,1968	Date Orig. Entry: Sept.19,1936
	Date of Birth: Age: 21	Birth Place: American Falls, Idaho	Full Name of Mother: Hattie E. Schmidt	Name of Father: Cyrus H. Teal	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Walla Walla Public Schools Washington, D.G.Peterson, Supt.	Date Issued: July 1,1969	Date Orig. Entry: 1923-24
	Date of Birth: Aug.6,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: C. H. Teal	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Cyrus H. Teal	Date Issued: Aug.5,1968	Date Orig. Entry: ----
	Date of Birth: Aug.6,1915	Birth Place: Power County, Ida.	Full Name of Mother: Hattie Elenoria Schmidt	Name of Father: Cyrus H. Teal	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Sept. 3, 1969

FORM BH 56067

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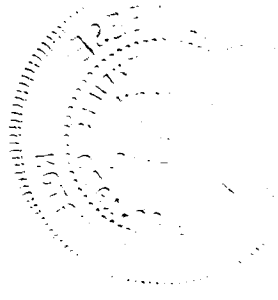
SEP 3 1969



168-211-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-610

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Belle Johnson			2. Date of Birth (month) (day) (year): April 11, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot (Groveland Ward)
FATHER	6. Full Name of Father: Edward B. Johnson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Belle Hansen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Davis		11. Present Address of Registrant: 812 No. Bldwy. Burley
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1969	12. Signature of Notary: Mary Lane Giddings		13. Notary Commission expires: January 18 1971

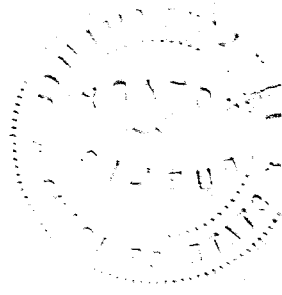
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Edward B. Johnson	Date Issued: Mar.20,1969	Date Orig. Entry: ----
	Date of Birth: Apr.11,1915	Birth Place: Blackfoot, Idaho	Full Name of Mother: Belle Hansen	Name of Father: Edward B. Johnson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #232062	Date Issued: ----	Date Orig. Entry: child born Apr.26,1935
	Date of Birth: Age: 20	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: LDS Certificate of Birth		By whom issued and signed: LDS Church, Blackfoot Stake, Groveland Ward, pg.106 line 403	Date Issued: Apr.6,1945	Date Orig. Entry: June 6,1915
	Date of Birth: Apr.11,1915	Birth Place: * Groveland, Idaho Bingham County	Full Name of Mother: Bell Hansen	Name of Father: Edward B. Johnson	
QUALIFYING INFORMATION	*Groveland is not a town, it is an LDS Ward which is located in Blackfoot Stake.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D W Benson		Evidence reviewed by: gml Glenda Larson		Date Filed: Sept.12, 1969

FORM BH 56067

(J) 3-28-69 gml

SEP 12 1969



996-129-037-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-701

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Eugene Irons			2. Date Of Birth (month) June (day) 29 (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Grassmere Owyhee	b. City or Town of Birth: Grassmere
FATHER	6. Full Name of Father: George Watson Irons			7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Addie May Green			9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel E. Irons		11. Present Address of Registrant: Box 45 Hammett, Idaho 83627
NOTARY (Seal)	Subscribed and sworn to before me on: May 2nd 1968	12. Signature of Notary: George F. Robertson		13. Notary Commission expires: Feb. 14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records		By whom issued and signed: Fidelity Lodge #80, A.F.& A.M. Glenns Ferry, Idaho, A.Rice, Sec.	Date Issued: Apr. 4, 1968	Date Orig. Entry: May 3, 1955
	Date of Birth: June 29, 1915	Birth Place: Grassmere, Idaho Owyhee County	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of school records		By whom issued and signed: Joint School Dist. #192, Rebecca Montague, Clerk	Date Issued: ----	Date Orig. Entry: Sept. 1930
	Date of Birth: Age: 15	Birth Place: ----	Full Name of Mother: -----	Name of Father: Geo. Irons	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #432179	Date Issued: ----	Date Orig. Entry: child born Feb. 28, 1947
	Date of Birth: Age: 31	Birth Place: Grassmere, Idaho	Full Name of Mother: -----	Name of Father: ----	

QUALIFYING INFORMATION: Affidavit by eldest brother, Ernest Morton Irons, signed April 11, 1968 gives birthdate as June 29, 1915 At Grassmere, Idaho in Owyhee County. Parents names - George Watson Irons and Addie May Green Irons.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	gml Glenda Larson	Nov. 13, 1969

FORM BH 56067 ICP [illegible] (I) 7-29-[illegible]

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165-229-036-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Jones		2. Date of Birth (month) (day) (year): March 29th 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Malad, Idaho Oneida
			b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: John J. Jones		7. State or Country of Father's Birth: Malad, Idaho
MOTHER	8. Full Maiden Name of Mother: Armenta Richards		9. State or Country of Mother's Birth: Malad, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Jones	11. Present Address of Registrant: 1162 Santa Barbara ave
NOTARY (Seal)	Subscribed and sworn to before me on: 11-5- 1969	12. Signature of Notary: J. C. AMBROSIO NOTARY PUBLIC - CALIFORNIA MERCED COUNTY	13. Notary Commission expires: 9/12/ 19 71

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record taken in Malad, Oneida Co., Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jul.16,1969	Date Orig. Entry: January 1,1920	
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Armanta Jones	Name of Father: John J. Jones	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #288457	Date Issued: ----	Date Orig. Entry: child born Nov.22,1939	
	Date of Birth: Age: 24	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Armenta Richards Jones	Date Issued: Oct.21,1969	Date Orig. Entry: ----	
	Date of Birth: Mar.29,1915	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Armenta Richards Jones	Name of Father: John J. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Nov. 20, 1969

FORM BH 56067

5-12-67

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177 653-709.010-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-777

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Wetzel			2. Date of Birth (month) June (day) 9 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Poplar
FATHER	6. Full Name of Father: John Howard Wetzel			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Ellen Maude Mattson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Wetzel		11. Present Address of Registrant: 515 So. Phillippi St. Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 4, 1969	12. Signature of Notary: [illegible]		13. Notary Commission expires: Nov. 24, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 433511	Date Issued: ---	Date Orig. Entry: child born Mar. 5, 1947	
	Date of Birth: Age 31	Birth Place: Poplar, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age	By whom issued and signed: Ellen Maude Wetzel	Date Issued: Oct.16,1941	Date Orig. Entry: -----	
	Date of Birth: Jun.9,1915	Birth Place: Poplar, Idaho	Full Name of Mother: Ellen Maude Mattson	Name of Father: John Howard Wetzel	
SUPPORTING RECORD 3.	Type of Document: Discharge from Nat'l Guard	By whom issued and signed: National Guard of U.S.	Date Issued: Oct.21,1935	Date Orig. Entry: Enlisted June 5,1935	
	Date of Birth: Age 19	Birth Place: Poplar, Idaho	Full Name of Mother: ----	Name of Father: ------	

QUALIFYING INFORMATION

Certificate of Baptism issued by Wright Community Church gives date of birth as June 9, 1915. Baptized June 2, 1953 by Eugene V. Haynes, Pastor.

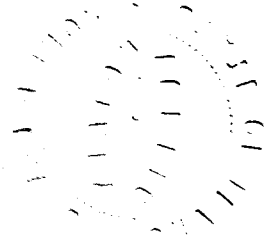
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec.5, 1969

FORM BH 56067

DEC 5 1969



746-117-009-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-826

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER JOHN PUFLETT
2. Date Of Birth (month) (day) (year): MARCH 17 1916
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County: N/R Bonner; b. City or Town of Birth: NEAR SANDPOINT, IDAHO. USA.

FATHER

6. Full Name of Father: WALTER JOHN PUFLETT
7. State or Country of Father's Birth: LONDON, ENGLAND.

MOTHER

8. Full Maiden Name of Mother: MARIE ~~GASWAIN~~ PARIS (NEE GASWAIN)
9. State or Country of Mother's Birth: CANADA.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: W Puflett
11. Present Address of Registrant: RR#1 SOUTH SLOCAN, BC.

NOTARY (Seal)

Subscribed and sworn to before me on 7 NOVEMBER 1969.

12. Signature of Notary: David C Miller
13. Notary Commission expires: FOR LIFE. -19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding National Registration of Canada records	Census Division, Bureau of Statistics, Ottawa, Canada	Apr.3,1969	Aug.20,1940
	Date of Birth: Mar.17,1915 / Birth Place: Sandpoint, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding census records	By whom issued and signed: Census Division, Bureau of Statistics, Ottawa, Canada	Date Issued: Apr.30,1969	Date Orig. Entry: June 1,1921
	Date of Birth: Age:6 / Birth Place: ----	Full Name of Mother: Mary Godfrey Pufflett	Name of Father: Walter John Pufflett	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Walter John Puflett	Date Issued: Apr.22,1969	Date Orig. Entry: ----
	Date of Birth: Mar.17,1915 / Birth Place: Matchwood,Idaho	Full Name of Mother: Marie Gaswain (Paris)	Name of Father: Walter John Puflett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 29, 1969

FORM BH 56067

5-17-69

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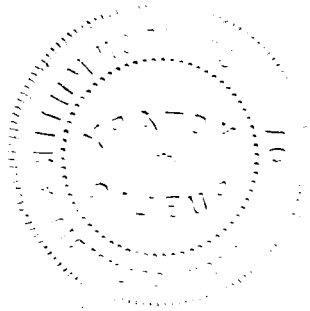

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-833

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Lee Burnham		2. Date Of Birth (month) August (day) 30 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Ora (at home) Fremont; b. City or Town of Birth: Ora (Ashton)
FATHER	6. Full Name of Father: Jasper Franklin Burnham		7. State or Country of Father's Birth: Richmond, Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Melvina Bowman		9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Lee Burnham Heath	11. Present Address of Registrant: 424 N. 13th, Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 10 1969	12. Signature of Notary: Roger H. Hancock	13. Notary Commission expires: March 15 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #73387	By whom issued and signed: Salt Lake County, Utah	Date issued: Oct.10,1969	Date Orig. Entry: May 23, 1936
	Date of Birth: Aug.30,1915	Birth Place: Ashton, Idaho	Full Name of Mother: Hannah M. Bowman	Name of Father: Jasper Frank Burnham
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #422207	Date issued: ----	Date Orig. Entry: child born July 3,1946
	Date of Birth: Age: 30	Birth Place: Ashton, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Pocatello 14th Ward, Dee Sappington, Clerk	Date issued: Mar.3,1969	Date Orig. Entry: baptized Sept.2,1923
	Date of Birth: Aug.30,1915	Birth Place: Fremont County Ora, Idaho	Full Name of Mother: Hannah Melvina Bowman	Name of Father: Jasper Franklin Burnham
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

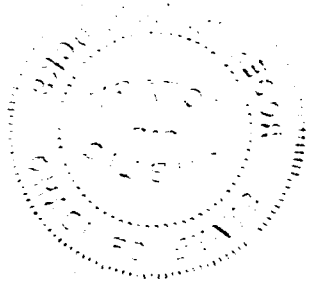
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 30, 1969

FORM BH 56067

1 cp Addl Ac #8402

5-11-67

DEC 3 0 1969



386-224-003-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melva Emma Thompson			2. Date Of Birth (month) (day) (year): August 24, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Clyde Melvin Thompson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Irene Maxfield			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melva E. Peterey		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 5, 1970	12. Signature of Notary: [signature]		13. Notary Commission expires: March 18, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Grace Ward, Frederick E. Greenwood, Clerk	Date issued: Sep.17,1923	Date Orig. Entry: baptized Sept.1,1923
	Date of Birth: Aug.24,1915 / Birth Place: Grace, Bannock County, Idaho	Full Name of Mother: Ellen Maxfield	Name of Father: Clyde M. Thompson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Alvin Whitehead Age:68	Date issued: Nov.9,1969	Date Orig. Entry: ----
	Date of Birth: Aug.24,1915 / Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Ellen Irene M. Thompson	Name of Father: Clyde M. Thompson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #244090	Date issued: -----	Date Orig. Entry: child born Nov.15,1935
	Date of Birth: Age: 20 / Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

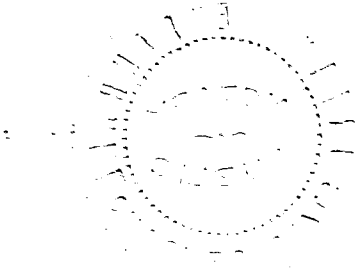
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Jan. 9, 1970

FORM BH 56067

JAN 9 1970



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855122-040-811

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Carl Hendrickson			2. Date Of Birth (month) (day) (year): August 22, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Larson Shoshone	b. City or Town of Birth (mail Mullan): Larson, Idaho
FATHER	6. Full Name of Father: Sylvester Hendrickson			7. State or Country of Father's Birth: (Finland) Russia
MOTHER	8. Full Maiden Name of Mother: Annie L. Haapala			9. State or Country of Mother's Birth: (Finland)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward C. Hendrickson		11. Present Address of Registrant: Star Route Mullan, Ida. 83846
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 19 1969	12. Signature of Notary: Dorothy Dribble		13. Notary Commission expires: June 5 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of enlisted record & report of separation	By whom issued and signed: U.S. Army, H.E.Richter WOJG USA	Date Issued: separated Oct.9,1945	Date Orig. Entry: inducted May 2,1942
	Date of Birth: Aug.22,1915	Birth Place: Mullan, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.31,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Anna Hendrickson	Name of Father: Wester Hendrickson
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-9071	Date Issued: ----	Date Orig. Entry: child born July 10,1951
	Date of Birth: Age: 35	Birth Place: Mullan, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 13, 1970

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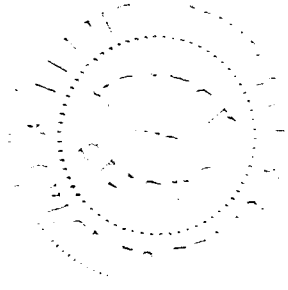
JAN 13 1970



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Myrtle Campbell		2. Date Of Birth (month) (day) (year): August 7, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Byard Ezra Campbell		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Evelyn Emma Schmidt		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Myrtle Tuttle	11. Present Address of Registrant: Rt. 2, Box 648 P.O. Box 758, Roseburg, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 8, 1970	12. Signature of Notary: Colton R. Andrews	13. Notary Commission expires: 7-76 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of family Bible records	By whom issued and signed: Family Bible Records	Date Issued: Apr.30,1969	Date Orig. Entry: obviously old
	Date of Birth: Aug.7,1915 / Birth Place: ---	Full Name of Mother: Evelyn Emma Schmidt Campbell	Name of Father: Byard Ezra Campbell	
SUPPORTING RECORD 2.	Type of Document: photocopy of voter's registration - certified	By whom issued and signed: Douglas County, Oregon Doris Wadsworth, Dep.Clerk	Date Issued: Jan.7,1970	Date Orig. Entry: Sept.25,1962
	Date of Birth: Aug.7,1915 / Birth Place: Rockland, Idaho	Full Name of Mother: Evelyn Schmidt	Name of Father: Byard Campbell	
SUPPORTING RECORD 3.	Type of Document: Certificate of Holy Baptism	By whom issued and signed: Alfred S. Tyson, Rector, St. George's, Roseburg, Oregon	Date Issued: ----	Date Orig. Entry: baptized Dec.6,1960
	Date of Birth: Aug.7,1915 / Birth Place: Rockland, Idaho	Full Name of Mother: Evelyn (Schmidt) Campbell	Name of Father: Byard Esra Campbell	

QUALIFYING INFORMATION: Affidavit by paternal aunt, Florence Campbell Grove, Age: 69 signed June 5, 1969 gives birthdate - August 7,1915; birthplace - near Rockland, Idaho; Parents' names - Byard Ezra Campbell and Evelyn Schmidt Campbell.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Jan. 14, 1970

FORM BH 56067

JAN 1 4 1970

914-218-039-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Radke			2. Date of Birth (month) (day) (year): January 18, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Robert Radke			7. State or Country of Father's Birth: Roumania
MOTHER	8. Full Maiden Name of Mother: Rosina Sandau			9. State or Country of Mother's Birth: Roumania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie R. Plimpton		11. Present Address of Registrant: So. Lake Tahoe Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 26th 1969.	12. Signature of Notary: Oldis R. Martin		13. Notary Commission expires: Nov 16th 1970.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license	By whom issued and signed: County of Sacramento		Date Issued: June 27, 1936	Date Orig. Entry: June 24, 1936
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Ev. Luth. Trinitis Church, Carl Fickenscher, Pastor		Date Issued: ----	Date Orig. Entry: confirmed June 8, 1930
	Date of Birth: Jan.18,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rosina S. Radke		Date Issued: Jan.20,1970	Date Orig. Entry: ---
	Date of Birth: Jan.18,1915	Birth Place: American Falls, ID	Full Name of Mother: Rosina S. Radke	Name of Father: Robert Radke	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 27, 1970

FORM BH 56067

JAN 27 1970
FEB 22 1974

TATE OF CALIFORNIA,
COUNTY OF El Dorado. } ss.

On this 26th day of Dec, in the year one thousand nine hundred 69, before me, Oldis R. Martin a Notary Public in and for the said County of El Dorado, personally appeared Marie R. Hampton

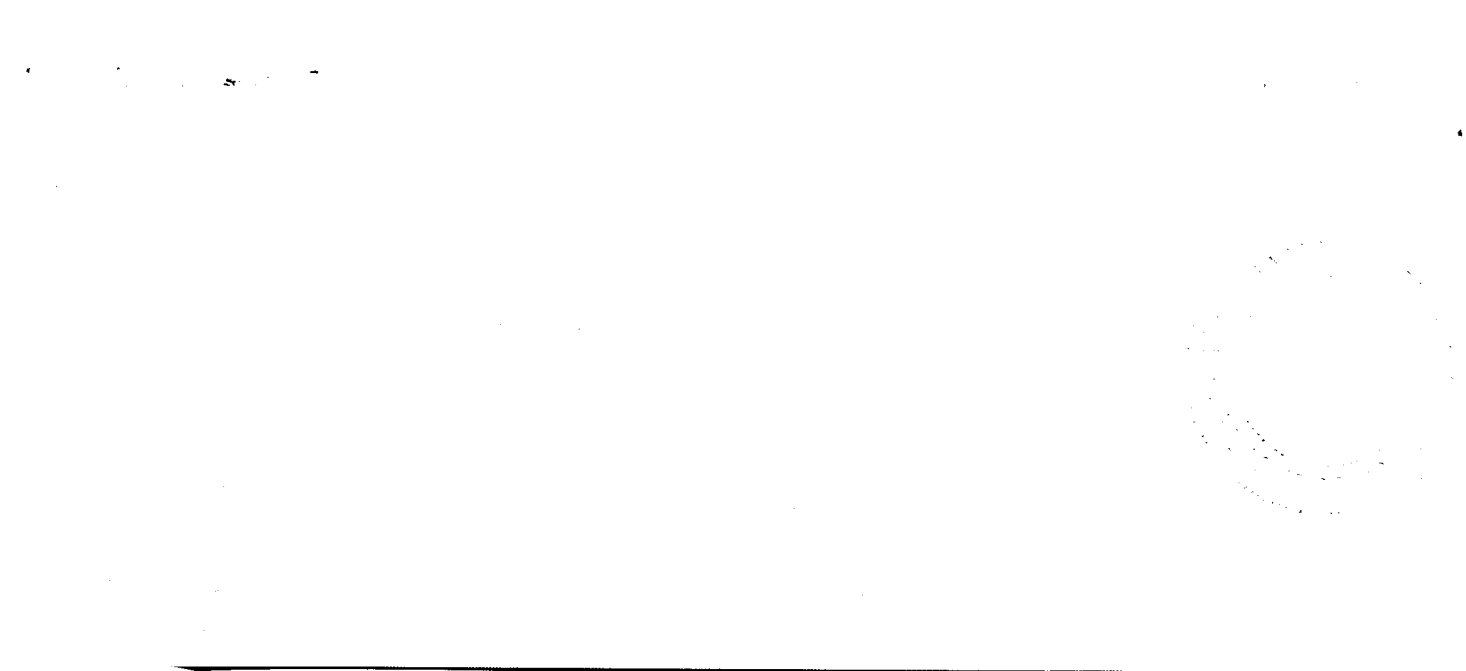
personally known to me to be the person whose name is subscribed to the within instrument, and She acknowledged to me that She executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, at my office in the said County of El Dorado, the day and year in this certificate first above written.

Oldis R. Martin

Notary Public in and for the County of El Dorado, State of California.

EALTY OFFICE SUPPLIES, SANTA CRUZ—FORM NO. 4



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-070

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: August Bauer		2. Date of Birth (month) (day) (year): February 16, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Madison; b. City or Town of Birth: Sugar City Idaho
FATHER	6. Full Name of Father: John B. Bauer		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Anna Elisebeth Bauer		9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: August Bauer	11. Present Address of Registrant: 2429 - 11th Ave Greeley Colo
NOTARY (Seal)	Subscribed and sworn to before me on: January 20th 1970	12. Signature of Notary: Elizabeth K Anderson	13. Notary Commission expires: February 21 1972

(TO APPLICANT -- DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license	By whom issued and signed: State of Nebraska, Banner, County	Date Issued: Mar.29,1936	Date Orig. Entry: Mar.29,1936
	Date of Birth: Age: 21 / Birth Place: Idaho	Full Name of Mother: Anna Bauer	Name of Father: John Bauer	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #14844	By whom issued and signed: State of Colorado Vital Statistics	Date Issued: Jan.16,1970	Date Orig. Entry: child born Sep.18,1939
	Date of Birth: Age: 24 / Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Insurance Co. of Nebraska	Date Issued: ---	Date Orig. Entry: May 26, 1947
	Date of Birth: Feb.16,1915 / Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 27, 1970

FORM BH 56067

JAN 27 1970

SEP 27 2001

75-115033-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ross Walter Pearson		2. Date Of Birth (month) Aug. (day) 15 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Otto Pearson		7. State or Country of Father's Birth: USA
MOTHER	8. Full Maiden Name of Mother: Joan Annie McCulloch		9. State or Country of Mother's Birth: USA (Utah)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ross Walter Pearson	11. Present Address of Registrant: Box 144, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 10 1970	12. Signature of Notary: Rhea Fullmer	13. Notary Commission expires: June 25 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Eva L. Arnold Age: 75	Date issued: Oct.6,1969	Date Orig. Entry: ----
	Date of Birth: Aug.15,1915; Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Joan Annie McCulloch Pearson	Name of Father: Otto Pearson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #58-13351	Date issued: ----	Date Orig. Entry: child born Oct.18,1958
	Date of Birth: Age:43; Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Record of Membership	By whom issued and signed: LDS Church	Date issued: ----	Date Orig. Entry: blessed Nov.7,1915
	Date of Birth: Aug.15,1915; Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Joan Annie McCulloch	Name of Father: Otto Pearson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 17, 1970

FORM BH 56067

7-11

FEB 18 1970

563-211-001-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-211

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Geraldine Vocu
2. Date of Birth: July 11, 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: John Vocu
7. State or Country of Father's Birth: Czchoslovakia

MOTHER

8. Full Maiden Name of Mother: Laura Hunter
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: By Mrs Leslie C. Marks
11. Present Address of Registrant: 2811 Bella Dr.

NOTARY (Seal)

Subscribed and sworn to before me on March 13 1970

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Health Chart	Children's Bureau=Dept.Labor	Aug 28,1918	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 3	Boise, Idaho	-------	- ------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family Record Book	Oct.8,1951	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 11,1915	Boise, Idaho	Laura Hunter	John Vocu

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Supervisor of Rec. Boise Schools L.V.Washam	Feb.24,1970	Attended 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 11,1915	Boise, Idaho	Mrs. John Vocu	- -------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 12, 1970

FORM BH 56067

MAR 13 1970

DECEASED

GS 20416 05-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-314

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONA LUCILLE FAVOR			2. Date of Birth (month) (day) (year): DECEMBER 4 1915	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: PLUMMER Benewah	b. City or Town of Birth: PLUMMER	
FATHER	6. Full Name of Father: FRANKLIN JOSEPH FAVOR			7. State or Country of Father's Birth: WISCONSON	
MOTHER	8. Full Maiden Name of Mother: MAE SUTHERLAND			9. State or Country of Mother's Birth: WISCONSON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Lucille Brock		11. Present Address of Registrant: 1551 So. 17th St. Coos Bay, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1970	12. Signature of Notary: Grace Fitzwater		13. Notary Commission expires: August 16 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #544 05 0047	By whom issued and signed: Social Security Adm.		Date Issued: ---	Date Orig. Entry: June 10,1957
	Date of Birth: Dec.4,1915	Birth Place: Plummer, Idaho	Full Name of Mother: Mae Sutherland		Name of Father: Frank Joseph Favor
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage return #6005	By whom issued and signed: Coos County, Oregon		Date Issued: Nov.6,1963	Date Orig. Entry: June 14,1937
	Date of Birth: Age: 21	Birth Place: Plummer, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Business Men's Assurance Co. of America		Date Issued: ---	Date Orig. Entry: May 5,1950
	Date of Birth: Age: 34	Birth Place: ----	Full Name of Mother: ---		Name of Father: ----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 15,1970

FORM BH 56067 1 Copy paid

APR 15 1970

145-105-021-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-329

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Lucain Ames		2. Date Of Birth (month) July (day) 5 (year) 1915
	3. Color or Race: W.	4. Sex: M	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Treasureton Idaho
FATHER	6. Full Name of Father: Henry Ames		7. State or Country of Father's Birth: Cleveland Idaho
MOTHER	8. Full Maiden Name of Mother: Sylvia Sant Ames		9. State or Country of Mother's Birth: Treasureton, Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred Lucain Ames	11. Present Address of Registrant: 2531 So Hempstead Pl.
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1968	12. Signature of Notary: Sam R. Dana	13. Notary Commission expires: May 23, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #2567		By whom issued and signed: State of Utah, Division of Vital Statistics	Date issued: May 10,1954	Date Orig. Entry: child born Apr.19,1948
	Date of Birth: Age: 32	Birth Place: Treasureton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Discharge		By whom issued and signed: Civilian Conservation Corps Laughlin T.Hayes,Capt.CCC Co.1966	Date issued: Apr.10,1936	Date Orig. Entry: enrolled Apr.25,1935
	Date of Birth: Age: 19	Birth Place: Treasureton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Application for license to marry #88536		By whom issued and signed: Salt Lake County, Utah	Date issued: Apr.2,1970	Date Orig. Entry: June 4,1941
	Date of Birth: July 5,1915	Birth Place: Treasureton, Idaho	Full Name of Mother: Sylvia Sant	Name of Father: Henry Ames	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	April 16, 1970

FORM BH 56067 1 cp fd rec #390 9-19-68

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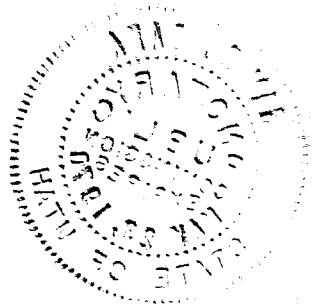
APR 17 1970



553-209-004-515

317

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Nelson			2. Date of Birth (month) April (day) 9 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Paris, Idaho a. County: Bear Lake	b. City or Town of Birth: Paris, Idaho
FATHER	6. Full Name of Father: Soren Martinus Nelson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Agnes Van Noy			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle N. Rogers		11. Present Address of Registrant: Rt. 12 # 6 Sandra Lee Olympia, Wash. 98501
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1970	12. Signature of Notary: Norma Jean Watkins		13. Notary Commission expires: April 21 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 54-14501	Date Issued: ----	Date Orig. Entry: Child born Nov. 2, 1954	
	Date of Birth: Age 39	Birth Place: Paris, Idaho	Full Name of Mother: ------ -	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church	Date Issued: Dec. 22, 1923	Date Orig. Entry: Baptized Dec. 21, 1923	
	Date of Birth: Apr. 9, 1915	Birth Place: Paris, Idaho	Full Name of Mother: Agnes Van Noy	Name of Father: Martinus Nelson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 70	By whom issued and signed: Harley Mathisin	Date Issued: May 5, 1970	Date Orig. Entry: -------	
	Date of Birth: Apr. 9, 1915	Birth Place: Paris, Idaho	Full Name of Mother: Agnes VanNoy	Name of Father: Soren Martinus Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtirght	May 5, 1970

FORM BH 56067

MAY 5 1970

395-112-036-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-381

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES HARRISON TREASE			2. Date of Birth (month) January (day) 12 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida Idaho	b. City or Town of Birth: Black Pine
FATHER	6. Full Name of Father: JOHN WESLEY TREASE			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: JESSE MYRTLE SHOALTER			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James H Trease		11. Present Address of Registrant: 534 West 1st South Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1970	12. Signature of Notary: Norma Hansen		13. Notary Commission expires: April 8 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate pf Baptism and Confirmation	By whom issued and signed: Second Ward, So.Box Elder Stake LDS Church, Earl V.Hansen,Bp.	Date Issued: Mar.11,1959	Date Orig. Entry: baptized Feb.28,1959	
	Date of Birth: Jan.12,1915	Birth Place: Black Pine, Idaho Oneida County	Full Name of Mother: Jesse Myrtle Shoalter	Name of Father: John Wesley Trease	
SUPPORTING RECORD 2.	Type of Document: Certified copy of honorable discharge	By whom issued and signed: U.S.Army, L.E.Goecker,Major, QMC, Camp Beale, Calif.	Date Issued: discharged Dec.10,1945	Date Orig. Entry: inducted Apr.7,1942	
	Date of Birth: Jan.12,1915	Birth Place: Black Pine, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: State of Utah, Box Elder Co.	Date Issued: ----	Date Orig. Entry: child born Sep.6,1951	
	Date of Birth: Age: 36	Birth Place: Black Pine, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

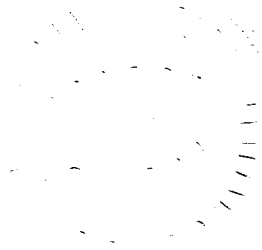
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 6, 1970

FORM BH 56067

MAY 7 1970



239-225-007-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SIBYL ALEDA STINSON			2. Date Of Birth (month) June (day) 25 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Carey a. County: Blaine	b. City or Town of Birth: Carey, Idaho
FATHER	6. Full Name of Father: Ray Gideon Stinson			7. State or Country of Father's Birth: United States (Idaho)
MOTHER	8. Full Maiden Name of Mother: Jennie Marcia Cook			9. State or Country of Mother's Birth: United States (Iowa)?
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sibyl Aleda Stinson Powell		11. Present Address of Registrant: 1601 S. E. 242nd drive Gresham, Oregon 97030
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1967	12. Signature of Notary: Fred Powell Jr		13. Notary Commission expires: Nov 2, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate #674 certified copy of		By whom issued and signed: State of Oregon	Date issued: May 28,1956	Date Orig. Entry: child born Feb.4,1942
	Date of Birth: Age 26	Birth Place: Carey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Ray G. Stinson	Date issued: Aug.9,1967	Date Orig. Entry: -----
	Date of Birth: Jun.25,1915	Birth Place: Carey, Idaho	Full Name of Mother: Jennie M. Stinson	Name of Father: Ray G. Stinson	
SUPPORTING RECORD 3.	Type of Document: Statement about Church records		By whom issued and signed: Fr V. E. Gibson, rector St.Luke's Episcopal,Gresham,OR	Date issued: 5 13 70	Date Orig. Entry: baptized Dec.2,1951
	Date of Birth: 6 25 15	Birth Place: Carey, Idaho	Full Name of Mother: Jennie M. Stinson	Name of Father: Ray G. Stinson	
QUALIFYING INFORMATION					

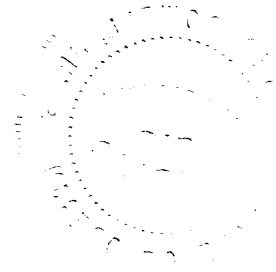
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 5, 1970

FORM BH 56067 record rec #67-25182 (P) 12-27-67 gml

JUN 8 1970



168-117-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-439

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Howard Johnson		2. Date of Birth (month) July (day) 17 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Shelton (mail Rigby)
FATHER	6. Full Name of Father: John Johnson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Matilda A. Howard		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Howard Johnson	11. Present Address of Registrant: Rte 2 Box 236, Rigby Idaho
NOTARY (Seal)	Subscribed and sworn to before me on May 27th 1970	12. Signature of Notary: Velma Bush	13. Notary Commission expires 9-21 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Shelton, Ward, LDS Church, Jos. O. Nelson, Clerk	Date Issued: Apr.20,124	Date Orig. Entry: baptized Apr.13,1924
	Date of Birth: July 17,1915 / Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Matilda A. Howard	Name of Father: John Johnson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license #98279	By whom issued and signed: Salt Lake County, Utah	Date Issued: Apr.27,1970	Date Orig. Entry: Mar.15,1944
	Date of Birth: Age: 28 / Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-28-8811	By whom issued and signed: Social Security Administration	Date Issued: Dec.18,1944	Date Orig. Entry: ----
	Date of Birth: July 17,1915 / Birth Place: Rigby Route 2 Bonneville Co., ID	Full Name of Mother: Matilda Ann Howard	Name of Father: John Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	June 10, 1970

FORM BH 56067 1 copy kl Rec #9601 12-21-69

JUN 11 1970

731-229-034-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susie Marie Platts			2. Date Of Birth (month) (day) (year): January 29 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Sherwood S Platts			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Jane McDonald			9. State or Country of Mother's Birth: Avalon, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Susie M. Anton	11. Present Address of Registrant: Rt 1, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18th 19 70		12. Signature of Notary: Albert Thurston	13. Notary Commission expires: October 18th 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #318084	Date Issued: ----	Date Orig. Entry: child born July 8, 1941
	Date of Birth: Age: 26	Birth Place: Rupert, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Declo Ward, C. LeRoy Bonner, Bishop	Date Issued: June 6, 1948	Date Orig. Entry: baptized May 23, 1948
	Date of Birth: Jan. 29, 1915	Birth Place: Rupert, Idaho Minidoka County	Full Name of Mother: Jane McDonald	Name of Father: Sherwood S. Platts
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka Co. Schools, Dist. #331, Rupert, Idaho	Date Issued: May 11, 1970	Date Orig. Entry: 1926-1935
	Date of Birth: Jan. 29, 1915	Birth Place: Rupert, Idaho Minidoka County	Full Name of Mother: Eliza Jane McDonald	Name of Father: Sherwood S. Platts
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bergen	Evidence reviewed by: Glenda Larson	Date Filed: June 11, 1970

FORM BH 56067

JUN 1 1 1970

281-227-067-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-444

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Marie Shaffer
2. Date of Birth: (month) Feb (day) 27 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: Carey, Idaho — a. County: Blaine — b. City or Town of Birth:

FATHER

6. Full Name of Father: Alex Hargraves Shaffer
7. State or Country of Father's Birth: Weiser, Idaho

MOTHER

8. Full Maiden Name of Mother: Ida June Powers
9. State or Country of Mother's Birth: Oneida, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: + Rose Marie Stewart
11. Present Address of Registrant: Box 383, Winlock, Wash 98596

NOTARY (Seal)

Subscribed and sworn to before me on April 10, 1970

12. Signature of Notary: W Frank Jones in and for State of Washington residing at Winlock
13. Notary Commission expires: the July, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #867	State of Washington Bureau of Vital Statistics	Dec.2,1969	child born Sept.15,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Carey, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Ida June Powers Shaffer	Apr.10,1970	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.27,1915	Carey, Blaine County, Idaho	Ida June Powers Shaffer	Alex Hargraves Shaffer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding marriage record #1247	Lincoln County Auditor, by NLW Dep., Davenport, Wash.	Apr.30,1970	April 19,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 11, 1970

FORM BH 56067

11-20-68

Stuart

JUN 11 1970

JW 282281033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-466

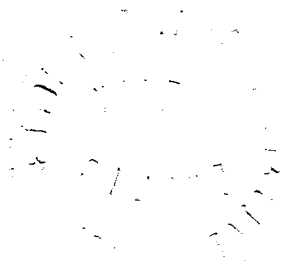
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Arlene Bybee			2. Date of Birth (month) June (day) 28 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: George L. Bybee			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Evalene W. Larsen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys A. Estep		11. Present Address of Registrant: Rt 3 Bx 84-H Snohomish Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: First Christian Church	Date Issued: May 5, 1961	Date Orig. Entry: Baptized March 27, 1932
	Date of Birth: Jun. 28, 1915 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Marriage Application	By whom issued and signed: Yakima County, Washington	Date Issued: May 15, 1961	Date Orig. Entry: Married Dec. 23, 1932
	Date of Birth: Age 17 / Birth Place: Rexburg, Idaho	Full Name of Mother: Evelyn Larson	Name of Father: George LeRoy Bybee	
SUPPORTING RECORD 3.	Type of Document: Social Security Application	By whom issued and signed: Treasury Dept.	Date Issued: Jun. 9, 1970	Date Orig. Entry: Aug 5, 1937
	Date of Birth: Jun. 28, 1915 / Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Evelyn Larson	Name of Father: George LeRoy Bybee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: June 16, 1970

JUN 16 1970



98626-026-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blaine Franklin Rhodes			2. Date of Birth (month) Feb. (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: William Eugene Rhodes			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Grace Crowther			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blaine Franklin Rhodes		11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5th. June 1970	12. Signature of Notary		13. Notary Commission expires: March 30 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of ordination as an Elder	By whom issued and signed: LDS Church, Idaho Falls 3rd Ward, Clyde Wilson, Ward Clerk	Date Issued: May 25,1939	Date Orig. Entry: ordained May 21,1939
	Date of Birth: Feb.26,1915 / Birth Place: Rigby, Idaho	Full Name of Mother: Sarah Grace Crowther		Name of Father: William Eugene Rhodes
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: Bonneville County, Idaho County File #217142	Date Issued: ---	Date Orig. Entry: Sept.11,1952
	Date of Birth: Age: 37 / Birth Place: Rigby, Idaho	Full Name of Mother: ----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: William Eugene Rhodes	Date Issued: June 5,1970	Date Orig. Entry: ----
	Date of Birth: Feb.26,1915 / Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: ----		Name of Father: William Eugene Rhodes
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	June 18, 1970

FORM BH 56067

4-23-70

Rhodes

JUN 19 1970

238-28-043-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Ivy Scheline			2. Date Of Birth (month) Feb. (day) 28 (year) 1915	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Norwood	
FATHER	6. Full Name of Father: George E. Scheline			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Louise Peters			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Fern Ivy Howard	11. Present Address of Registrant: 1315 Meridian Meridian St.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1970		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record		By whom issued and signed: U.S.Civil Service Comm.	Date Issued: Apr.4,1956	Date Orig. Entry: Employed 1937-56
	Date of Birth: Feb.28,1915	Birth Place: Norwood, Idaho	Full Name of Mother: Louise Peters	Name of Father: George Scheline	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Continental Life #211503	Date Issued: Feb.8,1964	Date Orig. Entry: Feb.4,1964
	Date of Birth: Feb.28,1915	Birth Place: Norwood, Idaho	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - # 220583 - Idaho	Date Issued: ----	Date Orig. Entry: Child born Mar 13,1934
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 25, 1970

FORM BH 56067

1-11-67

JUN 25 1970

213-211-026-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna May Batt		2. Date of Birth (month) Jan. (day) 11 (year) 191[illegible]	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Thomas Harry Batt		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hazel Harris		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Mae Hartwell	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 19 70	12. Signature of Notary: Mary L. Kenyon	13. Notary Commission expires: April 23 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

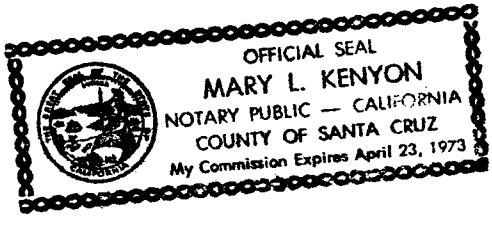
SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Rigby Ward, Idaho Jas. J. Chandler, Clerk	Date Issued: ---	Date Orig. Entry: blessed May 2, 1915
	Date of Birth: Jan. 11, 1915 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Hazel Harris	Name of Father: Thomas H. Batt	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Del Norte County High School Crescent City, CA - G. H. Whalen, Principal	Date Issued: ---	Date Orig. Entry: Aug. 18, 1930
	Date of Birth: Jan. 11, 1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Mr. H. Batt	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: Del Norte County Recorder's Office, CA	Date Issued: July 3, 1970	Date Orig. Entry: Aug. 19, 1934
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: Hazel Harris	Name of Father: Harry Batt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 20, 1970

FORM BH 56067

20 Lds Ward Rec. # 2125 (B) 3-18-10 Gnc

AUG 2 1 1970


OFFICIAL SEAL
MARY L. KENYON
NOTARY PUBLIC — CALIFORNIA
COUNTY OF SANTA CRUZ
My Commission Expires April 23, 1973

266-23-021-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah LaVerne Bowden		2. Date of Birth (month) (day) (year): Aug. 23 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Fairview Idaho
FATHER	6. Full Name of Father: James Robert Bowden		7. State or Country of Father's Birth: Brigham City, Utah (Box Elder Co.)
MOTHER	8. Full Maiden Name of Mother: Ruth Lapreal Orchard		9. State or Country of Mother's Birth: Franklin, Ida., (Franklin Co.)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah LaVerne Bowden	11. Present Address of Registrant: [redacted] Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 11-14 1967	12. Signature of Notary: James E. Valenty	13. Notary Commission expires: JAMES E. VALENTY NOTARY PUBLIC, CHUBBUCK, IDAHO 19___ BANNOCK COUNTY MY COMMISSION EXPIRES

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security #518-10-0893	Social Security Adm.	Dec.3,1937	Dec.3,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.23,1915 / Fairview, Idaho	Ruth Lapreal Orchard	James Robert Bowden	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #274564	----	child born Dec.30,1938
	Age: 23 / Fairview	---	---	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	July 8,1969	Jan.1,1920
	Age: 4 / Idaho	Ruth L. Bowden	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 23, 1970

FORM BH 56067 3 cys. pd re. #68-26400 (5) 1-24 68 gmp

SEP 2 3 1970

DECEASED

464-213-028-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Vivian Modene		2. Date of Birth (month) Nov. (day) 13 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fighting Creek Kootenai Idaho	b. City or Town of Birth: FIGHTING CREEK
FATHER	6. Full Name of Father: Emil Benhart Modene		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: ~~Maggie~~ Claudia Maggie Dale		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Vivian Schmidt	11. Present Address of Registrant: 5202 So. Alaska St. Seattle Wash 98118	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 18 1970	12. Signature of Notary: John A Hayes	13. Notary Commission expires: June 1 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage affidavit #106663	By whom issued and signed: Kootenai County, Idaho	Date Issued: Aug.18,1970	Date Orig. Entry: Sept.9,1937	
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend & neighbor of parents	By whom issued and signed: Pauline Melvin Age: 85	Date Issued: Aug.18,1970	Date Orig. Entry: ----	
	Date of Birth: Nov.13,1915	Birth Place: Fighting Creek, Idaho	Full Name of Mother: Claudia Maggie Dale	Name of Father: Emil Benhart Modine	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #4908	By whom issued and signed: Seattle-King County Registrar State of Washington	Date Issued: Oct.2,1970	Date Orig. Entry: child born Oct.23,1939	
	Date of Birth: Age: 23	Birth Place: Fighting Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Oct. 12, 1970

FORM BH 56067 11-22-61 1 copy paid

OCT 13 1970

381-209-043-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-711
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Lillie Chadwell		2. Date of Birth (month) (day) (year): October 9 1910
	3. Color or Race: White	4. Sex: Fe.	5. Place of Birth a. County: Vanwyck, Idaho Valley; b. City or Town of Birth: Vanwyck
FATHER	6. Full Name of Father: George Edward Chadwell		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ida May Howick		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Lillie Hite	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1956	12. Signature of Notary: Robert D Hanson	13. Notary Commission expires: 7/7/ 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance		By whom issued and signed: Mutual Benefit Health & Accident Association	Date Issued: June 2,1948	Date Orig. Entry: May 27,1948
Class*____	Date of Birth: Oct.9,1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:58		By whom issued and signed: Mrs. Delilah B. Garrett	Date Issued: Nov.13,1956	Date Orig. Entry: ----
Class____	Date of Birth: Oct.9,1915	Birth Place: Vanwich (near Cascade,Valley Co.)ID.	Full Name of Mother: Ida Chadwell	Name of Father: George Chadwell	
SUPPORTING RECORD 3.	Type of Document: Notary's statement regarding family Bible records		By whom issued and signed: Margaret J.Hunter,Notary, Emmett,Idaho - Bible record	Date Issued: ---	Date Orig. Entry: -----
Class____	Date of Birth: Oct.9,1915	Birth Place: Cascade, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: "The Idaho Encyclopedia" states: Cascade founded in 1912 is a consolidation of Van Wyck, Thunder City, and Crawford.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Oct. 14, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H0067

OCT 14 1970

955-225-017-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Silver Reeves		2. Date Of Birth (month) Dec. (day) 25 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Clark b. City or Town of Birth: DuBois
FATHER	6. Full Name of Father: Richard D. Reeves		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Lottie Reeves		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Silver (Reeves) Douglas	11. Present Address of Registrant: W422 Rockwell
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1970	12. Signature of Notary: Robert L. Grind	13. Notary Commission expires: 10-1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Lottie Reeves	Date issued: June 8,1970	Date Orig. Entry: ---
	Date of Birth: Dec.25,1915	Birth Place: DuBois, Idaho	Full Name of Mother: Lottie Reeves	Name of Father: Richard D. Reeves	
SUPPORTING RECORD 2.	Type of Document: photocopy of letter announcing birth		By whom issued and signed: Richard D.	Date issued: ----	Date Orig. Entry: Dec.25,1915
	Date of Birth: Dec.25,1915	Birth Place: DuBois, Idaho	Full Name of Mother: ----	Name of Father: Richard D.	
SUPPORTING RECORD 3.	Type of Document: photocopy of Cradle Roll Certificate		By whom issued and signed: H. O. Perry, Pastor, First Methodist Episcopal Sunday School	Date issued: -----	Date Orig. Entry: Dec.30,1917
	Date of Birth: Dec.25,1915	Birth Place: DuBoise, Idaho	Full Name of Mother: Mrs. R. D. Reeves	Name of Father: Mr. R. D. Reeves	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 14, 1970

FORM BH 56067

(R) 2-19-70 [illegible]

OCT 15 1970

819-126-016-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Monroe Harvey			2. Date Of Birth (month) July (day) 26 (year) 1915	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Cassia xx	b. City or Town of Birth: Churchill Idaho	
FATHER	6. Full Name of Father: Robert Levi Harvey			7. State or Country of Father's Birth: Blackwell Missouri	
MOTHER	8. Full Maiden Name of Mother: Luella Francis Comstock			9. State or Country of Mother's Birth: Webster Co. Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert M. Harvey		11. Present Address of Registrant: 1545 W. Canton Long Beach, Calif. 90810	
NOTARY (Seal)	Subscribed and sworn to before me on: June 12th 1970	12. Signature of Notary: Vern Carter Notary Public residing at Burley, Idaho		13. Notary Commission expires: April 29th 1973.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of application for social security #540-12-3391	By whom issued and signed: Social Security Adm.		Date Issued: ---	Date Orig. Entry: Nov.2,1937
	Date of Birth: Jul.26,1915	Birth Place: Churchill, Idaho	Full Name of Mother: Luella Francis Comstock	Name of Father: Robert Levi Harvey	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Warren H.Sechler, Minister, 1st Christian Church, Burley, ID		Date Issued: Sep.30,1970	Date Orig. Entry: baptized Jan.20,1925
	Date of Birth: Jul.26,1915	Birth Place: Church Hill, Idaho (Cassia County)	Full Name of Mother: Luella Frances Comstock Harvey	Name of Father: Robert Levi Harvey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd.10-1-04)	By whom issued and signed: Iva D. (Harvey) Olson		Date Issued: Feb.24,1969	Date Orig. Entry: ----
	Date of Birth: July 26,1915	Birth Place: Churchill, Idaho (Cassia County)	Full Name of Mother: Luella Francis Comstock	Name of Father: Robert Levi Harvey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	October 28,1970

FORM BH 56067

OCT 29 1970

141-206-026-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-794

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucetta Alzina Adams		2. Date of Birth (month) (day) (year): January 6 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rigby Jefferson; b. City or Town of Birth: Rigby Idaho
FATHER	6. Full Name of Father: William Heber Adams		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Arlitta (Ora) Hatfield		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucetta Jacobson	11. Present Address of Registrant: Box 208. Jackson Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 9 1970	12. Signature of Notary: Betty Benson	13. Notary Commission expires: My Commission expires March 18, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Palisade Ward, Irwin, ID, Hugh Martin, Clerk	Date Issued: Feb. 24, 1916	Date Orig. Entry: Feb. 1, 1915 blessed	
	Date of Birth: Jan. 6, 1915	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Ora Hatfield	Name of Father: Wm. H. Adams	
SUPPORTING RECORD 2.	Type of Document: photocopy of driver's license	By whom issued and signed: State of Wyoming #163733	Date Issued: Jun. 15, 1955	Date Orig. Entry: ---	
	Date of Birth: Jan. 6, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #439622	Date Issued: ----	Date Orig. Entry: child born July 26, 1947	
	Date of Birth: Age: 32	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Nov. 23, 1970

FORM BH 56067

4-12-69

FEB 24 1971

231219-025-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-830

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Violet Standage			2. Date of Birth (month) (day) (year): December 19, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Joseph Plains, Idaho
FATHER	6. Full Name of Father: James Allen Standage			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Clara Unzicker			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Violet Breken nee Standage		11. Present Address of Registrant: 1913 Pleasant Walla Walla Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 2 1970	12. Signature of Notary: Gwendoline C. Tuley		13. Notary Commission expires: 10-13 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified statement from marriage records		By whom issued and signed: Walla Walla County, Washington	Date Issued: Aug.4,1970	Date Orig. Entry: Dec.4,1935
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Clara	Name of Father: James Standage	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #173		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Aug.6,1970	Date Orig. Entry: child born Mar.10,1946
	Date of Birth: Age: 30	Birth Place: Joseph Plains, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #536-07-3028		By whom issued and signed: Social Security Adm.	Date Issued: Aug.14,1970	Date Orig. Entry: Apr.14,1937
	Date of Birth: Dec.19,1915	Birth Place: Joseph Plains, Idaho	Full Name of Mother: Clara Unzicker	Name of Father: James Allen Standage	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	December 17,1970

FORM BH 56067 (8)

DEC 17 1970

215-124-018-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-837

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vilas Lawerence Sansom
2. Date Of Birth (month) (day) (year): 9 24 15
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Clearwater
b. City or Town of Birth: Teakean

FATHER

6. Full Name of Father: Fred Sanson
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Laura Alta Kight
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Vilas Lawerence Sansom
11. Present Address of Registrant: 860 Tamarack St. Eugene, Oreg.

NOTARY (Seal)

Subscribed and sworn to before me on: January 13 1970
12. Signature of Notary:
13. Notary Commission expires: Sept 27 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of adult history card - policy #1557644	The Independent Order of Foresters	Mar.17,1960	Mar. 1960
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.24,1915 / ----	-----	----	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate #371	State of Washington Bureau of Vital Statistics	Nov.22,1968	child born July 13,1941
	Age: 25 / Idaho	----	----	
SUPPORTING RECORD 3.	Petition for Degrees of Masonry	McKenzie River Lodge #195 A.F. & A.M. of Oregon	Mar.1,1948	Mar.1,1948
	Sep.24,1915 / Teakean, Idaho	----	----	

QUALIFYING INFORMATION

Satisfaction of Mortgage Jan.26, 1957, Lane County, Oregon lists Vilas Sansom along with Fred and Laura Sansom. order #48272 reception #4717.

REGISTRAR'S CERTIFICATION (seal)

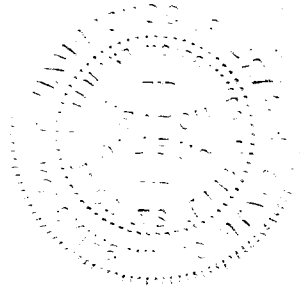
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: December 21, 1970

FORM BH 56067

12-3-69

DEC 21 1970



451-215-003-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-847

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Veldeva Meacham		2. Date of Birth (month) (day) (year): July 15 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: was Bannock (now Caribou)
			b. City or Town of Birth: Lago - Idaho
FATHER	6. Full Name of Father: John Edward Meacham		7. State or Country of Father's Birth: Utah (No. Ogden)
MOTHER	8. Full Maiden Name of Mother: Julia Marie Haynes		9. State or Country of Mother's Birth: Utah (Grouse Creek)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris M Bullock	11. Present Address of Registrant: Rt 1 Box 259 American Fork Utah (Alpine)
NOTARY (Seal)	Subscribed and sworn to before me on: 23 November 1970	12. Signature of Notary: Evan A. Shepherd	13. Notary Commission expires: 16 November 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: patriarchal blessing		By whom issued and signed: George F. Richards, Patriarch	Date Issued: Jan. 20, 1939	Date Orig. Entry: Jan. 20, 1939
	Date of Birth: July 15, 1915	Birth Place: Lago, Idaho	Full Name of Mother: Julia Marie Haynes Meacham	Name of Father: John Edward Meacham	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth		By whom issued and signed: Caribou County Hospital, Soda Springs, Idaho	Date Issued: June 13, 1945	Date Orig. Entry: child born June 13, 1945
	Date of Birth: July 15, 1915	Birth Place: Lago, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family genealogy sheet		By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: appears old
	Date of Birth: July 15, 1915	Birth Place: Lago, Bannock County, Idaho	Full Name of Mother: Julia Marie Haynes	Name of Father: John Edward Meacham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

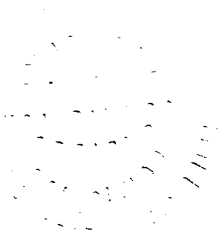
State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	December 21, 1970

FORM BH 56067

1 Copy Pd. $ .00 #2227

11-11-70

DEC 21 1970



565 114.006-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-855

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tony Wilson Von Harten			2. Date of Birth (month) August (day) 14 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth: ~~Blackfoot~~ a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Anthony Earl Von Harten			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: (Georgia)Hazel Gene Drake			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Tony Wilson Von Harten	11. Present Address of Registrant: 3364 Londonderry Pl. Santa Clara, Calif. 95050
NOTARY (Seal)	Subscribed and sworn to before me on: September 30 1970		12. Signature of Notary: La Donna A. Smith	13. Notary Commission expires: August 11 1973

OFFICIAL SEAL
LA DONNA A. SMITH
NOTARY PUBLIC CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires August 11, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Clifford J.Bell, Mission Pres., Sugar House Stake	Date Issued: ---	Date Orig. Entry: baprized Mar.11,1948
	Date of Birth: August 14, 1915	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Hazel Gene Drake	Name of Father: Anthony Earl Von Harten	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: Feb.14,1950	Date Orig. Entry: Jan.9,1950
	Date of Birth: Aug.14,1915	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #528-14-7127		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Sept.1,1937
	Date of Birth: Aug.14,1915	Birth Place: Blackfoot, Idaho	Full Name of Mother: Hazell G. Drake	Name of Father: Anthony Earl Von Harten	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 21, 1970

FORM BH 56067 [illegible] 19860 (V) 7-1-69 gml

DEC 22 1970

951-131-005-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-857

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Reagan Jr.			2. Date Of Birth (month) May (day) 31 (year) 1915	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Benawah	b. City or Town of Birth: Tensed	
FATHER	6. Full Name of Father: George William Reagan			7. State or Country of Father's Birth: Tennessee U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Anna Pollin			9. State or Country of Mother's Birth: Illinois - U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George W. Reagan Jr.	11. Present Address of Registrant: 954 Locust Lane Tacoma Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1970		12. Signature of Notary: Mildred Smith	13. Notary Commission expires: Jan 20 1973	

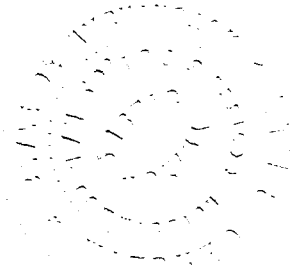
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Occidental Life Ins. Co., Los Angeles, California	Date Issued: June 21,1933	Date Orig. Entry: June 21,1933
	Date of Birth: May 31,1915	Birth Place: Idaho	Full Name of Mother: Anna Reagan	Name of Father: George Wm. Reagan	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: May 30,1942	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Annie Regan	Name of Father: Will Regan	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit by parents		By whom issued and signed: Anna Reagan and George W. Reagan	Date Issued: ---	Date Orig. Entry: Nov.14,1942
	Date of Birth: May 31,1915	Birth Place: near Tensed, Idaho Benewah County	Full Name of Mother: Anna Reagan	Name of Father: George William Reagan, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 22, 1970

FORM BH 56067

DEC 22 1970



79P-231-033-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-033

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Gross
2. Date Of Birth (month) 8 (day) 31 (year) 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Suger Idaho Madison
b. City or Town of Birth: Sugar City, Idaho

FATHER

6. Full Name of Father: Henrey Gross
7. State or Country of Father's Birth: unknown

MOTHER

8. Full Maiden Name of Mother: KATY GerLock
9. State or Country of Mother's Birth: unknown

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Katherine Gross now Katherine Stites
11. Present Address of Registrant: 4204 Annette St Sac Calif

Subscribed and sworn to before me on July 17 19 70

NOTARY (Seal) R. EISENLEIS Notary Public Sacramento County State of California

12. Signature of Notary: R. Eisenleis
13. Notary Commission expires: commission expires March 29, 197

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of marriage records book 102 pg. 60	Sacramento County, CA, County Recorder's Office	Aug.18,1970	June 9,1941
	Date of Birth / Birth Place: Age: 25 / Idaho	Full Name of Mother: Katy Grelock	Name of Father: Henry Gross	
SUPPORTING RECORD 2.	Statement regarding insurance policy #14-125-172	American National Ins. Co. Galveston, TX	Sep.3,1970	Oct.19,1942
	Age: 27 / Idaho	----	----	
SUPPORTING RECORD 3.	photocopy of application for social security #567-07-9124	Social Security Administration	---	Mar.27,1957
	Aug.31,1915 / Sugar City,Idaho	Katy Gerlock	Henry Gross	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	gml Glenda Larson	January 13,1971

FORM BH 56067

JAN 14 1971

713-105-033-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-121

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARLIN Comran GALBRAITH
2. Date Of Birth: (month) July (day) 5 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Lyman (Postoffice - Thornton)

FATHER

6. Full Name of Father: ARCHIBALD GALBRAITH
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: SELMA KJELIN
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marlin C. Galbraith
11. Present Address of Registrant: 3082 [illegible] Way [illegible] Ogden, Utah 84[illegible]

NOTARY (Seal)

Subscribed and sworn to before me on February 5 1971

12. Signature of Notary: Myrna L. Thomas
13. Notary Commission expires: December 6, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal Blessing	Alma B. Larsen Patriarch, LDS Church	Aug. 21, 1943	Aug. 21, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5, 1915	Lyman, Idaho	Selma Kjelin Galbraith	Archibald Galbraith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Declaration of Appointee	U.S. Civil Service Comm., War Dept.-U.S. Engineers, Seattle, WA	---	Jan. 1, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5, 1915	Thornton, Idaho	Selma Kjelin	Archie Galbraith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Lyman Ward, W.E. Atkinson, Ward Clerk	---	blessed Sept. 5, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5, 1915	Lyman, Idaho	Selma Kjline	Archibald Galbraith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	February 8, 1971

K FORM BH 56067

2-1-71

FEB 8 1971

44902-024-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Agusta Murphy		2. Date Of Birth (month) (day) (year): February 21 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Albert Phillip Murphy		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Phoebe Jane Durfee		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Murphy	11. Present Address of Registrant: 2145 Hervey St Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2 1971	12. Signature of Notary: Wilma Dimas	13. Notary Commission expires: June 13 - 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt (over 10yrs)	By whom issued and signed: Hilda Durfee Bennett		Date Issued: Feb.12,1971	Date Orig. Entry: -----
	Date of Birth: Feb.21,1915	Birth Place: Hagerman,Idaho	Full Name of Mother: Phoebe Jane Durfee	Name of Father: Albert Phillip Murphy	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 283229		Date Issued: ----	Date Orig. Entry: child born Aug 4, 1939
	Date of Birth: Age 24	Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # L-3379	By whom issued and signed: Boise, Idaho American Home Mutual Life		Date Issued: June30,1958	Date Orig. Entry: --------
	Date of Birth: Age 43 Yrs	Birth Place: -----	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	March 1,1971

FORM BH 56067

3-16-70

MAR 2 1971

6938 71 039-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-242

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Dena Wilcox			2. Date Of Birth (month) Dec. (day) 17 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho - Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Jesse Francis Wilcox			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Harriet William Ripley			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Flora Dena Widows	11. Present Address of Registrant: 715 Berkeley ST Klamath Falls Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 24 19 71		12. Signature of Notary: [illegible]	13. Notary Commission expires: 1/10 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of family records	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: appears old
	Date of Birth: Dec.17,1915 / Birth Place: American Falls, Power County, Ida.	Full Name of Mother: Mrs. Harriet William Wilcox	Name of Father: Mr. Jessie Francis Wilcox,Sr	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (bd.11-28-03)	By whom issued and signed: Doris M. Wilcox Callaghan	Date Issued: Feb.17,1971	Date Orig. Entry: ---
	Date of Birth: Dec.17,1915 / Birth Place: American Falls, Idaho	Full Name of Mother: Harriet W. Ripley	Name of Father: Jess Francis Wilcox	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy M95 731 038	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Oct.22,1956	Date Orig. Entry: Oct.11,1956
	Date of Birth: Dec.17,1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 23, 1971

FORM BH 56067

10-31-[illegible]

MAR 23 1971

819-203-018-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Susan Harlacher			2. Date Of Birth (month) Jan. (day) 3 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho / Clearwater	b. City or Town of Birth: Teakean
FATHER	6. Full Name of Father: John Alvin Harlacher			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Martha Lind			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Gibson	11. Present Address of Registrant: Keota, Iowa 52248
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1971		12. Signature of Notary: Irida Kuntz	13. Notary Commission expires: July 4 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopies of pages from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Jan.3,1915	Birth Place: -- -	Full Name of Mother: Martha Lind	Name of Father: John Alvin Harlacher	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: ---	Date Orig. Entry: June 11, 1943
	Date of Birth: Jan.3,1915	Birth Place: Teakean, Idaho	Full Name of Mother: Martha Harlacher	Name of Father: John A. Harlacher	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Martha Harlacher	Date Issued: Mar.12,1971	Date Orig. Entry: ---
	Date of Birth: Jan.3,1915	Birth Place: Teakean, Idaho Clearwater County	Full Name of Mother: Martha Lind Harlacher	Name of Father: John Alvin Harlacher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barron	Glenda Larson	March 24, 1971

FORM BH 56067

MAR 25 1971

413-219001-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lillian Matthews		2. Date of Birth (month) December (day) 19 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Boise a. County: Ada b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: David F. Matthews Ereva D Ellsworth		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Ereva D. Matthews		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Lillian Matthews	11. Present Address of Registrant: 10301 NE Sandy Blvd.
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1971	12. Signature of Notary: John Sr Rice	13. Notary Commission expires: March 12 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: - --	Date Orig. Entry: obviously old
	Date of Birth: Dec.19,1915 / Birth Place: Boise, Idaho	Full Name of ~~Mother~~ Father: David F. Matthews	Name of ~~Father~~ Mother: Ereva D. Matthews	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St. Alphonsus Hospital	Date Issued: Mar.10,1971	Date Orig. Entry: Patient July 9, 1960
	Date of Birth: Dec.19,1915 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: David F. Matthews	Date Issued: Apr.19,1971	Date Orig. Entry: ----
	Date of Birth: Dec.19,1915 / Birth Place: Boise, Idaho	Full Name of Mother: Ereva D. Matthews	Name of Father: David F. Matthews	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 26, 1971

K FORM BH 56067 1 cp pd rec 13926 4-19-71

Matthews

APR 2 6 1971

OCT 1 2 1976

ape

128-120-003-447

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Dugard Ash		2. Date of Birth (month) (day) (year): January 20, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: James Clement Ash		7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Lena Mary Dugard		9. State or Country of Mother's Birth: Pocatello, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James D. Ash	11. Present Address of Registrant: 3330 Pierce San Francisco
NOTARY (Seal)	Subscribed and sworn to before me on JAN 22 1971 19	12. Signature of Notary: B. Dellartino	13. Notary Commission expires: B. DELLARTINO My Commission Expires August 30, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Ash	Date issued: Dec.17,1970	Date Orig. Entry: ----
	Date of Birth: Jan.20,1915; Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Lena Mary Dugard	Name of Father: James Clement Ash	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 2141918	By whom issued and signed: The Penn Mutual Life Ins.Co. of Philadelphia	Date issued: ----	Date Orig. Entry: Mar.24,1938
	Date of Birth: Jan.20,1915; Birth Place: Pocatello, Idaho	Full Name of Mother: Lena Mary Dugard Ash	Name of Father: James C. Ash	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Army, William M.Selvidge, Major AC	Date issued: discharged Oct.9,1945	Date Orig. Entry: inducted May 29,1942
	Date of Birth: Jan.20,1915; Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 27, 1971

FORM BH 56067

1 cp pd site #5 730 (Plastic birth card) (A) 1-12-71 gml

APR 2 8 1971

243-207-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-360

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elda Kutterer
2. Date of Birth (month) (day) (year): November 7 1915
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: Idaho Bannock
b. City or Town of Birth: Lund

FATHER

6. Full Name of Father: John George Kutterer
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Annie Louise Peterson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elda Kutterer Lowry
11. Present Address of Registrant: 1821 Duke Drive Bakersfield, Calif. 93305

NOTARY (Seal) EDITH M. REID NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN KERN COUNTY

Subscribed and sworn to before me on 9— 19 70

12. Signature of Notary: Edith M. Reid
13. Notary Commission expires: My Commission Expires July 13, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of birth	By whom issued and signed: Bannock Stake, Lund Ward, bir. & bless. p.92 line 355	Date Issued: Dec.4,1970	Date Orig. Entry: Jan.2,1916	
	Date of Birth: Nov.7,1915	Birth Place: Lund, Idaho Bannock County	Full Name of Mother: Annie L. Peterson	Name of Father: J. George Kutterer	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Mar.28,1942	Date Orig. Entry: Apr.1,1930	
	Date of Birth: Age: 14	Birth Place: Idaho	Full Name of Mother: Annie H. Kutterer	Name of Father: J. G. Kutterer	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #899	By whom issued and signed: Cache County, Utah	Date Issued: Apr.23,1971	Date Orig. Entry: Dec.22,1936	
	Date of Birth: Nov.7,1915	Birth Place: Lund, Idaho	Full Name of Mother: Annie Louisa Peterson	Name of Father: John George Kutterer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	May 4, 1971

FORM BH 56067

MAY 4 1971

128-204-042-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-373

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Lea Ashton		2. Date Of Birth (month) (day) (year): February 4 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Robert Lee Ashton		7. State or Country of Father's Birth: Glenwood, Iowa
MOTHER	8. Full Maiden Name of Mother: Nellie Woodhead		9. State or Country of Mother's Birth: Edgar, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Howard Lawrence	11. Present Address of Registrant: Route 3 Twin Falls, Ida. 83301
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1971	12. Signature of Notary: Robert W. Stephan	13. Notary Commission expires: 5-10 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (13 yrs. older)	By whom issued and signed: Gladys Fontaine Ashton Tucker	Date issued: May 3,1971	Date Orig. Entry: ---
	Date of Birth: Feb.4,1915 / Birth Place: Twin Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Woodrow Wooley, Pastor, 1st Presbyterian Ch.,Twin Falls,ID	Date issued: Apr.25,1960	Date Orig. Entry: Apr.14,1960 baptized
	Date of Birth: Feb.4,1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-1062	Date issued: ---	Date Orig. Entry: child born Jan.2,1948
	Date of Birth: Age: 32 / Birth Place: Twin Falls,Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: Genealogy sheet which appears to be old gives Mildred Lea Ashton born February 4,1915 at Twin Falls, Idaho to Nellie Woodhead and Robert Lee Ashton.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	May 6, 1971

FORM BH 56067

MAY 6 1971

069-215-0003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-377**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beth Worley			2. Date Of Birth (month) August (day) 15 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Arimo, Bannock	b. City or Town of Birth: Arimo, Idaho	
FATHER	6. Full Name of Father: John Worley			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Eleaner Larsen			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beth Worley Williams		11. Present Address of Registrant: 554 West Custer	
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1971	12. Signature of Notary: Frank E. Thomas		13. Notary Commission expires: April 15 1972	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Company		Date Issued: ---	Date Orig. Entry: Sept.16,1939
	Date of Birth: Aug.15,1915	Birth Place: Arimo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of patriarchal blessing	By whom issued and signed: William Alonzo Hyde, Patriarch, Pocatello, Idaho		Date Issued: ---	Date Orig. Entry: May 6,1931
	Date of Birth: Aug.15,1915	Birth Place: Arimo, Idaho	Full Name of Mother: Eleaner Larsen	Name of Father: John Worley	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record of own child's birth	By whom issued and signed: Pocatello General Hospital, Pocatello, Idaho		Date Issued: ----	Date Orig. Entry: child born Oct.1,1940
	Date of Birth: Aug.15,1915	Birth Place: Arimo, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 10, 1971

FORM BH 56067

MAY 1 0 1971

415211-007-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-389

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Elizabeth Davis			2. Date of Birth (month) (day) (year): August 11, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: Joseph Godsall Davis			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jennie Madeline Timmons			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Doris Barlow	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 7 1971		12. Signature of Notary: Verdine Peck	13. Notary Commission expires: Feb 2 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Confirmation		By whom issued and signed: LDS Church, John A. Peterson	Date Issued: Dec.11,1923	Date Orig. Entry: confirmed Sept.2,1923
	Date of Birth: Aug.11,1915	Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Jennie Timmons	Name of Father: Joseph G. Davis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: D. E. Adamson Age: 79	Date Issued: Apr.29,1971	Date Orig. Entry: ---
	Date of Birth: Aug.11,1915	Birth Place: Carey, Idaho	Full Name of Mother: Jennie Madeline Timmons	Name of Father: Joseph Godsall Davis	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #281004	Date Issued: ---	Date Orig. Entry: child born May 31,1939
	Date of Birth: Age: 23,	Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	May 12, 1971

FORM BH 56067

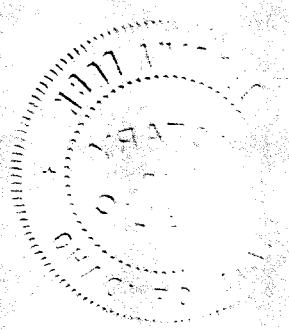
1 cc. Pd. Ck. #14339

5-4-71 gml

Barton (Lee Davis)

MAY 13 1971

SEP 20 2002



3

DUP OF 1915-33590

418-122 W 05-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-406

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ensley David May			2. Date Of Birth (month) (day) (year): June 22, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah	b. City or Town of Birth: Desmet, Idaho
FATHER	6. Full Name of Father: Pleasant Savannah May			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Fannie Catherine Snyder			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ensley David May		11. Present Address of Registrant: 1790 Evergreen
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1971	12. Signature of Notary: Dorothy F. Hopp		13. Notary Commission expires: 12-30 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License & Certificate		By whom issued and signed: Alameda County, CA, Rev. M. D. Morrison, Baptist Minister	Date issued: July 15, 1939	Date Orig. Entry: July 15,1939
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record		By whom issued and signed: Southern Pacific Hospital Dept., File #K 92204	Date issued: Sep.21,1959	Date Orig. Entry: Aug.17,1959
	Date of Birth: Age: 44	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #536-07-5038		By whom issued and signed: Social Security Adm.	Date issued: ---	Date Orig. Entry: April 15,1937
	Date of Birth: June 15,1937	Birth Place: Desmet, Idaho Benewah County	Full Name of Mother: Fannie Snyder	Name of Father: Pleze May	
QUALIFYING INFORMATION					

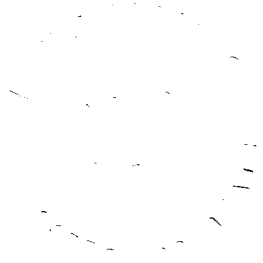
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	gml Glenda Larson	May 20, 1971

FORM BH 56067

MAY 2 1 1971



569-202-003-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zella Julia Norton		2. Date Of Birth (month) 9 (day) 2 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: McCammon, Idaho Bannock; b. City or Town of Birth: McCammon Idaho
FATHER	6. Full Name of Father: Charles Ethan Norton		7. State or Country of Father's Birth: Brigham City Utah Box Elder County
MOTHER	8. Full Maiden Name of Mother: Alice Evans		9. State or Country of Mother's Birth: Evingston Wyoming Uinta county
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zella Julia Norton Robinson	11. Present Address of Registrant: 1205 So 3rd
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 19 71	12. Signature of Notary: Mabel M Tennell	13. Notary Commission expires: April 17 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #218257	Date issued: ---	Date Orig. Entry: child born Jan.3,1934
	Date of Birth: Age: 18	Birth Place: McCammon, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Morris F. Decker, Ward Clerk LDS Church, Pocatello 12 Ward	Date issued: Mar.11,1971	Date Orig. Entry: baptized Sep.7,1924
	Date of Birth: Sept.2,1915	Birth Place: McCammon, Idaho Bannock County	Full Name of Mother: Alice Evans	Name of Father: Charles Ethen Norton
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Ila Alice Williams (bd.3/25/02)	Date issued: May 26,1971	Date Orig. Entry: --
	Date of Birth: Sept.2,1915	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 8, 1971

FORM BH 56067 1 Copy Pd Rec. # 12004

JUN 8 1971

814-202-026-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-467

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viola Hammond
2. Date of Birth: (month) July (day) 2 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Milton James Hammond
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Aroetta Louisa Hale
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola H. Hammond
11. Present Address of Registrant: 240 So. F, Lakeview, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on June 14th 1971

12. Signature of Notary: Jack B Sletta

13. Notary Commission expires: My Commission Expires Nov. 25, 1973 19____

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #326976	---	child born Nov. 4, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Rigby, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Temple Recommend, Idaho Falls Temple	LDS Church, Albany Branch C.B. Braun, Branch Pres.	May 16, 1950	May 16, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2, 1915	Rigby, Idaho	Aroetta Louisa Hale	Milton James Hammond

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #70710	Montana Life Ins. Co.	July 27, 1931	June 3, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2, 1915	Rigby, Idaho	Retta Hale Hammond	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 16, 1971

FORM BH 56067

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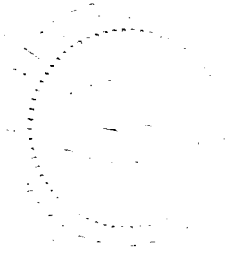


45-106036-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Vernon Hathcock		2. Date Of Birth (month) August (day) 6, (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ririe, Idaho Jefferson; b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Henry Ulyssus Hathcock		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Beatrice Jane Munns		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry Vernon Hathcock	11. Present Address of Registrant: 1104 S. Extension Rd. Mesa, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on June 15 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Feb. 17, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Isaac G. Hayes, Clerk	Date Issued: Nov.7,1915	Date Orig. Entry: blessed Nov.7,1915
	Date of Birth: Aug.6,1915 / Birth Place: Ririe, Idaho Jefferson County	Full Name of Mother: Beatrice Jane Munns	Name of Father: Henry U. Hathcock	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Beatrice M. Hansen	Date Issued: June 15,1971	Date Orig. Entry: ---
	Date of Birth: Aug.6,1915 / Birth Place: Ririe, Idaho	Full Name of Mother: Beatrice Jane Munns	Name of Father: Henry Ulyssus Hatcock	
SUPPORTING RECORD 3.	Type of Document: Merchant Seaman's Certificate of Identification #Z607761	By whom issued and signed: U.S. Coast Guard,11th Naval Dist., Port of Los Angeles,CA	Date Issued: April 11,1945	Date Orig. Entry: April 11,1945
	Date of Birth: Aug.6,1915 / Birth Place: Idaho, U.S.A.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

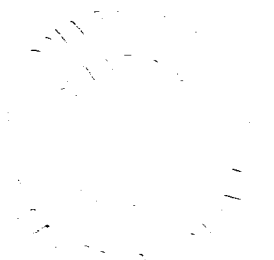
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 21,1971

FORM BH 56067

(H) 4-27-71 gml

Hancock

JUN 22 1971



193-20-033-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Kathern Arciniega			2. Date Of Birth (month) (day) (year): December 4, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rexburg	b. City or Town of Birth: Madison
FATHER	6. Full Name of Father: Euligo Arciniega			7. State or Country of Father's Birth: Mexico
MOTHER	8. Full Maiden Name of Mother: Caroline Hamily			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Kathern Thornton		11. Present Address of Registrant: 1711 Orange Street Bakersfield, Calif 93301
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 19 71	12. Signature of Notary: May Freeman		13. Notary Commission Expires: May 21 19 75

MAY FREEMAN
NOTARY PUBLIC-CALIFORNIA
KERN COUNTY
My Comm. Expires May 21, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: 1952 on file - California # 578	Date Issued: Jun. 2., 1971	Date Orig. Entry: child born Jan. 31, 1952
	Date of Birth: Age 36	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: - ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: California # 39419	Date Issued: Jun. 21 1971	Date Orig. Entry: Married Sept. 20, 1950
	Date of Birth: Age 34	Birth Place: Rexburg, Idaho	Full Name of Mother: Caroline Hamily	Name of Father: Euligo Arciniega
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 76	By whom issued and signed: Caroline Arciniega	Date Issued: Jun. 21, 1971	Date Orig. Entry: -----
	Date of Birth: Dec. 4, 1915	Birth Place: Rexburg, Idaho	Full Name of Mother: Caroline Hamily	Name of Father: Euligo Arciniega
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: June 29, 1971

FORM BH 56067

1 of PA Rec'd 16527 6-18-71

JUN 2 9 1971

296-122-022-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-541

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STANLEY ORAM BROWER		2. Date Of Birth (month) SEPT. (day) 22 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FREMONT; b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: FRANKLIN EDGAR BROWER		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: RACHEL HANNAH THATCHER		9. State or Country of Mother's Birth: WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the [illegible] Notary Public State of Nevada [illegible] CLARK COUNTY IRENE C. KISER My Commission Expires Nov. 1, 1971	10. Signature of Registrant: Stanley Oram Brower	11. Present Address of Registrant: 2321 CEDAR AVENUE LAS VEGAS, NEVADA.
NOTARY	Subscribed and sworn to before me on [illegible] 1971	12. Signature of Notary: Irene C. Kiser	13. Notary Commission expires: Nov. 1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Las Vegas 8th Ward, Roger M.Bryan,Bishop	Date issued: Feb.27,1971	Date Orig. Entry: baptized Aug.29,1925
	Date of Birth: Sep.22,1915; Birth Place: Fremont County Ashton, Idaho	Full Name of Mother: Rachel Hannah Thatcher	Name of Father: Franklin Edgar Brower	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Rachel H. Brower	Date issued: June 29,1971	Date Orig. Entry: ---
	Date of Birth: Sep.22,1915; Birth Place: Ashton, Idaho	Full Name of Mother: Rachel Hannah Thatcher Brower	Name of Father: Franklin Edgar Brower	
SUPPORTING RECORD 3.	Type of Document: Federal Census record Fremont County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: June 4,1971	Date Orig. Entry: Jan. 1,1920
	Date of Birth: Age: 4 3/12; Birth Place: Idaho	Full Name of Mother: Rachel H. Brower	Name of Father: Frank E. Brower	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 14, 1971

FORM BH 56067

10-16-70

Brower

JUL 15 1971

414-21-1028-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-569

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmira Daughters		2. Date Of Birth (month) (day) (year): November 11, 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Turpen Andrew Daughters		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Pearl Howard		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmira D. Fredlund	11. Present Address of Registrant: 1928 E. 11th, Spokane, WA
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1971	12. Signature of Notary: Weldon F. Newbury	13. Notary Commission expires: June 14 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding marriage register in church-Vol. IV pg. 169	By whom issued and signed: Rev. Ernest J. Mason, Rector, Holy Trinity Church, Spokane, WA	Date Issued: May 6, 1971	Date Orig. Entry: May 18, 1944	
	Date of Birth: Age: 28	Birth Place: ----	Full Name of Mother: Pearl Howard	Name of Father: Turpen A. Daughters	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: Home Church, Ritzville, WA.	Date Issued: -----	Date Orig. Entry: baptized June 11, 1916	
	Date of Birth: Nov. 11, 1915	Birth Place: Coeur d'Alene, ID	Full Name of Mother: Pearl H. Daughters	Name of Father: T. A. Daughters	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Luke's Memorial Hospital, Spokane, WA, Janet Poindexter	Date Issued: July 22, 1971	Date Orig. Entry: Sept. 17, 1948	
	Date of Birth: Nov. 11, 1915	Birth Place: Idaho	Full Name of Mother: Pearl Howard	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: gml Glenda Larson	Date Filed: July 26, 1971

FORM BH 56067

JUL 26 1971

695-219-020-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Teresa Freitag		2. Date of Birth (month) Nov (day) 19 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Elmore; b. City or Town of Birth: King Hill
FATHER	6. Full Name of Father: John G. Freitag		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Anna Christine Mengten		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene T Brueggeman	11. Present Address of Registrant: 1306 Sherman
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1971	12. Signature of Notary: Leah I. Hill	13. Notary Commission expires: Notary Public for the State of Idaho Residing at Coeur d'Alene, Idaho 19 [illegible] 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #56-10525	Date issued: ---	Date Orig. Entry: child born July 30,1956
	Date of Birth: Age: 40	Birth Place: King Hill, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Mary's Hospital, Cottonwood,ID,Linda Pfiffner,Med.Rec.	Date issued: July 30,1971	Date Orig. Entry: Dec.30,1935
	Date of Birth: Nov.19,1915	Birth Place: King Hill, Idaho	Full Name of Mother: Anna Mentgen	Name of Father: John G. Freitag
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Caldwell Sr. High School,ID Molly E. Johnson,Sec.-Reg.	Date issued: Aug.4,1971	Date Orig. Entry: 1930-31
	Date of Birth: Nov.19,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 13,1971

FORM BH 56067

AUG 13 1971

DECEASED

694-103-025-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-629

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RALPH ORM EMERY			2. Date Of Birth (month) MAY (day) 3 (year) 1915
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: WOODLAND
FATHER	6. Full Name of Father: HARRY SPALDING EMERY			7. State or Country of Father's Birth: ILLINOIS U.S.A.
MOTHER	8. Full Maiden Name of Mother: MAY BELLE HASKINS			9. State or Country of Mother's Birth: NEBRASKA U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph O. Emery		11. Present Address of Registrant: 473 West Main St. Cottage Grove Ore 97424
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 1971	12. Signature of Notary: Irma N. Bird		13. Notary Commission expires: July 14 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: May Belle Emery Harwood		Date Issued: Mar.12,1971	Date Orig. Entry: ----
	Date of Birth: May 3, 1915	Birth Place: Woodland, Idaho	Full Name of Mother: May Belle Haskins	Name of Father: Harry Spaulding Emery	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment	By whom issued and signed: Weyerhaeuser Timber Co., Springfield Lumber Division		Date Issued: ----	Date Orig. Entry: Dec.21,1956
	Date of Birth: May 3,1915	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Gem State Mutual Life Association, Inc.		Date Issued: ----	Date Orig. Entry: Aug.19,1949
	Date of Birth: May 3,1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 27,1971

FORM BH 56067

AUG 30 1971

753204.015-J31

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No: DE 71-660

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Cecelia Peterson			2. Date Of Birth (month) Dec. (day) 4 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grace Idaho Caribou	b. City or Town of Birth: Grace Idaho	
FATHER	6. Full Name of Father: Algot Gotlieb Peterson			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Hazel Dell Blackett			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice C Hoge		11. Present Address of Registrant: 64 Valley View Drive Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 26 19 71	12. Signature of Notary: [signature]		13. Notary Public residing in Pocatello, Idaho. My commission expires, May 31, 1974. 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #403829		Date Issued: ---	Date Orig. Entry: child born Mar.29,1945
	Date of Birth: Age: 29	Birth Place: Grace, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of school records	By whom issued and signed: E. G. Bell, Registrar Pocatello High School, Idaho		Date Issued: ---	Date Orig. Entry: Sep.20,1929
	Date of Birth: Dec.4,1915	Birth Place: Grace, Idaho	Full Name of Mother: ---		Name of Father: Mr. Al Peterson
SUPPORTING RECORD 3.	Type of Document: Affidavit by close friend of family at time of birth	By whom issued and signed: Inez Hoge Age: 82		Date Issued: Aug.31,1971	Date Orig. Entry: ---
	Date of Birth: Dec.4,1915	Birth Place: Grace, Idaho	Full Name of Mother: Hazel Dell Peterson		Name of Father: Algot Peterson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 13, 1971

FORM BH 56067

SEP 13 1971

133-21-5022-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-691

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Lucile Atchley			2. Date Of Birth (month) Oct. (day) 15 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County Fremont; b. City or Town of Birth Squirrel, Idaho		
FATHER	6. Full Name of Father: James Daniel Atchley			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Dessie Ann Allen			9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucile A. Dowdy	11. Present Address of Registrant: Farmville, VA.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1971		12. Signature of Notary: Eula J. Overton	13. Notary Commission expires: Oct. 11 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: James Daniel Atchley	Date Issued: Aug.2,1971	Date Orig. Entry: ---
	Date of Birth: Oct.15,1915	Birth Place: Squirrel, Fremont County, Idaho	Full Name of Mother: James Daniel Atchley	Name of Father: Dessie Ann Allen Atchley	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: State of Virginia	Date Issued: Jan.12,1953	Date Orig. Entry: child born Apr.19,1947
	Date of Birth: Age: 31	Birth Place: Freemont Co.,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Mrs. Virginia F.Harper,Clerk Prince Edward Co.,Farmville,VA	Date Issued: Sep.2,1971	Date Orig. Entry: October 1,1937
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	October 5, 1971

FORM BH 56067 7-12-60

OCT 6 1971

365-121-005-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-718

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myron Sylas Covey			2. Date Of Birth (month) May (day) 21 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Benewah	b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Edgar Anthony Covey			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Julia Sylvia Robbins			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myron Sylas Covey		11. Present Address of Registrant: St. Maries, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 1. 19 71	12. Signature of Notary: Elizabeth Greene		13. Notary Commission expires: Nov. 6 19 71

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for marriage license #58541		By whom issued and signed: Benewah County, Idaho	Date Issued: May 24,1971	Date Orig. Entry: July 17,1942
	Date of Birth: Age: 27	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records		By whom issued and signed: Benewah County, Idaho School Dist. #1	Date Issued: May 24,1971	Date Orig. Entry: Sept.30,1922
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #385049	Date Issued: ---	Date Orig. Entry: child born Jan.22,1944
	Date of Birth: Age: 28	Birth Place: St.Maries, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by Annabelle Haynes, Age: 65, from personal knowledge states Myron Sylas Covey born May 21, 1915 at St. Maries, Benewah County, Idaho. to Edgar Anthony Covey and Julia Sylvia Robbins. Signed September 24, 1971.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	October 15,1971

FORM BH 56067

Icp pd rec# 8719

2-11-71

OCT 15 1971

466-226-003-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-719

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Moffett		2. Date Of Birth (month) 3 (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: George Moffett		7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Elsie Julie Rodgers		9. State or Country of Mother's Birth: Siver City, New Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: E. Gale Johnson Eva Moffett	11. Present Address of Registrant: zip 94619 24 Lexford Place, Oakland, Ca
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1971	12. Signature of Notary: Nick Barcich	13. Notary Commission expires: November 5 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Hayward High School)	By whom issued and signed: Hayward Unified School Dist., Hayward, CA	Date issued: Sep.20,1971	Date Orig. Entry: Sept.26,1927
	Date of Birth: Mar.26,1915 / Birth Place: Pocatello, Idaho	Full Name of Mother: Elsie Moffett	Name of Father: E. R. Moffett	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #1636	By whom issued and signed: child born in Alameda County, Oakland, California	Date issued: ----	Date Orig. Entry: child born May 15,1935
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage application for license	By whom issued and signed: Washoe County, Nevada record #30440	Date issued: Sep.16,1971	Date Orig. Entry: April 1, 1932
	Date of Birth: Age: 17 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	October 15,1971

FORM BH 56067

OCT 1 8 1971

BOTH DELAYED

DUP OF 353276

258-130-018-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-724

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willis Jay Snyder		2. Date Of Birth (month) (day) (year): 10-30-15
	3. Color or Race: White	4. Sex: male	5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Weippe
FATHER	6. Full Name of Father: Walter Snyder		7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Flarnie Mae Bonner		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willis Jay Snyder	11. Present Address of Registrant: Weippe, Idaho 83553
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 1971	12. Signature of Notary: Marie Green ~~Willis Jay Snyder~~	13. Notary Commission expires: 12-5 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #518-03-5870	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Dec.4,1936
	Date of Birth: Oct.30,1915	Birth Place: Weippe, Idaho	Full Name of Mother: Flarnie May Bonner	Name of Father: Walter Snyder
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Clearwater County, Idaho School Dist. #Cons.,#2	Date Issued: Jan.12,1971	Date Orig. Entry: Oct.11,1926
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: ----	Name of Father: Walter Snyder
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Walter Snyder	Date Issued: Aug.17,1971	Date Orig. Entry: ---
	Date of Birth: Oct.30,1915	Birth Place: Weippe, Idaho Clearwater County	Full Name of Mother: Flarnie (Bonner)Snyder	Name of Father: Walter Snyder
QUALIFYING INFORMATION				

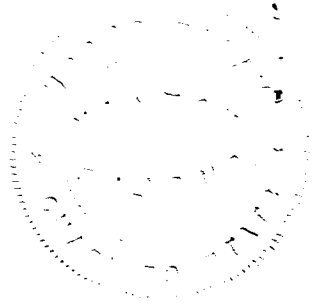
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 19,1971

FORM BH 56067

OCT 1 9 1971



DECEASED

286-221-029-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-747

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Rose Shove		2. Date Of Birth (month) Feb. (day) 21, (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Viola, Idaho — a. County: Latah — b. City or Town of Birth: Viola, Idaho
FATHER	6. Full Name of Father: Harry Bert Shove		7. State or Country of Father's Birth: Crawford County, Pa.
MOTHER	8. Full Maiden Name of Mother: Laura Jane Jenkins		9. State or Country of Mother's Birth: Clearfield County, Pa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Rose Shove Burnett	11. Present Address of Registrant: S. 431 Euclid, Sandpoint, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 19, 19 71	12. Signature of Notary: H. Ruth McGuire	13. Notary Commission expires: July 23, 19 73.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: TheodoreR. Shove (bd.3/19/05)	Date issued: July 19, 1971	Date Orig. Entry: ---
	Date of Birth: Feb.21,1915	Birth Place: Viola, Idaho	Full Name of Mother: Laura Jane Jenkins	Name of Father: Harry Bert Shove	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #242431	Date issued: ---	Date Orig. Entry: child born Mar.30,1936
	Date of Birth: Age: 21	Birth Place: Viola, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: First Lutheran Church, Sandpoint ID, Orvill Grorud, Pastor	Date issued: Oct.21,1971	Date Orig. Entry: baptized May 25,1952
	Date of Birth: Feb.21,1915	Birth Place: Viola, Idaho	Full Name of Mother: Laura Shove	Name of Father: Harry Shove	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	gml Glenda Larson	November 3,1971

FORM BH 56067

7-13-71

NOV 1 1971
NOV 1 1 1971

239-105-043-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-754

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Strauchon		2. Date Of Birth (month) August (day) 5 (year) 1915	
	3. Color or Race: Cauc	4. Sex: Male	5. Place of Birth a. County: Arling, Idaho Valley	b. City or Town of Birth
FATHER	6. Full Name of Father: John Strauchon		7. State or Country of Father's Birth: Quebec, Canada	
MOTHER	8. Full Maiden Name of Mother: Lucy Lenore Birch		9. State or Country of Mother's Birth: Wyoming USA.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George William Strauchon	11. Present Address of Registrant: Box 509 - Cascade, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 7th of October 1971	12. Signature of Notary: L. Lee Judy	13. Notary Commission expires: 11-15 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

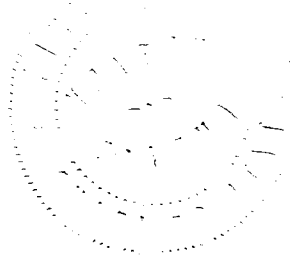
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Lenora Strauchon	Date Issued: Nov.3,1971	Date Orig. Entry: ----	
	Date of Birth: Aug.5,1915	Birth Place: Arling, Idaho	Full Name of Mother: Lucy Lenora Birch	Name of Father: John Strauchon	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Ralph L. Gutke, Major INF, Ft. Douglas, UT	Date Issued: discharged Nov.13,1945	Date Orig. Entry: inducted Feb.20,1941	
	Date of Birth: Aug.5,1915	Birth Place: Arling, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy (#57543 Mem.)	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Sep.26,1951	Date Orig. Entry: Sep.26,1951	
	Date of Birth: Aug.5,1915	Birth Place: Arling, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: November 3,1971

FORM BH 56067

11-13-70

NOV 4 1971



764-222 1025-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-758
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Elizabeth Godfrey
2. Date of Birth (month) (day) (year): Feb. 22 1915
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Orville Clarence Godfrey
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Thompson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Elizabeth Godfrey
11. Present Address of Registrant: 1212 Washington St Gooding Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 16 19 70
12. Signature of Notary: Mary Schmidt
13. Notary Commission expires: Feb 10 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church, Thos. E. Gooch, Bishop
Date issued: Apr.4,1915
Date Orig. Entry: blessed Apr.4,1915

Class*
Date of Birth: Feb.22,1915
Birth Place: Chester, Idaho Fremont County
Full Name of Mother: Elizabeth Thompson
Name of Father: Orville Godfrey

SUPPORTING RECORD 2.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho #52-13069
Date issued: ----
Date Orig. Entry: child born Oct.19,1952

Class
Date of Birth: Age: 37
Birth Place: Chester, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Insurance Policy #590 783 100 MP
By whom issued and signed: Metropolitan Life Ins.Co.
Date issued: July 1,1959
Date Orig. Entry: June 10,1959

Class
Date of Birth: Feb.22,1915
Birth Place: Chester, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: November 4,1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM PRH #2067

NOV 5 1971

312-209-009-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-760

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iola Bird Caswell			2. Date Of Birth (month) 12 (day) 9 (year) 1915	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Oldtown Id. a. County: Bonner	b. City or Town of Birth: Oldtown, Idaho. (mail Newport)	
FATHER	6. Full Name of Father: Tobias B. Caswell			7. State or Country of Father's Birth: Oklahoma	
MOTHER	8. Full Maiden Name of Mother: Maude E. Anderson			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iola Bird Caswell		11. Present Address of Registrant: Rt 4 Box 135 Newport, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 2 1971	12. Signature of Notary: Charles E Bishop		13. Notary Commission expires: Oct 20, 1974 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Tobe Caswell		Date Issued: Aug.18,1971	Date Orig. Entry: ----
	Date of Birth: Dec.9,1915	Birth Place: Oldtown, Bonner County, Idaho	Full Name of Mother: Tobias ----	Name of Father: Tobias B. Caswell	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record	By whom issued and signed: Newport Community Hospital, Newport, WA		Date Issued: ---	Date Orig. Entry: July 5,1959
	Date of Birth: Dec.9,1915	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #541-30-4415	By whom issued and signed: Social Security Adm.		Date Issued: Oct.11,1971	Date Orig. Entry: Aug.3,1945
	Date of Birth: Dec.9,1915	Birth Place: Newport, Idaho Bonner County	Full Name of Mother: Maude Effie Anderson	Name of Father: Tobe B. Caswell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: November 4, 1971

FORM BH 56067

1 Cp Pd Rec. 18498

7-22-71

NOV 5 1971

569-20/1016-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-797

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zylpha Mae Horn			2. Date Of Birth (month) April (day) 1 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: Joseph Horn			7. State or Country of Father's Birth: Sublett, Idaho	
MOTHER	8. Full Maiden Name of Mother: Katy Mae England			9. State or Country of Mother's Birth: Moreland, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zylpha Mae Wade		11. Present Address of Registrant: 1206 Nevada Gooding Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1971	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #50-3056	Date Issued: ------	Date Orig. Entry: Child born Feb 20,1950	
	Date of Birth: Age 34 yrs	Birth Place: Burley, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Copy of certificate of Baptism & Confirmation	By whom issued and signed: Bishop M. Staley Cheney LDS Church - Gooding, Idaho	Date Issued: -----	Date Orig. Entry: Child baptized April 1,1923	
	Date of Birth: Aprill,1915	Birth Place: Burley, Idaho	Full Name of Mother: Katy Mae England	Name of Father: Joseph Horn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 74 yrs Joseph Horn	By whom issued and signed:	Date Issued: Feb.22,1968	Date Orig. Entry: -------	
	Date of Birth: Apr 1,1915	Birth Place: Burley, Idaho	Full Name of Mother: Katy Mae England	Name of Father: Joseph Horn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: Nov. 16, 1971

FORM BH 56067

NOV 17 1971

455-111-020-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-820

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Augustine Joseph DeNaughel		2. Date of Birth (month) (day) (year): Sept. 11 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Arrow Rock Dam
FATHER	6. Full Name of Father: August Henni DeNaughel		7. State or Country of Father's Birth: Belgium
MOTHER	8. Full Maiden Name of Mother: Albertina Christina Marie Meuleman		9. State or Country of Mother's Birth: Belgium
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Augustine DeNaughel	11. Present Address of Registrant: Rt. 1, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 11 19 71	12. Signature of Notary: H.V. Creason	13. Notary Commission expires: Feb. 28, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Big Bend School)	By whom issued and signed: Minidoka County Schools, Rupert, Idaho	Date Issued: Nov.11,1971	Date Orig. Entry: 1930
	Date of Birth: Sep.11,1915 / Birth Place: Arrow Rock Dam, Elmore Co.,Idaho	Full Name of Mother: Albertina Christina Marie Meuleman DeNaughel	Name of Father: August Henni DeNaughel	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: St.John's Cathedral,Boise,ID	Date Issued: ---	Date Orig. Entry: baptized April 3,1916
	Date of Birth: Sep.11,1915 / Birth Place: ----	Full Name of Mother: Albertina C. Meuliman	Name of Father: Augustine DeNaugle	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Albertina DeNaughel	Date Issued: Nov.11,1971	Date Orig. Entry: ----
	Date of Birth: Sep.11,1915 / Birth Place: Arrow Rock Dam, Elmore Co.,Idaho	Full Name of Mother: Albertina Christina Marie Meuleman	Name of Father: August Henni DeNaughel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: November 30,1971

FORM BH 56067

DEC 1 1971

296-226-226-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-849

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Louise Brown
2. Date Of Birth: June 26 1915
3. Color or Race: W
4. Sex: Female
5. Place of Birth: Ririe
a. County: Jefferson
b. City or Town of Birth: Ririe

FATHER

6. Full Name of Father: Edwin Jacob Brown
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith Ross
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Moreen
11. Present Address of Registrant: P. O. Box 323 Rigby, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: November 17 19 71
12. Signature of Notary: Leonard E. Graham
13. Notary Commission expires: January 5 19 72

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Rigby 4th Ward, Edwin H. Lee, Bishop	Mar.6,1949	baptized Mar.5,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 26,1915	Ririe, Idaho Jefferson County	Edith Ross	Edwin Jacob Brown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #30553-E through #30558-E	Gem State Mutual Life Assoc. inc., Pocatello, ID	Jan.12,1944	Jan.6,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 26,1915	Ririe, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #266764	----	child born May 15,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Ririe, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 14, 1971

FORM BH 56067

DEC 14 1971

DELAYED

DUP 1915-32444

415-222-05-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-032

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Davis
2. Date of Birth: (month) May (day) 22 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: Farm house a. County: Caribou
b. City or Town of Birth: Soda Springs, Idaho

FATHER

6. Full Name of Father: Charles Wesley Davis
7. State or Country of Father's Birth: Soda Springs, Idaho

MOTHER

8. Full Maiden Name of Mother: Laura May Albiston
9. State or Country of Mother's Birth: Richmond, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Davis Ackerman
11. Present Address of Registrant: 951 Park Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 13 1972
12. Signature of Notary: Eva Eckert Pocatello Ida
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding employment records	U.P.RR., Pocatello, Idaho T.P.Rogers, Supt.	Jan. 12, 1972	June 14, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1915	Soda Springs, Ida.	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	Soda Springs Ward, LDS Church T.H.Horsley, Clerk	----	blessed July 4, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22, 1915	Soda Springs, Ida.	Laura Albiston	Wesley Davis

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #253594	----	child born Apr. 12, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Soda Springs, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barson	gml Glenda Larson	Jan. 18, 1972

FORM BH 56067

JAN 1 8 1972
FEB 2 9 2012

813-121-026-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-051**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Douglas Hall			2. Date Of Birth (month) (day) (year): October 21, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Cummer Green Hall			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Lenora Douglas			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence D. Hall		11. Present Address of Registrant: 1730 Dennis, Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 24th 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: Nov. 10 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application of insurance policy		By whom issued and signed: American Republic Insurance Company	Date issued: ----	Date Orig. Entry: Mar.30,1964
	Date of Birth: Oct.21,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #424406	Date issued: ----	Date Orig. Entry: child born Aug.10,1946
	Date of Birth: Age: 30	Birth Place: Annis, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal aunt		By whom issued and signed: Mary Idell Merrill Age:83	Date issued: Dec.23,1971	Date Orig. Entry: ----
	Date of Birth: Oct.21,1915	Birth Place: Annis, Idaho	Full Name of Mother: Martha Lenora Douglas Hall	Name of Father: Cumer Green Hall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	January 26,1972

FORM BH 56067

JAN 27 1972

454-225-016-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-054

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zepher June Deuel
2. Date Of Birth: (month) 9 (day) 25 (year) 15
3. Color or Race: White
4. Sex: Fe.
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Louis Easton Deuel
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Clema Isabelle Barr Deuel
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: June Gordon
11. Present Address of Registrant: San Jose, California 3327 Jarvis Ave

NOTARY Seal

Subscribed and sworn to before me on: January 12 1972

12. Signature of Notary: Robert J. Britton

13. Notary Commission expires: April 19 1974

OFFICIAL SEAL ROBERT J. BRITTON NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SANTA CLARA COUNTY My Commission Expires April 19, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age:68	Fern Deuel Watson	Jan.22,1972	----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept.25,1915 Burley, Idaho	Clema Isabelle Barr Deuel	Louis Easton Deuel	
SUPPORTING RECORD 2.	photocopy of application for life insurance policy	Metropolitan Life Ins. Co.	Sep.22,1955	Sep.15,1955
	Sep.25,1915 Burley, Idaho	----	----	
SUPPORTING RECORD 3.	photocopy of school record	R.Blauer,Registrar,Burley High School, Burley, Idaho	----	Aug.30,1922
	Sep.25,1915 Burley, Idaho	Mrs. C. I. Deuel	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Jan. 27, 1972

FORM BH 56067

FEB 1 1972

6 59409 028-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-060**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: August Julius Weitz (Wights)		2. Date Of Birth (month) (day) (year): August 9, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Gibbs
FATHER	6. Full Name of Father: Julius Weitz		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Schmik		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: August Julius Weitz Wights	11. Present Address of Registrant: 2354 E. Lynnwood Dr
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 26 1972	12. Signature of Notary: Eleanor M. McLaughlin	13. Notary Commission expires: Jan 7 1976

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable military discharge	By whom issued and signed: U.S. Navy, F.C.Hill,Capt.(MC) U.S.Naval Hosp,Seattle,WA	Date issued: discharged Nov.16,1945	Date Orig. Entry: enlisted May 18,1944
	Date of Birth: Aug.9,1915	Birth Place: Gibbs, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Church certificate	By whom issued and signed: Ernst Schneppe,Pastor,Ev.Luth.	Date issued: ---	Date Orig. Entry: Aug.15th obviously old
	Date of Birth: Aug.9,1915	Birth Place: Gibbs, Idaho	Full Name of Mother: Maria Schmick	Name of Father: Julius Weitz
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #371340	By whom issued and signed: West Coast Life Ins. Co., San Francisco,CA	Date issued: Dec.3,1936	Date Orig. Entry: amended April 1942
	Date of Birth: Aug.9,1915	Birth Place: ----	Full Name of Mother: Mary Weitz	Name of Father: ---
QUALIFYING INFORMATION				

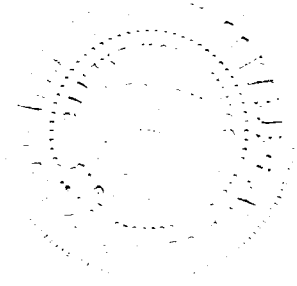
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 27, 1972

FORM BH 56067

JAN 27 1972



655-229-016-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Weeks ~~Atkinson~~	2. Date Of Birth (month) Jan. (day) 29 (year) 1915
	3. Color or Race: white; 4. Sex: F; 5. Place of Birth: Home a. County: Cassia	b. City or Town of Birth: View (mail Burley) Idaho
FATHER	6. Full Name of Father: Ruben George Weeks	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Mae Walker	9. State or Country of Mother's Birth: New Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Weeks Atkinson; 11. Present Address of Registrant: R.F.D. 1 Box 381 Pleasant Grove Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 4 1972	12. Signature of Notary: N E Petersen; 13. Notary Commission expires: 10-10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Cassia Stake, View Ward births & Blessings page 170, line 411	Date issued: Sep.10,1971	Date Orig. Entry: Aug.1,1915
	Date of Birth: Jan.29,1915; Birth Place: View, Idaho Cassia County	Full Name of Mother: Ida Walker	Name of Father: Reuben Weeks	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #1237	By whom issued and signed: State of Utah	Date issued: Nov.15,1961	Date Orig. Entry: child born Oct.29,1940
	Date of Birth: Age: 25; Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license #5910	By whom issued and signed: Utah County, Utah	Date issued: Aug.25,1971	Date Orig. Entry: Nov.27,1933
	Date of Birth: Age: 18; Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 9, 1972

FORM BH 56067 1 Cp Pd Rec # 22038

FEB 1 0 1972

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Eulalia Burton		2. Date Of Birth (month) (day) (year): June 14 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Francis Lynn Burton		7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Pearl Martin		9. State or Country of Mother's Birth: Emmett, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances B. Kay	11. Present Address of Registrant: 1211 Red Apple Rd. Wenatchee, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 11 1972	12. Signature of Notary: [illegible]	13. Notary Commission expires: 2-5 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Francis L. Burton and Pearl M. Burton	Date Issued: Dec.3,1971	Date Orig. Entry: ----
	Date of Birth: June 14,1915	Birth Place: Wallace, Idaho Shoshone County	Full Name of Mother: Pearl Martin Burton	Name of Father: Francis Lynn Burton
SUPPORTING RECORD 2.	Type of Document: Certified copy of certificate of marriage	By whom issued and signed: Spokane County, Washington	Date Issued: Jan.10,1972	Date Orig. Entry: Feb.4,1939
	Date of Birth: June 14,1915	Birth Place: Wallace, Idaho	Full Name of Mother: Pearl Martin	Name of Father: Francis L. Burton
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #48-14174	Date Issued: ----	Date Orig. Entry: child born Dec.19,1948
	Date of Birth: Age: 33	Birth Place: Wallace, Idaho	Full Name of Mother: ----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Feb. 16, 1972

FORM BH 56067

FEB 17 1972

396-226-037-683

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
- . STATE OF IDAHO

State File No. DE 72-113

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Mae Crowley
2. Date of Birth (month) (day) (year): July 26 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: John Mathew Crowley
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Pansy Jewel Williams
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Mae Fontius
11. Present Address of Registrant: P.O. Box 3342 Coos Bay, Oregon. 97420

NOTARY (Seal)

L. M. JENSEN
NOTARY PUBLIC-OREGON
My Commission Expires Aug. 20, 1974

Subscribed and sworn to before me on Jan. 10, 1972

12. Signature of Notary: L M Jensen
13. Notary Commission expires: Aug. 20, 1974

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Hattie E. Pruett Age:78	Date Issued: Dec.31,1971	Date Orig. Entry: ---
	Date of Birth: July 26,1915 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Pansy Jewel Crowley	Name of Father: John Mathew Crowley	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #104	By whom issued and signed: State of Oregon	Date Issued: Dec.6,1971	Date Orig. Entry: child born July 13,1934
	Date of Birth: Age: 18 / Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statements regarding school records - school census	By whom issued and signed: Mrs. J.Plath,Secy.to A.W.Nelson Asst.Adm., BendPublic Schools, OR	Date issued: 1/18/72 & 2/8/72	Date Orig. Entry: Oct.25,1932
	Date of Birth: Age: 17 / Birth Place: ----	Full Name of Mother: --------	Name of Father: John Crowley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	gml Glenda Larson	Feb.17,1972

FORM BH 56067

FEB 1 8 1972

437-206-024-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Lorea McGarry			2. Date Of Birth (month) Nov (day) 6 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Sheridan Phillip McGarry			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fern Ellen Hickman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern M. Hatch		11. Present Address of Registrant: 5 Shadow Wood Way Ballston Lake, New York
NOTARY (Seal)	Subscribed and sworn to before me on 1/16 19 72	12. Signature of Notary		13. Notary Commission expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Robert W. Divett, Clerk, Salt Lake City, UT	Date Issued: ----	Date Orig. Entry: baptized Mar. 22, 1924	
	Date of Birth: Nov. 6, 1915	Birth Place: Wendell, Idaho	Full Name of Mother: Fern Hickman	Name of Father: Sheridan P. McGarry	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #41371	By whom issued and signed: State of New York	Date Issued: ---	Date Orig. Entry: child born May 3, 1942	
	Date of Birth: Age: 26	Birth Place: Wendell, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from U.S. Passport #0201880	By whom issued and signed: U.S. Passport Office	Date Issued: ---	Date Orig. Entry: Mar. 4, 1966	
	Date of Birth: Nov. 6, 1915	Birth Place: Idaho, U.S.A.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

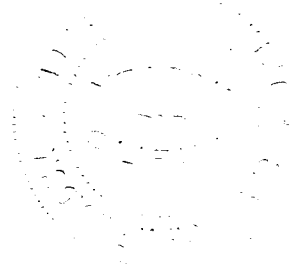
State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Feb. 18, 1972

FORM BH 56067

2-16-66

MAR 3 1972

OCT 2 5 2005



859-210-033-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-139

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Nettie Hertzig		2. Date Of Birth (month) Feb. (day) 10 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rexburg, Madison; b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Alma Hertzig		7. State or Country of Father's Birth: Logan, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Nettie Chandler		9. State or Country of Mother's Birth: Egin, Fremont, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred H Brown	11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 26 1971	12. Signature of Notary: Rhea Fullmer	13. Notary Commission expires: June 25 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Woodrow Ward, J.M. Inman, Bishop, Fremont Stake	Date Issued: ----	Date Orig. Entry: blessed Apr. 4, 1915
	Date of Birth: Feb. 10, 1915 / Birth Place: Rexburg, Idaho	Full Name of Mother: Nettie Chandler	Name of Father: Alma Hertzig	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Burton Ward, Conrad Walz, Bishop	Date Issued: June 3, 1923	Date Orig. Entry: baptized June 2, 1923
	Date of Birth: Feb. 10, 1915 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Mary Nettie Chandler	Name of Father: Alma Hertzig	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #413932	Date Issued: ----	Date Orig. Entry: child born Nov. 28, 1945
	Date of Birth: Age: 30 / Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Feb. 28, 1972

FORM BH 56067 1 Cy Pd. - #24-27

FEB 2 9 1972

751-204-040-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-193

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lena Graifemberg
2. Date Of Birth (month) July (day) 4 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth (a) County: Shoshone
(b) City or Town of Birth: (Success) Wallace, Ida

FATHER

6. Full Name of Father: Charles Graifenberg
7. State or Country of Father's Birth: Tyrol, Austria

MOTHER

8. Full Maiden Name of Mother: Anna Angeline
9. State or Country of Mother's Birth: Tyrol, Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lena Nichols
11. Present Address of Registrant: 1350 Mendocino Carmichael, Ca. 95608

NOTARY (Seal)

Subscribed and sworn to before me on March 27 1972
12. Signature of Notary: Carol J. Wahlman
13. Notary Commission expires: March 27 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of Baptism	St.Alphonsus Church, Wallace, ID, Vol 3 pg 42 #8	---	baptized May 6,1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4,1915	Anna ---	Anna Angeline	Charles Graifenberg

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #50-146528	State of California	Dec.16,1952	child born Aug.1,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 35	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Metropolitan Life Ins. Co.	---	Nov.2,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4,1915	Success, Idaho	Anna Graifemberg	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	March 30,1972

FORM BH 56067

5-21-72

MAR 30 1972

299-116-014814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-203

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Charles Kirkpatrick		2. Date Of Birth (month) (day) (year): Aug. 16 1915
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Chauncey Hilton Kirkpatrick		7. State or Country of Father's Birth: Illinois -
MOTHER	8. Full Maiden Name of Mother: Laura Myrtle Hamilton		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John C Kirkpatrick	11. Present Address of Registrant: Rt 4 Box 236 Astoria 97103
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 19 72	12. Signature of Notary: Eileen D. Bagley	13. Notary Commission expires: June 25 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age:82	By whom issued and signed: George B. Mills	Date issued: Apr.3,1972	Date Orig. Entry: ---
	Date of Birth: Aug.16,1915 / Birth Place: Parma, Idaho	Full Name of Mother: Laura Myrtle Hamilton Kirkpatrick	Name of Father: Chauncey Hilton Kirkpatrick	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U. S. Army, J.Willard Wagner, Lt. Col.AGD	Date issued: discharged Feb.4,1946	Date Orig. Entry: inducted May 29,1945
	Date of Birth: Aug.16,1915 / Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of return of marriage #3059	By whom issued and signed: State of Oregon Vital Statistics Section	Date issued: Mar.30,1972	Date Orig. Entry: Jan.14,1940
	Date of Birth: Age: 24 / Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	April 6,1972

FORM BH 56067

2 cps ad hec # 33566

3-16-72

APR 6 1972

219-21-4027-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-212

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Iola Barnes
2. Date Of Birth (month) (day) (year): 12 - 14 - 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: ~~Elmore~~ Jerome
b. City or Town of Birth: Eden

FATHER

6. Full Name of Father: Byron O. Barnes
7. State or Country of Father's Birth: Illinois Pekin

MOTHER

8. Full Maiden Name of Mother: Mamie Price
9. State or Country of Mother's Birth: Cole Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Iola B. Phillips
11. Present Address of Registrant: Box 33 Cride Colo. 83834

NOTARY (Seal)

Subscribed and sworn to before me on: March 16 19 72
12. Signature of Notary: Gayle Kuhn Deputy Clerk
13. Notary Commission expires: _____ 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St.Paul's Church,Blackfoot,	May 21,1961	May 21,1961
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.14,1915 / Eden, Idaho	Mamie Hunter	Otis Barnes	
SUPPORTING RECORD 2.	Affidavit by sister	Ester Barnes Phillips (10 years 3 mos. older)	Mar.16,1972	---
	Dec.14,1915 / Eden, Idaho	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #392003	---	child born June 8,1944
	Age: 28 / Eden, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gm1 Glenda Larson	April 7, 1972

FORM BH 56067

10-4-66

APR 26 1972

968-224-018-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Elizabeth Roy			2. Date of Birth (month) (day) (year): November 24, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Fred Glenn Roy			7. State or Country of Father's Birth: West Virginia, USA
MOTHER	8. Full Maiden Name of Mother: Dessie Geneva Kerns			9. State or Country of Mother's Birth: West Virginia, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Elizabeth Bagley		11. Present Address of Registrant: Maupin, Oregon 97037
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 19 72	12. Signature of Notary: David E. Hunter		13. Notary Commission expires: January 15 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record-Clearwater Co., Idaho		By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Nov.20,1964	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4 1/12	Birth Place: Idaho	Full Name of Mother: Dessie G. Roy	Name of Father: Fred G. Roy	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Nov.24,1915	Birth Place: ---	Full Name of Mother: Mrs. Fred Roy	Name of Father: Mr. Fred Roy	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Fred G. Roy	Date Issued: Mar.16,1972	Date Orig. Entry: ---
	Date of Birth: Nov.24,1915	Birth Place: Orofino, Idaho	Full Name of Mother: Dessie Geneva Kerns	Name of Father: Fred Glenn Roy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	April 20, 1972

FORM BH 56067

APR 20 1972

693-122-025-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-272

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Richard Wilson		2. Date of Birth (month) (day) (year): MAY 22, 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: White Bird, Idaho — b. City or Town of Birth: White Bird, Idaho
FATHER	6. Full Name of Father: Charles L. Wilson		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Edith Olivia Carlson		9. State or Country of Mother's Birth: Swedon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis R. Wilson	11. Present Address of Registrant: Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1972	12. Signature of Notary: Samuel D. Swayne	13. Notary Commission expires: Nov 17 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Transcript		By whom issued and signed: University of Idaho	Date Issued: Feb.1,1966	Date Orig. Entry: Degree granted Jun.5,1939
	Date of Birth: May 22,1915	Birth Place: Whitebird, Ida.	Full Name of Mother: Edith O. Carlson	Name of Father: Charles L. Wilson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 85		By whom issued and signed: Edith O. Wilson	Date Issued: Feb.9,1972	Date Orig. Entry: ------
	Date of Birth: May 22,1915	Birth Place: White Bird	Full Name of Mother: Edith Olivia Carlson	Name of Father: Charles Louis Wilson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate on file - Idaho - # 384776		By whom issued and signed:	Date Issued: ----	Date Orig. Entry: child born Jun.9,1942
	Date of Birth: Age 27	Birth Place: White Bird,Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 27,1972

FORM BH 56067

1 cty Pt Rec # 31722

6-26-10

APR 27 1972

392-206-024-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-296

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Louise Lisle
2. Date of Birth: (month) 11 (day) 6 (year) 15
3. Color or Race: W Rite
4. Sex: Female
5. Place of Birth: a. County: Gooding
b. City or Town of Birth: Bliss

FATHER

6. Full Name of Father: Frank Albert Lisle
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Anna Thon
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie L. Richey
11. Present Address of Registrant: Naches Wash.

NOTARY (Seal)

Subscribed and sworn to before me on APRIL 6 1972

12. Signature of Notary: [signature]
13. Notary Commission expires: 2-11 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage return & affidavit record	Yakima County, Washington #19218	Apr.3,1972	Nov.9,1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Bliss, Idaho	Anna Thon	F. A. Lisle	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Anna Lisle	Apr.6,1972	---
	Nov.6,1915 / Bliss, Idaho	Anna Lisle	Frank A. Lisle	
SUPPORTING RECORD 3.	Hospital Record	Yakima Valley Memorial Hosp.	Apr.21,1972	Nov.25,1967
	Nov.6,1915 / Idaho	-----	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 2, 1972

FORM BH 56067

3-27-72

MAY 3 1972

763-225-042-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-332

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Josephine Potter
2. Date Of Birth (month) 3 (day) 25 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twinfalls

FATHER

6. Full Name of Father: Check Raleigh Potter
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Ethel Maude McCleery
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Josephine Potter Risch
11. Present Address of Registrant: 196 Lelandstanford St

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 14 1972

12. Signature of Notary: H Martin Henricks
13. Notary Commission expires 19

OFFICIAL SEAL
H. MARTIN HENRICKS
NOTARY PUBLIC - CALIFORNIA
SAN FRANCISCO COUNTY
My Commission Expires Aug. 18, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage #330	Santa Clara County, Calif.	Mar. 14, 1972	Apr. 26, 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Idaho	Ethel McCleery	C. R. Potter	
SUPPORTING RECORD 2.	Affidavit by mother	Ethel M. Potter	Apr. 3, 1972	---
	Mar. 25, 1915 / Twin Falls, IDAHO	Ethel Maude McCleery	Check Raleigh Potter	
SUPPORTING RECORD 3.	certified copy of school records	San Jose High School, P.M. Dela Cruz-Registrar	----	June 1931
	Mar. 25, 1915 / Twin Falls, Ida	Ethel	Check Raleigh Potter	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 11, 1972

FORM BH 56067

1 Cp Pd Receipt #205-45

2-10-7-

MAY 11 1972

693-203-006-522

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-347

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Louise Wilde		2. Date Of Birth (month) Sept. (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Blackfoot, Ida. a. County: Bingham b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Orrin George Wilde		7. State or Country of Father's Birth: Brigham City (Box Elder) Utah
MOTHER	8. Full Maiden Name of Mother: Dora Josephine Eskelson		9. State or Country of Mother's Birth: Mink Creek (Franklin) Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Louise Gerrard	11. Present Address of Registrant: 179E 5th ave Dugway, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: April 19, 1972	12. Signature of Notary: R. Sharon Morris	13. Notary Commission expires: May 24 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Fremont County, Idaho	Date issued: Apr.18,1972	Date Orig. Entry: May 5,1934
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing		By whom issued and signed: LDS Church, Dugway 2nd Ward Grantsville Stake, J.B.Slade, Bp.	Date issued: July 7,1969	Date Orig. Entry: blessed Oct.3,1915
	Date of Birth: Sept.3,1915	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Dora Josephine Eskeleen	Name of Father: Orrin George Wilde	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Della Wilde Herbst (bd.4/2/04)	Date issued: Apr.25,1972	Date Orig. Entry: -----
	Date of Birth: Sept.3,1915	Birth Place: Blackfoot	Full Name of Mother: Dora Josephine Eskelsen Wilde	Name of Father: Orrin George Wilde	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	May 18, 1972

K FORM BH 56067 ICP Add rec # 16104 8-5-69

MAY 1 9 1972

AUG 2 9 1997

631-20-1033-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-352

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Fern Flake
2. Date Of Birth (month) 2 (day) 9 (year) 1915
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Ada, Idaho — b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: James Emmett Flake
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Julia May Hughes
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Fern Miller
11. Present Address of Registrant: 2310 N. Maple Grove Rd. Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 30 19 72

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age 74	Ethel Tinker	May 9,1972	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.9,1915	Ola,Idaho	Julia May Flake (Hughes)	James Emmett Flake

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Register	Mtn.Home, Elmore Co,Idaho	May 15,1972	Feb.18,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	Ola,Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Application	Social Security Adm.#518547918	Jan.7,1963	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.9,1915	Ola,Idaho	Julia May Hughes	James Emmett Flake

QUALIFYING INFORMATION

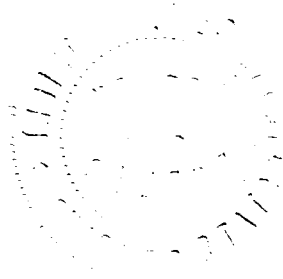
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 30,1972

FORM BH 56067

MAY 30 1972



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414-21-7620-341

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Mirtle Madgen			2. Date of Birth (month) December (day) 17 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Frank Magden			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Minnie Travis			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Foster		11. Present Address of Registrant: 2150 S 1st St #79 San Jose, Ca
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 1972	12. Signature of Notary: Florence Courtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 241945	Date Issued: ----	Date Orig. Entry: child born April 2,1936
	Date of Birth: Age 20 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: ------	Name of Father: - -------	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Dec.17,1915 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: Minnie M. Travis	Name of Father: Frank D. Magden	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: Community Hospital, Los Gatos-Saratoga	Date Issued: ---	Date Orig. Entry: July 25,1966
	Date of Birth: Dec.17,1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: June 13, 1972

FORM BH 56067

JUN 13 1972

133-219-003-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Caroline Maria Allen			2. Date Of Birth (month) (day) (year): September 19, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Hawkins
FATHER	6. Full Name of Father: Francis Marion Allen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Isabelle Putnam			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Caroline Maria Allen		11. Present Address of Registrant: 219 [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1972	12. Signature of Notary: Rodney J. Parrish		13. Notary Commission expires: February 1 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church - Sorensen, Bishop	Date Issued: Nov.7,1926	Date Orig. Entry: Baptized Sep.11,1926
	Date of Birth: Sep.19,1915	Birth Place: Hawkins, Idaho	Full Name of Mother: Mary Putnam	Name of Father: Francis M. Allen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by attending physician		By whom issued and signed: H. J. Hartvigsen, M.D.	Date Issued: Mar.14,1972	Date Orig. Entry: ---
	Date of Birth: Sep.19,1915	Birth Place: Hawkins Basin, ID Bannock County	Full Name of Mother: Mary Isabelle Putnam Allen	Name of Father: Francis Marion Allen	
SUPPORTING RECORD 3.	Type of Document: Certificate of birth from LDS Church		By whom issued and signed: Portneuf Stake, Hawkins Branch Members #19299, Entry #5	Date Issued: Apr.28,1972	Date Orig. Entry: Sept.22,1915
	Date of Birth: Sep.19,1915	Birth Place: Hawkins Basin, ID Bannock County	Full Name of Mother: Mary Isabelle Putnam	Name of Father: Francis Marion Allen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 14, 1972

FORM BH 56067 NM 5-18-72

JUN 15 1972

753-109-003-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-432

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merlin Richard Peterson		2. Date Of Birth (month) (day) (year): Dec. 9, 1915
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Trout creek, Bannock — b. City or Town of Birth: Trout Creek, Idaho
FATHER	6. Full Name of Father: Nephi Peterson		7. State or Country of Father's Birth: Mink Creek, Franklin Co, Ida
MOTHER	8. Full Maiden Name of Mother: Ida Melissa Hubbard		9. State or Country of Mother's Birth: Bench, Bannock, Ida
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlin Peterson	11. Present Address of Registrant: Grace, Ida. 83241
NOTARY (Seal)	Subscribed and sworn to before me on: June 8- 19 72	12. Signature of Notary: [illegible]	13. Notary Commission expires: Feb. 28, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Trout Creek Ward, Michael Mickelsen, Clerk	Date Issued: ---	Date Orig. Entry: blessed Mar. 5, 1916
	Date of Birth: Dec. 9, 1915 — Birth Place: Trout Creek, Idaho Bannock County	Full Name of Mother: Ida Hubbard	Name of Father: Nephi Peterson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Grace Ward, Fred Greenwood, Clerk	Date Issued: May 5, 1924	Date Orig. Entry: baptized May 3, 1924
	Date of Birth: Dec. 9, 1915 — Birth Place: Trout Creek, Idaho Bannock County	Full Name of Mother: Ida Hubbard	Name of Father: Nephi Peterson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old West Life Ins. Co.	Date Issued: May 6, 1960	Date Orig. Entry: May 6, 1960
	Date of Birth: Dec. 9, 1915 — Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 26, 1972

FORM BH 56067

5-20-65

JUN 27 1972

669-20910 33-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-507

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stella Marcella Forsyth
2. Date Of Birth (month) (day) (year): Dec. 9, 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Madison
b. City or Town of Birth: Independence

FATHER

6. Full Name of Father: George Forsyth
7. State or Country of Father's Birth: Wayne County Utah

MOTHER

8. Full Maiden Name of Mother: Rossetta Marcella Johnson
9. State or Country of Mother's Birth: Glenwood, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stella Marcella Forsyth
11. Present Address of Registrant: 1361 N. 15th Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 28 July 1972
12. Signature of Notary: Dora Jenkins
13. Notary Commission expires: 17 March 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church Independence, Idaho
Date Issued: ---
Date Orig. Entry: Child blessed Feb 6, 1916
Date of Birth: Dec. 9, 1915
Birth Place: Independence, Idaho
Full Name of Mother: Rosetta Johnson
Name of Father: George Forsyth

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: State of Idaho File # 255194
Date Issued: ------
Date Orig. Entry: Child born May 7, 1937
Date of Birth: Age 21 yrs
Birth Place: Idependence (Idaho)
Full Name of Mother: -------
Name of Father: -------

SUPPORTING RECORD 3.

Type of Document: Affidavit by father
By whom issued and signed: George Forsyth
Date Issued: July 28, 1972
Date Orig. Entry: ---
Date of Birth: Dec. 9, 1915
Birth Place: Independence, ID Madison County
Full Name of Mother: Rossetta Marcella Johnson
Name of Father: George Forsyth

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: $1 Glenda Larson
Date Filed: August 2, 1972

FORM BH 56067

AUG 2 1972

DECEASED

DLC 92-1915-35433

493403-001-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (AKA Lester Lewis Cox)* LESTER LEWIS MILLER			2. Date Of Birth (month) 12 (day) 3 (year) 15	
	3. Color or Race WHITE	4. Sex M	5. Place of Birth a. County BOISE IDAHO ~~CANYON~~	b. City or Town of Birth BOISE IDAHO	
FATHER	6. Full Name of Father BERT MILLER			7. State or Country of Father's Birth UNKNOWN	
MOTHER	8. Full Maiden Name of Mother MINNIE MILLER			9. State or Country of Mother's Birth UNKNOWN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant Lester L. Cox	11. Present Address of Registrant 9700 SAN MARCOS ATASCADERO CA.	
NOTARY (Seal)	Subscribed and sworn to before me on June 16 1972		12. Signature of Notary Sidney C York	13. Notary Commission expires 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document photocopy of Decree of Adoption		By whom issued and signed Superior Court, Kern County, California, J.W.Mahon, Judge	Date Issued ---	Date Orig. Entry Nov.9,1925
	Date of Birth Dec.3,1915	Birth Place ---	Full Name of Mother Minnie Miller	Name of Father James Bert Miller	
SUPPORTING RECORD 2.	Type of Document photocopy of honorable discharge from military		By whom issued and signed U.S. Navy	Date Issued discharged Apr.3,1946	Date Orig. Entry inducted Dec.3,1915
	Date of Birth Dec.3,1915	Birth Place Boise, Idaho	Full Name of Mother ---	Name of Father ---	
SUPPORTING RECORD 3.	Type of Document photocopy of application for social security #554-09-6594		By whom issued and signed Social Security Adm. Santa Ana, CA	Date Issued Jan.25,1937	Date Orig. Entry Jan.25,1937
	Date of Birth Dec.3,1915	Birth Place Boise, Idaho	Full Name of Mother Lola A. Walker	Name of Father Delbert W. Cox	

QUALIFYING INFORMATION

*Lester Lewis Saunders was born under the name of Lester Lewis Miller and adopted on Oct.30,1920 by G. Harvey and Ivy L. Saunders. Adopted in 1925 by Delbert W. and Lola A. Cox and named Lester Lewis Cox.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	August 14, 1972

FORM BH 56067

AUG 1 4 1972

NOV 1 3 1974

815-106-021-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gordon Porter Hansen		2. Date Of Birth (month) May (day) 6 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Mapleton Idaho
FATHER	6. Full Name of Father: Hans Norman Hansen		7. State or Country of Father's Birth: Brigham City Utah
MOTHER	8. Full Maiden Name of Mother: Slena Sarah Porter		9. State or Country of Mother's Birth: Coalville Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon Porter Hansen	11. Present Address of Registrant: P.O. Box 152 Tetonia Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1972	12. Signature of Notary: Dorothy C. Douglass	13. Notary Commission expires: 9/20 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Adrian H. Cook, Ward Clerk	Date issued: Apr.4,1972	Date Orig. Entry: blessed June 12,1915
	Date of Birth: May 6,1915 / Birth Place: Mapleton, Idaho	Full Name of Mother: Sarah Selna Porter	Name of Father: Hans Norman Hansen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt	By whom issued and signed: LaVeda P. Sharp Age:74	Date issued: May 22,1972	Date Orig. Entry: ----
	Date of Birth: May 6,1915 / Birth Place: Mapleton, Idaho	Full Name of Mother: Sarah Selna Porter	Name of Father: Hans Norman Hansen	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Aug.7,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4 yrs. / Birth Place: Idaho	Full Name of Mother: Sarah R. Hansen	Name of Father: Norman Hansen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	August 16,1972

FORM BH 56067 2 cys pd Rec. # 33368

AUG 17 1972

128-210-015-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aileen Ashbaker		2. Date Of Birth (month) November (day) 10, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock now - Caribou; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Charles Ashbaker		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Esther Peterson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aileen A. Hubbard	11. Present Address of Registrant: Star Route, Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 22 19 72	12. Signature of Notary: Kenneth M. Fowler	13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #125		By whom issued and signed: State of Utah	Date issued: Sep.13,1972	Date Orig. Entry: child born Mar.4,1942
	Date of Birth: Age: 26	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Grace Ward, Moroni Lowe, Bishop	Date issued: ---	Date Orig. Entry: baptized Dec.1,1923
	Date of Birth: Nov.10,1915	Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Esther Petersen	Name of Father: Chas. Ashbaker	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Anna A. Paskins (bd.4/1/05)	Date issued: Sep.16,1972	Date Orig. Entry: ---
	Date of Birth: Nov.10,1915	Birth Place: Grace, Bannock now Caribou Co., Idaho	Full Name of Mother: Esther Peterson Ashbaker	Name of Father: Charles Ashbaker	
QUALIFYING INFORMATION					

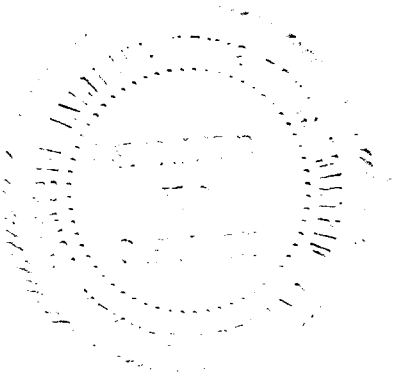
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 12,1972

FORM BH 56067

OCT 1 2 1972



SSS 219065-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-676

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Margaret Hennessey
2. Date Of Birth (month) (day) (year): August 19 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St. Maries, Benewah
   b. City or Town of Birth: St. Maries

FATHER

6. Full Name of Father: William Francis Hennessey
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Alice Burns
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen M. Jackson
11. Present Address of Registrant: 820 west 65 St Minneapolis Minn

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 24 1972

12. Signature of Notary: Sally Forsberg
13. Notary Commission expires: SALLY FORSBERG Notary Public, Hennepin County, ~~Minn.~~ 19 My Commission Expires May 5, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy 120763-294	Aug.19,1915	St.Marys,Idaho	New York Life Ins. Co.	Alice Hennessey	---	William F. Hennessey	Dec.27,1935
SUPPORTING RECORD 2.	photocopy of baptismal certificate	Aug.19,1915	---	St.Marys Church,St.Maries,ID	Helen Burns	Apr.22,1972	William Hennessey	baptized Sep.5,1915
SUPPORTING RECORD 3.	photocopy of own child's birth record 122-51-77330	Age: 36	Idaho	child born in Duluth, Minnesota	---	---	---	child born Sep.11,1951

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 31,1972

FORM BH 56067

Ck'd Rec. # 02707

10-12-72

OCT 31 1972

259-22-029-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-710

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ines Angeline Berreman
2. Date Of Birth: (month) June (day) 22 (year) 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Potlatch; b. City or Town of Birth: Potlatch Idaho

FATHER

6. Full Name of Father: Eli Micheal Berreman
7. State or Country of Father's Birth: don't know

MOTHER

8. Full Maiden Name of Mother: Victoria Angeline Patterson
9. State or Country of Mother's Birth: don't know

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ines B Edwards
11. Present Address of Registrant: 1616 So 25

NOTARY (Seal)

Subscribed and sworn to before me on: November 8 1972
12. Signature of Notary: Virginia T. Seyler
13. Notary Commission expires: July 30 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #538-09-2447	Social Security Adm.	---	Oct. 7, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22,1915	Potlatch, Idaho	Victora Patterson	Eli Michael Berreman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth #180	State of Washington	---	child born Mar.17,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Potlatch, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital record	St.Joseph Hosp., Tacoma, WA	---	Jan.16,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 23,1915	Idaho	---	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

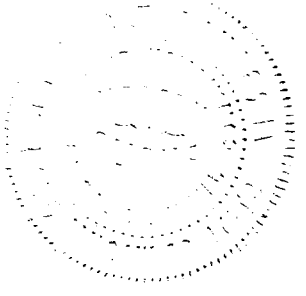
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Nov. 15, 1972

FORM BH 56067

Alt. Form sent 11-3-72 gml

Edward (Lee Berman)

NOV 16 1972



851-223-020-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Georgia Heath			2. Date Of Birth (month) January (day) 23 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Pine
FATHER	6. Full Name of Father: Guy Seth Heath			7. State or Country of Father's Birth: Paola, Kansas
MOTHER	8. Full Maiden Name of Mother: Grace Louise Davey			9. State or Country of Mother's Birth: Atlanta, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie G. Rubery		11. Present Address of Registrant: Glenns Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 22 1972	12. Signature of Notary: George F. Rabenstein		13. Notary Commission expires: Feb 14 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (at time of birth) Friend of family Age 80	By whom issued and signed: H. B. Howland		Date Issued: May 18,1964	Date Orig. Entry: -----
	Date of Birth: Jan 23,1915	Birth Place: Pine,Idaho	Full Name of Mother: Grace Louise Davey Heath	Name of Father: Guy Seth Heath	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 236270		Date Issued: ------	Date Orig. Entry: child born July 26,1935
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance Farmers Insurance Exchange	By whom issued and signed: W. W. Sander -Dist. Mgr.		Date Issued: May 8,1965	Date Orig. Entry: ------
	Date of Birth: Jan.23,1915	Birth Place: ----	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc sl Sue Lowe	Date Filed: Nov. 24, 1972

FORM BH 56067

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866-125007-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-754

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Yardley Elmo Howard			2. Date Of Birth (month) (day) (year): June 25 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Carey Blaine	b. City or Town of Birth: Carey Idaho
FATHER	6. Full Name of Father: John Wilford Howard			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: Rachel Ann Harris			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Yardley Elmo Howard - 25½ warm Springs		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: December 1 1972	12. Signature of Notary: Jonnie Henderson		13. Notary Commission expires: July 25 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 51-1473	Date Issued: ----	Date Orig. Entry: child born Feb. 21,1951
	Date of Birth: Age 35	Birth Place: Carey,Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U.S.Army	Date Issued: Nov.30,1945	Date Orig. Entry: Inducted May 14,1942
	Date of Birth: Jun.25,1915	Birth Place: Carey,Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: (Neighbor at time of birth) Affidavit by cousin Age 75		By whom issued and signed: Harold Harris	Date Issued: Dec.1,1972	Date Orig. Entry: -----
	Date of Birth: Jun 25,1915	Birth Place: Carey,Idaho	Full Name of Mother: Rachel Ann Harris	Name of Father: John Wilford Howard	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

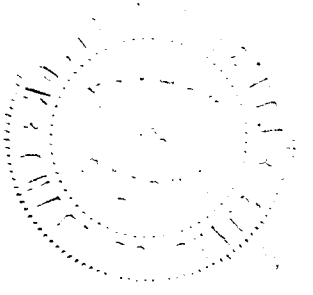
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Dec.1,1972

FORM BH 56067

III-27-72

DEC 4 1972



238-203-64-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-766

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Schell		2. Date of Birth (month) February (day) 3 (year) 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Cotterel, Idaho
FATHER	6. Full Name of Father: Henry Schell		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Amelia Gottschalk		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Schell Kasch	11. Present Address of Registrant: P.O. Box 458, Baker, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 20, 19 64	12. Signature of Notary: O. R. Young	13. Notary Commission expires: March 7, 19 67

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Fallon County, Supt. of schools Lucille Riley	Date Issued: Nov. 12, 1953	Date Orig. Entry: 1923
	Date of Birth: Feb. 3, 1915; Birth Place: -----	Full Name of Mother: Amelia Schell	Name of Father: Henry Schell	
SUPPORTING RECORD 2.	Type of Document: Oath of Elector	By whom issued and signed: Fallon County, Montana, County Clerk R. R. Stevens	Date Issued: Nov. 12, 1953	Date Orig. Entry: Sept. 18, 1940
	Date of Birth: Age 25; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage record #1563 bkIII pg 1563	By whom issued and signed: Fallon County, Montana, Colleen Peck, Clerk	Date Issued: Dec. 1, 1972	Date Orig. Entry: Oct. 14, 1936
	Date of Birth: Feb. 3, 1915; Birth Place: Cotterel, Idaho	Full Name of Mother: Emily Gottshalk	Name of Father: Henry Schell	

QUALIFYING INFORMATION

photocopy of Certificate of Naturalization #637405 for father, Henry Schell lists wife Amelia and child 1 yr old Lillian living in Cotteral, Cassia County, Idaho on April 11, 1916. Issued by Dept. of Labor on that date.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Glenda Larson	December 7, 1972

FORM BH 56067

11-1-64

DEC 1 2 1972

236-207-025-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-770

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Claire Scott		2. Date of Birth (month) (day) (year): January 7 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clearwater, Idaho, USA
			b. City or Town of Birth: Clearwater, Idaho, USA
FATHER	6. Full Name of Father: Clair Alfred Scott		7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Lula Ann Murphy		9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Claire Scott Renska	11. Present Address of Registrant: 3241 60th Ave. SE, Mercer Island, Wa 98040
NOTARY (Seal)	Subscribed and sworn to before me on: December 2, 1972	12. Signature of Notary: Gerald F. Wilson	13. Notary Commission expires: June 30, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social Security #534-52-6543	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: May 18,1966
	Date of Birth: Jan.7,1915 / Birth Place: Clearwater, Idaho	Full Name of Mother: Lula Ann Murphy	Name of Father: Clair Alfred Scott	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth record #724	By whom issued and signed: child born in Portland, OR	Date Issued: ---	Date Orig. Entry: child born Jan.30,1945
	Date of Birth: Age: 30 / Birth Place: Clearwater, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: The Doctors Hospital, Seattle, WA, Mrs. Ethel Ottersbach, Dir.	Date Issued: Nov.8,1972	Date Orig. Entry: April 17,1958
	Date of Birth: Jan.7,1915 / Birth Place: Idaho	Full Name of Mother: Lula Murphy	Name of Father: Clair Scott	

QUALIFYING INFORMATION: photocopies of affidavits by parents. Both original affidavits were signed June 11, 1941 and give birthdate as January 7,1915 in Clear Creek, near Clearwater, Idaho to Lula Scott and Claire A. Scott.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	December 7,1972

FORM BH 56067

DEC 7 1972

366-20d-026-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-781

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Cook			2. Date Of Birth (month) Oct. (day) 2 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Rigby, Idaho — Jefferson	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: David Earnest Cook			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Cloc Ireta Steed			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Winnifred Cook Hammerton	11. Present Address of Registrant: 900 Westwind Dr. Columbia Mo.	
NOTARY (Seal)	Subscribed and sworn to before me on Dec 11, 1972		12. Signature of Notary: Jay Bennett	13. Notary Commission expires: March 2, 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Blessing		By whom issued and signed: LDS Church, Rigby Ward, Geo. A. Cordon, Bishop	Date Issued: ---	Date Orig. Entry: blessed Nov. 7, 1915
	Date of Birth: Oct. 2, 1915	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Ireta Steed	Name of Father: David E. Cook	
SUPPORTING RECORD 2.	Type of Document: photocopies of pages from family book of history		By whom issued and signed: Brief History of David Cook & Fanny Maria Beazer Cook-Steed	Date Issued: published 's Printing	Date Orig. Entry: Dec. 1966 Plate Co., Logan, UT
	Date of Birth: Oct. 2, 1915	Birth Place: ---	Full Name of Mother: Ireta Steed Cook	Name of Father: David Ernest Cook	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record Logan, Utah		By whom issued and signed: Utah State University of Agriculture & Applied Science,	Date Issued: Oct. 19, 1965	Date Orig. Entry: Oct. 1, 1937
	Date of Birth: Oct. 2, 1915	Birth Place: ---	Full Name of Mother: ----	Name of Father: David E. Cook	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Glenda Larson	December 19, 1972

FORM BH 56067

#37647

DEC 19 1972

NOV 20 2000
MAY 19 2016

449-212-025-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-783

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tess Lorene Murray			2. Date Of Birth (month) (day) (year): August 12 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Henry Ignacias Murray			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Alice Matilda Brust			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tess L. Wiler		11. Present Address of Registrant: Sedona, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1972	12. Signature of Notary: Mildred E. Norman		13. Notary Commission expires: My Commission Expires July 31, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for Social Security #527-18-9255	By whom issued and signed: Social security administration		Date Issued: ----	Date Orig. Entry: Feb.27,1941
	Date of Birth: Aug.12,1915	Birth Place: Grangeville,Idaho	Full Name of Mother: Alice Matilda Brust	Name of Father: Henry Ignacias Murray	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #189	By whom issued and signed: State of Arizona		Date Issued: Oct.25,1972	Date Orig. Entry: child born May 1, 1934
	Date of Birth: Age: 18	Birth Place: Grangeville,Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Maricopa County, Arizona book 45 page 539		Date Issued: Dec.12,1972	Date Orig. Entry: Jan.6,1933
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 19, 1972

FORM BH 56067

1 Copy issued Rec. #01837

10-3-77

DEC 2 0 1972

819-220-021-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-789

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanza Harris			2. Date Of Birth (month) 8 (day) 20 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Thatcher~~ IDA. FRanklin	b. City or Town of Birth: THatcher	
FATHER	6. Full Name of Father: Alexander Wells Harris			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: Martha Almira Meacham			9. State or Country of Mother's Birth: UtaH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanza Harris Lowe		11. Present Address of Registrant: Box 166 Franklin, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: December 22 19 72	12. Signature of Notary: DeAnn D. Geddes		13. Notary Commission expires: March 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #607	By whom issued and signed: State of Utah		Date Issued: ---	Date Orig. Entry: child born Sept.15,1927
	Date of Birth: Age: 22	Birth Place: Thatcher, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance policy #610 382 195 MS	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Mar.1,1961	Date Orig. Entry: Feb.4, 1961
	Date of Birth: Aug.20,1915	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Almira Meacham		Date Issued: Dec.22,1972	Date Orig. Entry: ----
	Date of Birth: Aug.20,1915	Birth Place: Thatcher, Idaho	Full Name of Mother: Martha Almira Meacham	Name of Father: Alexander Wells Harris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	December 27,1972

FORM BH 56067

DEC 29 1972

556-20 7 0 38 - 313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Jeanette Newton			2. Date Of Birth (month) December (day) 7 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Jesse Newton			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Frances Lattig			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen J. Faknen		11. Present Address of Registrant: Rt# 1, Roe Street Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1973	12. Signature of Notary: Albertene Wacker		13. Notary Commission expires: December 14 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 79	By whom issued and signed: Esther J. Wells	Date Issued: Jan.16,1973	Date Orig. Entry: ------
	Date of Birth: Dec.7,1915 / Birth Place: Payette,Idaho	Full Name of Mother: Frances Lattig Newton	Name of Father: Jesse Newton	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - #373018	Date Issued: ----	Date Orig. Entry: child born May 4, 1943
	Date of Birth: Age 27 / Birth Place: Payette,Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital	Date Issued: Jan.17,1973	Date Orig. Entry: Admitted Aug 30,1956
	Date of Birth: Dec.7,1915 / Birth Place: ----	Full Name of Mother: ------	Name of Father: ----	
QUALIFYING INFORMATION				

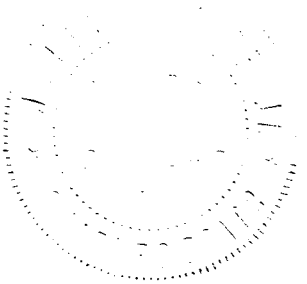
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright fc	Jan.18,1973

FORM BH 56067

JAN 18 1973



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666-231-031-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-73-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Wood			2. Date Of Birth (month) Oct. (day) 31 (year) 1915	
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Woodland Idaho (Lewis)	b. City or Town of Birth: Woodland, Idaho	
FATHER	6. Full Name of Father: Cecil Allen Wood			7. State or Country of Father's Birth: Moscow, Idaho	
MOTHER	8. Full Maiden Name of Mother: Grace Arminta Wiggins			9. State or Country of Mother's Birth: Colton, Wash.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen L. Case (Wood)	11. Present Address of Registrant: 2519 E Mill Plain Blvd Vancouver, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 7 1972		12. Signature of Notary: Mary M. Rosenberg	13. Notary Commission expires: May 22 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #10109		By whom issued and signed: Whitman County, Washington Book 3, page 49	Date Issued: ---	Date Orig. Entry: Apr. 29, 1936
	Date of Birth: Age: 20	Birth Place: Woodland, Idaho	Full Name of Mother: Grace Wiggins	Name of Father: Cecil A. Wood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Grayce A. Wood	Date Issued: Dec. 13, 1972	Date Orig. Entry: ----
	Date of Birth: Oct. 31, 1915	Birth Place: Woodland, Idaho	Full Name of Mother: Grayce A. Wood (Wiggins)	Name of Father: Cecil A. Wood	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records		By whom issued and signed: M. J. McCullough, Asst. Supt., Int. School Dist. #101, Spokane, WA	Date Issued: Jan. 16, 1973	Date Orig. Entry:
	Date of Birth: Oct. 31, 1915	Birth Place: ---	Full Name of Mother: Mrs. C. G. Wood	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 22, 1973

FORM BH 56067

Cert. Rec. # 01940

10-17-72

JAN 23 1973

-68-113-024-755-

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ronald Lee Boyer			2. Date of Birth (month) April (day) 13 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman	
FATHER	6. Full Name of Father: Emerson George Boyer			7. State or Country of Father's Birth: Hagerman, Idaho	
MOTHER	8. Full Maiden Name of Mother: Ethel Fern Penfold			9. State or Country of Mother's Birth: Charleston, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ronald Lee Boyer	11. Present Address of Registrant: Hagerman Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 23 1973		12. Signature of Notary: Maudie A. Wyman	13. Notary Commission expires: June 15 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.13,1915	Birth Place: Hagerman,Idaho	Full Name of Mother: Ethel Fern Penfold	Name of Father: Emerson George Boyer	
SUPPORTING RECORD 2.	Type of Document: Bible Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.13,1915	Birth Place: Idaho	Full Name of Mother: Ethel Fern Penfold	Name of Father: Emerson George Boyer	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 48-703	Date Issued: ----	Date Orig. Entry: child born Jan.12,1948
	Date of Birth: Age 32	Birth Place: Hagerman,Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wicks		Evidence reviewed by: fc Florence Curtright	Date Filed: 1-23-73	

FORM BH 56067

1-23-73

JAN 29 1973

655-118.024-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD VON HENERY WEECH	2. Date Of Birth (month) (day) (year): AUGUST 18, 1915
	3. Color or Race: CAU; 4. Sex: MALE; 5. Place of Birth a. County: GOODING COUNTY	b. City or Town of Birth: BLISS IDAHO
FATHER	6. Full Name of Father: DAVID HENERY WEECH	7. State or Country of Father's Birth: UTAH, USA
MOTHER	8. Full Maiden Name of Mother: RUBY BELLE KELLOGG	9. State or Country of Mother's Birth: KELLOGG, MISSOURI, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Von Henery Weech
		11. Present Address of Registrant: 1230 INGLEWOOD ST, Hayward, Cal
NOTARY (Seal)	Subscribed and sworn to before me on AUGUST 20TH 19 71	12. Signature of Notary: [signature]
		13. Notary Commission expires: FEBRUARY 5, 19 75

OFFICIAL SEAL
J. M. ZOZULA
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
STANISLAUS COUNTY
My Commission Expires Feb. 5, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ruby Belle Bidgood	Date issued: Aug.20,1971	Date Orig. Entry: ----
	Date of Birth: Aug.18,1915; Birth Place: Bliss, Idaho	Full Name of Mother: Ruby Belle Bidgood	Name of Father: David Henery Weech	
SUPPORTING RECORD 2.	Type of Document: Federal Census Records Malheur County, Oregon	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jan.23,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4yrs. 4 mos.; Birth Place: Idaho	Full Name of Mother: Belle Weech	Name of Father: David Weech	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: Safeway Stores, Inc., San Francisco, CA	Date issued: ---	Date Orig. Entry: July 10,1953
	Date of Birth: Aug.18,1915; Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	February 1,1973

FORM BH 56067

[illegible] #341-38 (11) 5-6-69 gml

FEB 1 1973

553-105-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-071

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas Lenard Nelson			2. Date Of Birth (month) (day) (year): November 5, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mink Creek
FATHER	6. Full Name of Father: Lenard Nelson (AKA Lenard Nielson)			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Olive Keller			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Douglas L. Nelson		11. Present Address of Registrant: 2473 Highland Drive Salt Lake City, UT. 84106
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 24 1973	12. Signature of Notary: Grace S. Cushing		13. Notary Commission expires: 1-6 1977

(APPLICANT— DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Oneida Stake, Mink Creek Ward Rec. births & blessings 1916, Pg. 248, Line 381	Date Issued: Dec. 15, 1967	Date Orig. Entry: June 2, 1916
	Date of Birth: Nov. 5, 1915	Birth Place: Mink Creek, Idaho Franklin County	Full Name of Mother: Olive Keller	Name of Father: Leonard Nelson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #304911	Date Issued: ----	Date Orig. Entry: child born Dec. 3, 1940
	Date of Birth: Age: 25	Birth Place: Mink Creek, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #31270	By whom issued and signed: Western Farm Bureau Life Ins. Co., Denver, CO	Date Issued: May 4, 1961	Date Orig. Entry: July 3, 1961
	Date of Birth: Nov. 5, 1915	Birth Place: Mink Creek, Idaho	Full Name of Mother: ---	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: February 1, 1973

FORM BH 56067

1-16-73 gml

FEB 1 1973

794-205-025-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Bernice Pidgeon		2. Date Of Birth (month) June (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Idaho; b. City or Town of Birth Grangeville.
FATHER	6. Full Name of Father: Charles Ross Pidgeon		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Uvena Emily Arnold		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. K. R. McEwen	11. Present Address of Registrant: RT4 Box 313M Eugene Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1968	12. Signature of Notary: Thelma M. Williams	13. Notary Commission expires: August 23 1971

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible record	By whom issued and signed: family Bible records	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: June 5,1915 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Driver's License #146373	By whom issued and signed: State of Idaho	Date Issued: Aug.10,1943	Date Orig. Entry: Aug.10,1943
	Date of Birth: June 5,1915 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Idaho County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.22,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4 yrs. 6 mos. / Birth Place: Idaho	Full Name of Mother: Uvena E. Pidgeon	Name of Father: Charles R. Pidgeon	
QUALIFYING INFORMATION	Affidavit by mother issued July 20,1968 gives June Bernice Pidgeon (McEwen) born June 5, 1915 in Grangeville, Idaho to Charles R. and Uvena Pidgeon. Signed by Uvena Pidgeon.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wicks	Evidence reviewed by: gml Glenda Larson		Date Filed: February 6,1973

FORM BH 56067

3-26-68 gml

FEB 7 1973

235-210-006-747

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila May Steffensen			2. Date Of Birth (month) May (day) 10 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Bingham	b. City or Town of Birth: Wapello
FATHER	6. Full Name of Father: Jesse Rasmus Steffensen			7. State or Country of Father's Birth: Mink Creek Idaho
MOTHER	8. Full Maiden Name of Mother: Karen Marie Johanne Christine Pukkendal			9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila M. Brown		11. Present Address of Registrant: Box 380 Star Rt Malad Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1972	12. Signature of Notary: [illegible]		13. Notary Commission expires: Sept 29 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Wapello Ward, Amos T. Tucker, Clerk	Date Issued: ---	Date Orig. Entry: blessed June 6, 1915	
	Date of Birth: May 10, 1915	Birth Place: Wapello, Idaho Bingham County	Full Name of Mother: Marie J. Pukkendal	Name of Father: Jesse R. Steffensen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Wapello Ward, Geo. T. Cobbley, Clerk	Date Issued: ---	Date Orig. Entry: baptized June 2, 1923	
	Date of Birth: May 10, 1915	Birth Place: Wapello, Idaho Bingham County	Full Name of Mother: Marie J. Puckendale	Name of Father: Jesse R. Steffensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by midwife who attended birth	By whom issued and signed: Amanda Clark Andersen	Date Issued: Oct. 28, 1972	Date Orig. Entry: ---	
	Date of Birth: May 10, 1915	Birth Place: Wapello, Idaho Bingham County	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	February 6, 1973

FORM BH 56067 10ppd rec. #42284 S 8-18-72 gml

FEB 17 1973

253-205-028-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-085

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLORENCE GENEVIEVE KELLY
2. Date Of Birth (month) (day) (year): JAN. 5 1915
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: COEUR D'ALENE KOOTENAI
b. City or Town of Birth: COEUR D'ALENE, IDA.

FATHER

6. Full Name of Father: MICHAEL JOSEPH KELLY
7. State or Country of Father's Birth: IRELAND

MOTHER

8. Full Maiden Name of Mother: LILLA MARGARET SIMMONS
9. State or Country of Mother's Birth: MONTANA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence K. Trueman
11. Present Address of Registrant: POTLATCH, IDA.

NOTARY (Seal)

Subscribed and sworn to before me on: December 28 1972
12. Signature of Notary: Adeline B. Howard
13. Notary Commission expires: October 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #379947	---	child born Aug. 30, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 28	Coeur d'Alene, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism	St. Thomas Church, Coeur d' Alene, Idaho	orig. issued June 28, 1942	baptized Mar. 21, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 5, 1915	Coeur d'Alene, Idaho	Lilla Simmons	Michael Joseph Kelly

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible Records	Family records in Bible	Jan. 22, 1973	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 5, 1915	Coeur d'Alene, Idaho	---	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	gml Glenda Larson	February 6, 1973

FORM BH 56067

FEB 6 1973

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGUERITE ELIZABETH WHITE			2. Date of Birth (month) August (day) 29 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Bancroft
FATHER	6. Full Name of Father: JAMES MONROE WHITE			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: DAISY DEAN DAVIS			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite White Griffin		11. Present Address of Registrant: 731 South Main, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 5, 19 73	12. Signature of Notary: Ruth Dillon		13. Notary Commission expires: July 27, 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and certificate		By whom issued and signed: On file Idaho #49-20166	Date Issued: Sep.16,1949	Date Orig. Entry: Sep.16,1949
	Date of Birth: Age: 34	Birth Place: Bancroft, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Bancroft Ward, Joseph C. Call, Bishop	Date Issued: June 28,1931	Date Orig. Entry: baptized June 28,1931
	Date of Birth: Aug.29,1915	Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: Daisy Dean Davis	Name of Father: James Monroe White	
SUPPORTING RECORD 3.	Type of Document: photocopy of family record		By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: appears old
	Date of Birth: Aug.29,1915	Birth Place: Bancroft, Idaho	Full Name of Mother: Daisy Dean Davis White	Name of Father: James Monroe White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 23, 1973

FORM BH 56067

FEB 23 1973

582-116-022-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-141

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Andrew Glenn Nyborg
2. Date Of Birth (month) (day) (year): Jan 16 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Squirrel Fremont
b. City or Town of Birth: Squirrel

FATHER

6. Full Name of Father: William Nyborg
7. State or Country of Father's Birth: Mt. Pleasant - Utah

MOTHER

8. Full Maiden Name of Mother: Laurinda Jensen
9. State or Country of Mother's Birth: Mt. Pleasant - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn Nyborg
11. Present Address of Registrant: Route #1 Meridian

NOTARY (Seal)

Subscribed and sworn to before me on: 2-16-73 19___
12. Signature of Notary: [illegible]
13. Notary Commission expires: 7-15-74 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L.D.S. Church	Aug.15,1915	Blessed Aug.15,1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.16,1915 / Idaho	Lorinda Jenson	William Nyborg	
SUPPORTING RECORD 2.	Family Record	Family	----	obviously old
	Jan.16,1915 / Squirrel, Idaho	Laurinda Jensen	Wm. Nyborg	
SUPPORTING RECORD 3.	History of Idaho Volume III	S. J. Clarke Publishing Co.	1920	1920
	Jan.16,1915 / Idaho	Laurinda Jensen	William Nyborg	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	March 1,1973

FORM BH 56067

11-2-72

MAR 5 1973

618-131-034-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Slater Wayment			2. Date Of Birth (month) July (day) 31 (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Minidoka County	b. City or Town of Birth: Paul
FATHER	6. Full Name of Father: Alma Earnest Wayment			7. State or Country of Father's Birth: Plain City, Utah -- Weber County
MOTHER	8. Full Maiden Name of Mother: Mary Jane Slater ~~Wayment~~			9. State or Country of Mother's Birth: Slaterville, Utah -- Weber County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Slater Wayment		11. Present Address of Registrant: Route #3, Box 332, Burley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 20th 1973	12. Signature of Notary: JA Parsons		13. Notary Commission expires: 7/10 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military honorable discharge record	By whom issued and signed: U.S. Army, Wilfred G.Threader Major Air Corps-Ft.Douglas,UT	Date issued: discharged July 17,1945	Date Orig. Entry: inducted Feb.24,1941	
	Date of Birth: July 31,1915	Birth Place: Paul, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-13737	Date issued: ---	Date Orig. Entry: child born Oct.23,1949	
	Date of Birth: Age: 34	Birth Place: Paul, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Paul Ward	Date issued: ---	Date Orig. Entry: baptized 4 Aug.1923	
	Date of Birth: July 31,1915	Birth Place: Paul, Idaho Minidoka County	Full Name of Mother: Mary Jane Slater	Name of Father: Alma E. Wayment	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 8, 1973

FORM BH 56067

MAR 9 1973

DELAYED

DUP OF 15-33725

715-22-0424-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-176

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARENCE EDWARD RANDELL		2. Date Of Birth (month) 4 (day) 22 (year) 1915	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: ARTSIAN TWIN FALLS	b. City or Town of Birth: ARTSIAN IDAHO
FATHER	6. Full Name of Father: CHARLES LEHI RANDELL		7. State or Country of Father's Birth: HENEFER SUMMIT Cont, UTAH	
MOTHER	8. Full Maiden Name of Mother: SYLVIA EMILY MECHAM, PARK VALLEY		9. State or Country of Mother's Birth: BOXELDER UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence E. Randell	11. Present Address of Registrant: BURLEY IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 19 1973	12. Signature of Notary: Ellen F. Starry	13. Notary Commission expires: May 16 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family record	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously old	
	Date of Birth: Apr.22,1915	Birth Place: Artesian City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Lewis Drake, Bishop Burley 3rd Ward	Date Issued: July 1,1923	Date Orig. Entry: baprized June 3,1923	
	Date of Birth: Apr.22,1915	Birth Place: Artesian City, Ida. Twin Falls County	Full Name of Mother: Sylvia Meacham	Name of Father: Charles L. Randell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records	By whom issued and signed: Twin Falls, Idaho	Date Issued: Apr.18,1947	Date Orig. Entry: Sept.1924	
	Date of Birth: Apr.22,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: Charles Randell	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: March 13, 1973		

FORM BH 56067

MAR 14 1973

719-202-039-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Lorretta Garrett			2. Date Of Birth (month) Nov. (day) 2 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Rockland, Power county	b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Jesse Garrett			7. State or Country of Father's Birth: Posy county (near) Mt. Vernon Indiana
MOTHER	8. Full Maiden Name of Mother: Zenna Cless Swearingen			9. State or Country of Mother's Birth: Rothville, Shearborne, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence L. Blanchard		11. Present Address of Registrant: 802 05 Park Rd, Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1973	12. Signature of Notary: Lona F. Lewis		13. Notary Commission expires: October 15 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Standard Ins Co. of Portland OR	Date Issued: ---	Date Orig. Entry: Apr.25,1952
	Date of Birth: Nov.2,1915	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in Spokane, Wash.	Date Issued: ---	Date Orig. Entry: child born Aug.1,1955
	Date of Birth: Age: 39	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement regarding hospital records		By whom issued and signed: Deaconess,Hospital,Spokane, WA Helen Tobeck,A.R.T.	Date Issued: ---	Date Orig. Entry: Nov.8,1954
	Date of Birth: Nov.2,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: photocopy of page of family records, writing appears to be quite old, gives Florence Lorretta Garrett born Nov. 2, 1915 at Rockland, Idaho. Parents: Jesse Garrett and Zenna Cless Swearingen.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Glenda Larson	March 29, 1973

FORM BH 56067

(G) 7-14-20 mc

MAR 3 0 1973

691-108-005-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-278

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Lee Franklin
2. Date Of Birth: (month) June (day) 8 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Benewah
b. City or Town of Birth: Benewah County (Rural)

FATHER

6. Full Name of Father: Luther Columbus Franklin
7. State or Country of Father's Birth: Sevierville, Tennessee

MOTHER

8. Full Maiden Name of Mother: Eda Belle Black
9. State or Country of Mother's Birth: Beulah, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert L. Franklin
11. Present Address of Registrant: Hawthorne, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on May 3 1973

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.8,1915		Eda Bell Black Franklin	Luther Columbus Franklin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Certificate	State of Idaho - # 50-7092	Nov.29,1950	Married November 29,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 35	Benewah Co. Idaho	------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 72	Helen Reese	Apr.3,1973	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.8,1915	Benewah County (Rural)	Eda Belle Black	Luther Columbus Franklin

QUALIFYING INFORMATION

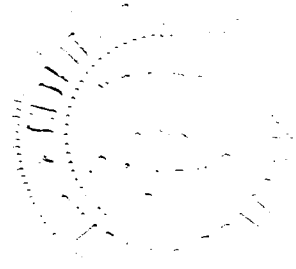
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	May 3, 1973

FORM BH 56067

MAY 3 1973



719-118-016-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fredrick Delaine Parish		2. Date Of Birth (month) Apr. (day) 18 (year) 1915
	3. Color or Race: Caucasian	4. Sex: M.	5. Place of Birth a. County: Elba Idaho Cassia; b. City or Town of Birth: Elba Idaho
FATHER	6. Full Name of Father: Fredrick Charles Parish		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillie Alberta Haycock		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delaine Parish	11. Present Address of Registrant: 7315 - 108th N W Harbor Wn
NOTARY (Seal)	Subscribed and sworn to before me on: May 8th 1973	12. Signature of Notary: Ethel A Horgen	13. Notary Commission expires: Nov 15 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: Elba Ward, Raft River Stake, LDS Church, Frank Whitaker, clk.	Date issued: ---	Date Orig. Entry: blessed June 6, 1916
	Date of Birth: Apr. 18, 1915	Birth Place: Elba, Cassia County, Idaho	Full Name of Mother: Lillie Haycock	Name of Father: Fredric Parish	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Fredrick Charles Parish	Date issued: May 8, 1973	Date Orig. Entry: ---
	Date of Birth: Apr. 18, 1915	Birth Place: Elba, Idaho	Full Name of Mother: Lillie Alberta Haycock Parish	Name of Father: Fredrick Charles Parish	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Elba Ward, Elihu Beecher, Ward Clerk	Date issued: June 17, 1927	Date Orig. Entry: ordained June 12, 1927
	Date of Birth: Apr. 18, 1915	Birth Place: Elba, Idaho	Full Name of Mother: Lillie Haycock	Name of Father: Fredric C. Parish	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

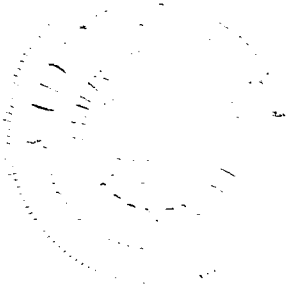
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 16, 1973

K

FORM BH 56067 1 cp. pd. rec. # 15117 RUSH "P" 5-4-73 gml

Parish

MAY 16 1973



843-217-024-031

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-302

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Nora Hulme			2. Date Of Birth (month) (day) (year): September 17, 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman	
FATHER	6. Full Name of Father: George William Hulme			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Emma Glauner			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Esther Stroud	11. Present Address of Registrant: 3821 Leland Burley Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1973		12. Signature of Notary: Glenda Mae Larson	13. Notary Commission expires: September 15, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #239471	Date Issued: ---	Date Orig. Entry: child born Jan.31,1936
	Date of Birth: Age: 20	Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:71		By whom issued and signed: Grace Obenchain	Date Issued: Mar.23,1973	Date Orig. Entry: ---
	Date of Birth: Sep.17,1915	Birth Place: Hagerman, Idaho Gooding County	Full Name of Mother: Emma Glauner (Hulme)	Name of Father: George William Hulme	
SUPPORTING RECORD 3.	Type of Document: Funeral book of George William Hulme with family history		By whom issued and signed: Family Record	Date Issued: date death Sep.14,1945	Date Orig. Entry: writing is old
	Date of Birth: Sep.17,1915	Birth Place: ---	Full Name of Mother: Emma Glauner	Name of Father: George W. Hulme	
QUALIFYING INFORMATION					

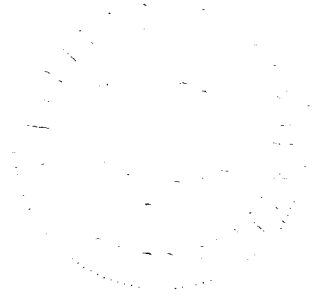
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 16, 1973

FORM BH 56067

MAY 16 1973



914-12-5039-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Rau			2. Date Of Birth (month) Oct. (day) 25, (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: Fredrick Rau			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Maria Rubler			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Rau		11. Present Address of Registrant: 1815 Amity Ave. Nampa	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-11 19 73	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 1-20 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: Family		Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: Oct.25,1915	Birth Place: American Falls,Idaho	Full Name of Mother: Maria Rau	Name of Father: Fredrick Rau	
SUPPORTING RECORD 2.	Type of Document: Own Childs birth certificate	By whom issued and signed: State of Idaho File # 298923		Date Issued: ----	Date Orig. Entry: Child born Aug.12,1940
	Date of Birth: Age 24 yrs	Birth Place: American Falls,Idaho --------	Full Name of Mother:	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 75	By whom issued and signed: Fred Rau		Date Issued: Jun.12,1973	Date Orig. Entry: -----
	Date of Birth: Oct.25,1915	Birth Place: American Falls,Id.	Full Name of Mother: Maria Rubler	Name of Father: Fredrick Rau	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Florence Curtright	June 13,1973

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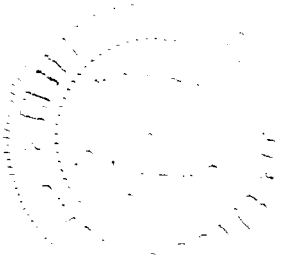
JUN 13 1973



8674181003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Hopkins		2. Date Of Birth (month) Feb (day) 18 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock b. City or Town of Birth: Perry Idaho
FATHER	6. Full Name of Father: Charles Monroe Hopkins		7. State or Country of Father's Birth: Topeka Kansas
MOTHER	8. Full Maiden Name of Mother: Louie Elmina Wilde		9. State or Country of Mother's Birth: Brigham City Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil Hopkins	11. Present Address of Registrant: 1019 Linda Lane Lakeview Ore
NOTARY (Seal)	Subscribed and sworn to before me on: Apr 19 1972	12. Signature of Notary: Norma Carty	13. Notary Commission expires: July 24 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D.S.Church	Date Issued: July 1,1923	Date Orig. Entry: Baptized July 1,1923
	Date of Birth: Feb.18,1915 / Birth Place: Perry,Idaho	Full Name of Mother: Louie Wilde	Name of Father: Charles M. Hopkins	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 69	By whom issued and signed: Marvin M. Hopkins	Date Issued: Feb.24,1973	Date Orig. Entry: ----
	Date of Birth: Feb.18,1915 / Birth Place: Bannock County	Full Name of Mother: Louie Elmins Wilde	Name of Father: Charles Monroe Hopkins	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: Ordained March 6,1949
	Date of Birth: Feb 18,1915 / Birth Place: Perry, Idaho	Full Name of Mother: Louie E. Wilde	Name of Father: Charles Monroe Hopkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Sue Lowe	Date Filed: June 15, 1973

FORM BH 56067

Updated # 17836

9-14-74

JUN 15 1973

356-215-010-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mina Lewis		2. Date Of Birth (month) (day) (year): March - 15 - 1915
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho Bonneville; b. City or Town of Birth: Glenn
FATHER	6. Full Name of Father: Selten Jay Lewis		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Myrtle Mc Gavin		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mina Lewis Pearson	11. Present Address of Registrant: 228 So State - Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1973	12. Signature of Notary: Ross Rasmussen	13. Notary Commission expires: 1-12 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Genealogy Family Group Record		By whom issued and signed: Family records/Logan Temple sealed by Evan O. Darley	Date issued: ----	Date Orig. Entry: sealed 7 Feb 1966 LG
	Date of Birth: Mar.15,1915	Birth Place: Glen, Idaho Bonneville County	Full Name of Mother: Myrtle McGavin	Name of Father: Selten Jay Lewis	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #278623	Date issued: ---	Date Orig. Entry: child born Aug.16,1937
	Date of Birth: Age: 22	Birth Place: Glen, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 16681		By whom issued and signed: Old West Life Ins. Co.	Date issued: ---	Date Orig. Entry: Dec.4,1959
	Date of Birth: Mar.15,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: June 25,1973

FORM BH 56067

2 ap Pd Rec #10706 Y 11,989 3 26 73

JUN 26 1973

962-128-029-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-412

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Lawerence Ross		2. Date Of Birth (month) (day) (year): March 28 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Princeton Ida. Latah; b. City or Town of Birth: Princeton, Idaho
FATHER ✓	6. Full Name of Father: Huitt Edward Ross		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Meritt		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur L. Ross	11. Present Address of Registrant: Box 265 St. John Wash 99171
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 30 1973	12. Signature of Notary: Bernard Johnston	13. Notary Commission expires: Feb 5 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: M.J.McCullough, Asst. Supt, Int.Dist.#101, Colfax, WA	Date issued: Dec.29,1972	Date Orig. Entry: May 1,1928
	Date of Birth: Mar.28,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: Hugh Ross
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record of own child's birth	By whom issued and signed: St.Ignatius Hospital, Colfax, Washington	Date issued: ---	Date Orig. Entry: child born July 4,1943
	Date of Birth: Mar.28,1915	Birth Place: *Hapton, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-01-4126	By whom issued and signed: Social Security Adm.	Date issued: May 28,1973	Date Orig. Entry: Jan.10,1937
	Date of Birth: Mar.28,1915	Birth Place: Princeton, Idaho	Full Name of Mother: Mary Ellen Merritt	Name of Father: Huitt Edward Ross

QUALIFYING INFORMATION

*Hampton was a small town located just about a mile west of Princeton. Hampton is no longer in existence.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 25, 1973

FORM BH 56067 1 cp pdne #38223 2nd form R 8-2-72 gml

JUN 26 1973

813-230-042-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-437

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy May Hale
2. Date Of Birth: (month) 5 (day) 30 (year) 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Frederick Stevenson Hale
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Mary Alice White
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy H. Hurst
11. Present Address of Registrant: 1116 Darlene Rd. Forest Hill Md. 21050

NOTARY (Seal)

Subscribed and sworn to before me on June 20, 19 73

12. Signature of Notary: Ellen S. Mahan — Ellen S. Mahan
13. Notary Commission expires: July 1, 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate #60-3653	State of Georgia	Mar.7,1966	child born Mar.31,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 34 / Twin Falls, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of hospital record	The Union Memorial Hospital	---	Mar.1,1964
	May 30,1915 / Twin Falls, Idaho	Mary A. White	Frederick S. Hale	
SUPPORTING RECORD 3.	Driver's License #n-130-149-298-406 R	State of Maryland	May 10,1965	May 10,1965
	May 30,1915 / ---	---	---	

QUALIFYING INFORMATION

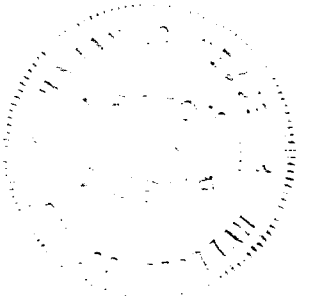
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	July 20, 1973

FORM BH 56067

JUL 23 1973



243-22 8.004-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-462

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORMA BUCK			2. Date Of Birth (month) AUGUST (day) 28 (year) 1915	
	3. Color or Race: WHITE	4. Sex:	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: MONTPELIER	
FATHER	6. Full Name of Father: CHARLES HAMILTON BUCK			7. State or Country of Father's Birth: MARYLAND	
MOTHER	8. Full Maiden Name of Mother: FLORENCE IRENE BARRETT			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Norma Buck	11. Present Address of Registrant: 996 Sumac, Logan, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1973		12. Signature of Notary: Kaye H Evans	13. Notary Commission expires: 8-14 1976	

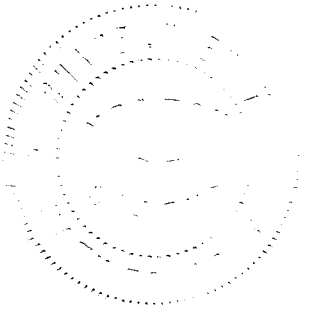
APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and confirmation		By whom issued and signed: LDS Church, W. Louis Perkins, Bishop	Date Issued: ---	Date Orig. Entry: baptized Dec.18,1925
	Date of Birth: Aug.28,1915	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Florence Barrett	Name of Father: Charles Buck	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in Logan, Utah	Date Issued: ----	Date Orig. Entry: child born Mar.25,1948
	Date of Birth: Age: 32	Birth Place: Montpelier,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. m	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Alice L. Barrett (AGE: 76)	Date Issued: July 11,1973	Date Orig. Entry: ---
	Date of Birth: Aug.28,1915	Birth Place: Bear Lake County Montpelier,Idaho	Full Name of Mother: Florence Barrett Buck	Name of Father: Charles H. Buck	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: gml Glenda Larson	Date Filed: July 26, 1973

FORM BH 56067

JUL 27 1973



236-102-009-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-487

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John WesleyScott			2. Date Of Birth (month) 9 (day) 2 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blanchard Ida.	b. City or Town of Birth: Blanchard Idaho	
FATHER	6. Full Name of Father: John F. Scott			7. State or Country of Father's Birth: unable to ascertain	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Scott			9. State or Country of Mother's Birth: unable to ascertain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John W. Scott	11. Present Address of Registrant: 508 Road 38 Pasco, Wa.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 9 1973		12. Signature of Notary: H. W. Felbel	13. Notary Commission expires: Jan. 25 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records- Kennewick School		By whom issued and signed: Intermediate School Dist.#123 Marva A. Fellows, Certification Sec.	Date Issued: July 30,1973	Date Orig. Entry: May 1,1922
	Date of Birth: Sep.2,1915	Birth Place: ---	Full Name of Mother: ----	Name of Father: J. F. Scott	
SUPPORTING RECORD 2.	Type of Document: Honorable Military Discharge		By whom issued and signed: U.S. Army, J.Willard Wagner, LT.COL.AGD, Ft. Lewis, WA	Date Issued: discharged Nov.13,1946	Date Orig. Entry: inducted Apr.16,1945
	Date of Birth: Sep.2,1915	Birth Place: Blanchard, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of voting registration record		By whom issued and signed: Franklin County, Washington Auditor's office	Date Issued: July 30,1973	Date Orig. Entry: Aug.13,1964
	Date of Birth: Sep.2,1915	Birth Place: Blanchard, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit signed by brother, Lawrence Scott (AGE: 66), on August 6, 1973 gives parents' names as John F. Scott and Mary Jane Scott. Also states registrant born in Blanchard, Idaho on September 2, 1915 (the 1915 had been corrected with erase tape; but it looked to be done at the time of issuance.)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Glenda Larson	August 14,1973

FORM BH 56067

7-27-73

AUG 1 5 1973

915-213-021-754

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Geon Randall		2. Date Of Birth (month) July (day) 13 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Preston Idaho Franklin; b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: William Jason Randall		7. State or Country of Father's Birth: Harrisville Utah
MOTHER	8. Full Maiden Name of Mother: Joan Geddes		9. State or Country of Mother's Birth: Plain City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda R. Dockstader	11. Present Address of Registrant: Po Box 583 Cedar City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1973	12. Signature of Notary: Carol C Brown	13. Notary Commission expires: My Commission Expires Sept. 29, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Banida Ward, Ezra J. Allen, Clerk	Date issued: ---	Date Orig. Entry: blessed Sept.12,1915
	Date of Birth: July 13,1915 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Johan Geddes	Name of Father: William J. Randall	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #235309	Date issued: ----	Date Orig. Entry: child born Aug.7,1935
	Date of Birth: Age: 20 / Birth Place: Preston, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of first page only of insurance policy #779040	By whom issued and signed: United Benefit Life Ins. Co Omaha, Nebraska	Date issued: ----	Date Orig. Entry: policy dated Oct.17,1947
	Date of Birth: Age: 32 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 15, 1973

FORM BH 56067 1 CP Pd Rec # 14471 6-21-73

AUG 17 1973

545-11-5042-382

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Boyd Tipton Butler		2. Date Of Birth (month) (day) (year): August 15 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls Idaho
FATHER	6. Full Name of Father: Floyd Mitchell Butler		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Maude Laura Tipton		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Boyd T Butler	11. Present Address of Registrant: 7460-14 St. x Rio Linda, Ca. 95673	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25th 1973	12. Signature of Notary: [illegible]	13. Notary Commission expires: My commission expires April 29, 1975 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable military discharge	By whom issued and signed: U.S.Army,Billings Gen.Hosp., Ft.Benjamin Harrison,IND.	Date Issued: discharged 27 Nov.1944	Date Orig. Entry: inducted July 14,1941
	Date of Birth: Age: 25 yrs. 11 mos. / Birth Place: Twin Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for National Service Life Ins.	By whom issued and signed: National Service Life Ins. Camp Polk, La	Date Issued: ---	Date Orig. Entry: Feb.1,1942
	Date of Birth: Aug.15,1915 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Mrs. Maude L. Butler	Name of Father: Mr. Floyd M. Butler	
SUPPORTING RECORD 3.	Type of Document: photocopy of notification of personnel action	By whom issued and signed: Post Office Department,Sacramento,CA	Date Issued: effective Feb.18,1960	Date Orig. Entry: Oct.1,1960
	Date of Birth: Aug.15,1915 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: August 23,1973

FORM BH 56067

AUG 24 1973

268-102-026-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-554

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John J. Bohney			2. Date Of Birth (month) July (day) 2 (year) 1915
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Camas
FATHER	6. Full Name of Father: Raymond Bohney			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Lovina Richardson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John J. Bohney		11. Present Address of Registrant: 549 W Fairview Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 11 19 73	12. Signature of Notary: Sharon A. Bowden		13. Notary Commission expires 4-29 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Naturalization #452162		By whom issued and signed: U.S. Dept. of Labor, Jefferson County Clerk of Dist. Court	Date Issued: Sep.11,1916	Date Orig. Entry: Sept.11,1916
	Date of Birth: July 2,1915	Birth Place: Camas, Idaho	Full Name of Mother: Mary L. Bohney	Name of Father: Raymond Bohney	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #52-15122	Date Issued: ---	Date Orig. Entry: child born Dec.10,1952
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Credit Untion Card #780		By whom issued and signed: Pocatello Westvaco Employees Federal Credit Untion	Date Issued: Oct.7,1957	Date Orig. Entry: Sept.25,1957
	Date of Birth: July 2,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 14, 1973

FORM BH 56067

1 copy DD Rec 15-657 9-18-02

SEP 17 1973

DELAYED

DUP OF 15-31302

238-21-5024-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-570

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FERN SCHROEDER
2. Date Of Birth (month) (day) (year): 10 15 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: WENDELL Gooding
b. City or Town of Birth: WENDELL

FATHER

6. Full Name of Father: ROY CARL SCHROEDER
7. State or Country of Father's Birth: MICHIGAN

MOTHER

8. Full Maiden Name of Mother: EFFIE RUTH BALLINGER
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Schroeder
11. Present Address of Registrant: 98321 290 NATCHES BUCKLEY WASH

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1973
12. Signature of Notary: V. Weldon Wright
13. Notary Commission expires: 11-3 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of page from family Bible	family records	7/12/73	appears old
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Oct.15,1915 Wendell, Idaho	Effie Ruth Ballinger Schroeder	Roy Carl Schroeder	
SUPPORTING RECORD 2.	photocopy of certificate of Baptism	Rev.Thomas Johns,Wendell,ID Methodist Episcopal Church	7/12/73	not dated but appears old
	Oct.15,1915 Wendell, Idaho	Mrs. Roy C. Schroeder	MR.Roy C. Schroeder	
SUPPORTING RECORD 3.	photocopy of hospital record of own child's birth	Tacoma General Hospital,WA	---	child born Dec.19,1936
	Oct.15,1915 Wendell, Idaho	----	----	

QUALIFYING INFORMATION

photocopy of application for The Prudential Ins. Co. of America, 11-817-833 for insurance policy, November26,1941 gives birthdate as October 15, 1915 in Wendell, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

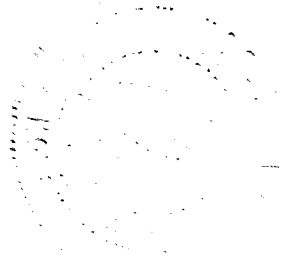
State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: Sept. 21, 1973

FORM BH 56067

1 cp PD Rec'd 18572

6-22-93

SEP 20 1973



259-203-028-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-601

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANN ELIZABETH SEIDEL
2. Date Of Birth (month) (day) (year): SEPT 23 1915
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: WORLEY IDA. KOOTENIA
b. City or Town of Birth: WORLEY IDAHO

FATHER

6. Full Name of Father: AUGUST SEIDEL
7. State or Country of Father's Birth: GERMANY

MOTHER

8. Full Maiden Name of Mother: HERMINE KATHLEEN DEMMER
9. State or Country of Mother's Birth: GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ann E Arkells
11. Present Address of Registrant: 3411 W 7th Spokane 99204

NOTARY (Seal)

Subscribed and sworn to before me on: September 14 1973
12. Signature of Notary: Genevieve S. Dodson
13. Notary Commission expires: Dec. 1, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Confirmation	Our Savior's Lutheran Church Worley, ID Rev. Eugene W. Lee	Apr. 21, 1929	Apr. 21, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep. 23, 1915 / ----	----	----	
SUPPORTING RECORD 2.	Hospital certificate of own child's birth	St. Luke's Hospital, Spokane, Washington	----	child born Oct. 6, 1935
	Sep. 23, 1915 / Worley, Idaho	----	----	
SUPPORTING RECORD 3.	Certified copy of marriage certificate #49968 A	State of Washington, Spokane County Recorder's Office	Sep. 24, 1973	Dec. 24, 1934
	Age: 19 / Idaho	Hermine Demmer	August Seidel	

QUALIFYING INFORMATION

Affidavit by neighbor at time of birth, Clara A. Lillwitz, Age: 88, signed 9/24/1973 gives Ann Elizabeth Seidel born September 23, 1915 at Farm home at Worley, Idaho to Hermine Demmer and August Seidel.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 12, 1973

FORM BH 56067

OCT 1 2 1973

814119-019-653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-646
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Carroll Hammond
2. Date Of Birth (month) (day) (year): October 19, 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Custer
b. City or Town of Birth: Challis

FATHER

6. Full Name of Father: George B. Hammond
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Gladys Wells
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George C. Hammond
11. Present Address of Registrant: Box 541, Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 29 19 73
12. Signature of Notary: Fredrick Hughes Smoot
13. Notary Commission expires: October 1, 19 74

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #57-10468	---	child born Aug.3,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 41	Challis, Idaho	---	---

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Statement regarding medical records	M.J.Moore, M.D., Salmon,ID	Oct.19,1973	1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1915	---	---	---

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Gladys M. McDonald	Oct.29,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1915	Challis, Idaho Custer County	Gladys M. McDonald	George B. Hammond

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	November 6,1973

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0063

NOV 7 1973

331-26-019-334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-665

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence B. Clark			2. Date Of Birth (month) April (day) 26 (year) 1915
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Custer	b. City or Town of Birth: Chilly, Idaho
FATHER	6. Full Name of Father: Lee Clark			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Blanche Cloward			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Florence B Waetzig		11. Present Address of Registrant: Challis, Idaho 83226
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 19 73	12. Signature of Notary: E May Quigley		13. Notary Commission expires: July 21 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #220236		Date Issued: ---	Date Orig. Entry: child born Mar.14,1934
	Date of Birth: Age: 18	Birth Place: Chilly, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: May Quigley,Clk.Board of Trustees,Challis School Dis.#181		Date Issued: ---	Date Orig. Entry: Sept. 1921
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---		Name of Father: Lee Clark
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Blanche Clark		Date Issued: May 18,1972	Date Orig. Entry: ---
	Date of Birth: Apr.26,1915	Birth Place: Chilly, Idaho	Full Name of Mother: Blanche Cloward Clark		Name of Father: Lee Clark
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

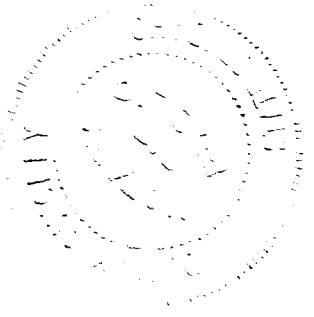
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 20, 1973

FORM BH 56067

1 CP Pd Rec # 11945

"C" 10-26-73 gml

NOV 21 1973



795105-023-891

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-670

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Green		2. Date Of Birth (month) Aug (day) 5 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: EMMETT (GEM) b. City or Town of Birth: EMMETT
FATHER	6. Full Name of Father: Joseph GREEN		7. State or Country of Father's Birth: KENTUCKY
MOTHER	8. Full Maiden Name of Mother: MINNIE May Hiatt		9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Green	11. Present Address of Registrant: 425 West Silver Eagle Rd. Santa Cruz, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: 26 June 1973	12. Signature of Notary: Dolores E Fisher DOLORES E. FISHER	13. Notary Commission expires: My commission expires January 6, 1974 Jan. 6, 1974 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military record	By whom issued and signed: R. Langley, Lt., U.S.N., #34283 cert of eligibility issued	Date issued: Feb. 6, 1946	Date Orig. Entry: entry to service disch. Apr. 17, 1945
	Date of Birth: Aug. 5, 1915	Birth Place: Emmit, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Crow	Date issued: June 26, 1973	Date Orig. Entry: ---
	Date of Birth: Aug. 5, 1915	Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Minnie Crow	Name of Father: Joseph Green
SUPPORTING RECORD 3.	Type of Document: Statement by physician	By whom issued and signed: S.W. Jolivette, M.D., Associated Physicians Med. Group, Inc., Sacramento, CA	Date issued: 9/17/73	Date Orig. Entry: 1965
	Date of Birth: Aug. 5, 1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	NOV 20 1973

FORM BH 56067

NOV 21 1973

391210-040-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-697

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Caroline Crawford		2. Date Of Birth (month) Aug. (day) 10 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cataldo Ida Shoshone; b. City or Town of Birth
FATHER	6. Full Name of Father: Robert Elsmer Crawford		7. State or Country of Father's Birth: U.S.
MOTHER	8. Full Maiden Name of Mother: Anna Edla Christina Fargen		9. State or Country of Mother's Birth: U.S.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Caroline Tennelle	11. Present Address of Registrant: Box 535 Sedona Az.
NOTARY (Seal)	Subscribed and sworn to before me on 4-9- 1973	12. Signature of Notary: Abigail G. Nunn	13. Notary Commission expires: My Commission Expires May 17, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism		By whom issued and signed: Rev. A.F. Kroneman, Pastor Cataldo, Idaho	Date Issued: ---	Date Orig. Entry: baptized June 18, 1916
	Date of Birth: Aug. 10, 1915	Birth Place: Cataldo, Idaho	Full Name of Mother: Anna Crawford	Name of Father: Robert Crawford	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit of application for marriage lic.		By whom issued and signed: Clark County, Nevada #487919	Date Issued: ---	Date Orig. Entry: July 8, 1962
	Date of Birth: Aug. 10, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Oct. 31, 1973	Date Orig. Entry: child born Apr. 22, 1943
	Date of Birth: Age: 27	Birth Place: Cataldo, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

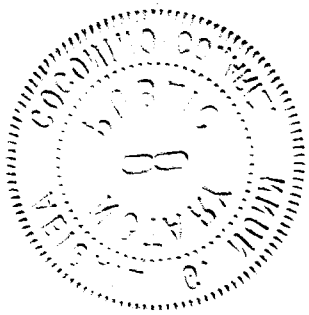
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 6 1973

FORM BH 56067

DEC 7 1973



DELAYED

569-130-026-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-028

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WAYNE Edward NORD
2. Date Of Birth (month) (day) (year): MAY 30 1915
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: CLARK WARD JEFFERSON; b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: OSCAR JAMES NORD
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: ADELLA Chase NORD
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne Edward Nord
11. Present Address of Registrant: WEST Rd. Ashby MASS.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 18 1973
12. Signature of Notary: Ralph E. Hussell
13. Notary Commission expires: 4/1 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family who remembers birth	Esther D. Scott Age: 80	---	Dec. 31, 1973

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 30, 1915	Rigby, Idaho Jefferson County	Adella Chase Nord	Oscar James Nord

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of affidavit for marriage license	Bannock County, Idaho #235766 book 23 page 213	Dec. 28, 1973	Feb. 12, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 30, 1915	Rigby, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Honorable Discharge	U.S. Army, Separation Center Fort Devens, Mass.	discharged Jan. 14, 1946	inducted Jan. 20, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 30, 1915	Rigby, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Glenda Larson	JAN 22 1974

FORM BH 56067

IGI Ref. # 29560

12-13-93

JAN 22 1974
MAR 14 1974

955-223-033-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Verna Reese			2. Date Of Birth (month) March (day) 23 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: John Jones Reese			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Mary Steck			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Verna Reese		11. Present Address of Registrant: Rexburg Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Jan. 17 1974	12. Signature of Notary: [illegible]		13. Notary Commission expires 6-17-77 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for membership #13044	By whom issued and signed: Society of Dau. of Utah Pioneers Idaho, Velaska Camp, Rexburg, ID	Date Issued: ---	Date Orig. Entry: Feb.29,1940
	Date of Birth: Mar.23,1915 / Birth Place: Rexburg, Idaho	Full Name of Mother: Mary Steck Reese	Name of Father: John J. Reese	
SUPPORTING RECORD 2.	Type of Document: certified copy of school census marshal's report	By whom issued and signed: Madison County, Idaho, Ind. Dist.#1	Date Issued: Jan.30,1974	Date Orig. Entry: Sept.1925
	Date of Birth: Mar.23,1915 / Birth Place: ----	Full Name of Mother: ----	Name of Father: John Reese	
SUPPORTING RECORD 3.	Type of Document: photocopy of grade record of the Rexburg City Schools	By whom issued and signed: Washington School	Date Issued: ---	Date Orig. Entry: Sep.10,1920
	Date of Birth: Mar.23,1915 / Birth Place: Rexburg	Full Name of Mother: ---	Name of Father: J. J. Reese	
QUALIFYING INFORMATION	Affidavit by brother, Fred W. Reese, dated January 30, 1974 gives Elizabeth Verna ~~Reese born March 23, 1915 in Rexburg, Idaho, County Madison.~~			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	FEB 4 1974

FORM BH 56067

I GPO R.C. B 21095

8 - 50 - 72

FEB 6 1974

145-201-022-554

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-056

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lola Florita Ames
2. Date Of Birth (month) (day) (year): November 1 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont Co.
b. City or Town of Birth: Dubois, Idaho

FATHER

6. Full Name of Father: Harry Ames
7. State or Country of Father's Birth: Pipestone, Minnesota

MOTHER

8. Full Maiden Name of Mother: Susan Grace Evans
9. State or Country of Mother's Birth: Summerville, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lola Florita Crawford
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on January 31 1974

12. Signature of Notary: [signature]
13. Notary Commission expires: August 1 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by father
By whom issued and signed: Harry Ames
Date Issued: 1-29-53
Date Orig. Entry:
Date of Birth: Nov. 1, 1915
Birth Place: Dubois, Idaho
Full Name of Mother: Susan Grace Evans
Name of Father: Harry Ames

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: Samaritan Hospital, Nampa, Ida.
Date Issued: Dec.2,1943
Date Orig. Entry: Child born Dec.2,1943
Date of Birth: Nov.1,1915
Birth Place: Dubois, Idaho
Full Name of Mother: ------
Name of Father: ------

SUPPORTING RECORD 3.

Type of Document: Hospital Record
By whom issued and signed: St. Lukes Hospital
Date Issued: Jan.19,1960
Date Orig. Entry: Admitted Dec.15,1959
Date of Birth: Nov.1,1915
Birth Place: Idaho
Full Name of Mother: -------
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: nr Florence Curtright
Date Filed: Feb.11,1974

FORM BH 56067

FEB 11 1974

DECEASED

259

145-201-022-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zola Anita Ames			2. Date Of Birth (month) (day) (year): November 1, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont Co.	b. City or Town of Birth: Dubois
FATHER	6. Full Name of Father: Harry Ames			7. State or Country of Father's Birth: Pipestone, Minnesota
MOTHER	8. Full Maiden Name of Mother: Susan Grace Evans			9. State or Country of Mother's Birth: Summerville, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zola Anita King		11. Present Address of Registrant: Box 173 Middleton
NOTARY (Seal)	Subscribed and sworn to before me on: February 11 1974	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Fathers Age 38 yrs	By whom issued and signed: Harry Ames		Date Issued: Jan. 29, 1953	Date Orig. Entry: -----
	Date of Birth: Nov. 1, 1915	Birth Place: Dubois, Idaho	Full Name of Mother: Susan Grace Evans	Name of Father: Harry Ames	
SUPPORTING RECORD 2.	Type of Document: Own childs birth Certificate	By whom issued and signed: State of Idaho File # 223201		Date Issued: ------	Date Orig. Entry: Child born June 28, 1934
	Date of Birth: Age 18 yrs	Birth Place: Dubois, Idaho	Full Name of Mother: --------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #4379331	By whom issued and signed: Modern Woodmen of America		Date Issued: Nov. 17, 1950	Date Orig. Entry: -------
	Date of Birth: Nov. 1, 1915	Birth Place: Dubois, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION					

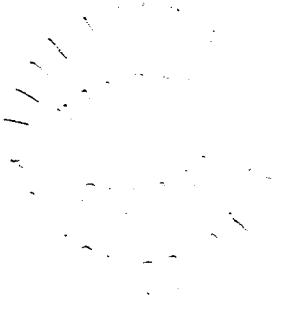
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	"Sue" Nora Lowe	2/11/74

FORM BH 56067

FEB 1 1 1974



DECEASED

282-205-010-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-061

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL LAVENIA BYBEE
2. Date of Birth (month) (day) (year): NOVEMBER 5 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: POPLAR — BONNEVILLE
b. City or Town of Birth: Poplar, Bonneville Co, Idaho

FATHER

6. Full Name of Father: STANLEY RAYMOND BYBEE
7. State or Country of Father's Birth: Idaho, Bonneville County

MOTHER

8. Full Maiden Name of Mother: MARTHA LAVENIA LEE
9. State or Country of Mother's Birth: Idaho, Bingham County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: MRS Ethel Lavenia Eitel
11. Present Address of Registrant: 6418 Mechan. Pike, Mechanicsville Va.

NOTARY (Seal)

Subscribed and sworn to before me on: January 24, 1974

12. Signature of Notary: R S Bondurant Jr
13. Notary Commission expires: March 21, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	LDS Church Certificate of Birth	Boise Stake, 2nd Ward, Bapt. & Conf., 1923, pg. 1698, line 566	Dec. 21, 1973	Aug. 5, 1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 5, 1915 / Poplar, Idaho	Lavenia Lee	Stanley R. Bybee	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Martha Lavenia Lee Bybee	Jan. 8, 1974	----
	Nov. 5, 1915 / Poplar, Idaho Bonneville County	Martha Lavenia Lee Bybee	Stanley Raymond Bybee	
SUPPORTING RECORD 3.	Insurance Policy #34021014	Metropolitan Life Ins. Co.	Feb. 18, 1929	Feb. 18, 1929
	Age next b.d. 14 / ---	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: FEB 12 1974

FORM BH 56067

FEB 1 3 1974

469-2601024-357

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Neva Vivian Dorman
2. Date Of Birth: (month) Dec. (day) 26 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Gooding; b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Francis Lynn Dorman
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Mabel Ardath Halliday Teague
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neva V. Dorman Johnson
11. Present Address of Registrant: Cheyenne, Wyoming

NOTARY (Seal)

Subscribed and sworn to before me on June 26 1973

VIRGINIA L. PHILLIPPI, Notary Public
County of Laramie State of Wyoming
My Commission expires August 27, 1975

12. Signature of Notary: Virginia L. Phillippi
13. Notary Commission expires: 8/27 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Wyoming # 49-4697	Jan.25,1974	child born Aug. 15, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33	Wendell,Idaho	-------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father age 94	Francis Lynn DORMAN	Jun.28,1973	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.26,1915	Wendell, Idaho	Mabel Holliday Tague Dorman	Francis Lynn Dorman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record - Census	Gooding County, Idaho	----	Census taken Sept. 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.26,1915	Wendell,Idaho	Mabel Dorman	F. L. Dorman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.15,1974

FORM BH 56067

FEB 15 1974

893-220-022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-081

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Clea Josephine Hill
2. Date Of Birth (month) (day) (year): Jan 20 1915
3. Color or Race: White
4. Sex: F
5. Place of birth — County: Ashton Ida. Fremont
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: Hyrum Leroy Hill
7. State or Country of Father's Birth: Utah west Jordan

MOTHER

8. Full Maiden Name of Mother: Lodica Josephine Farnsworth
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clea McVey
11. Present Address of Registrant: Gridley California RT I Box 434

NOTARY (Seal)

Subscribed and sworn to before me on: January 4 1974
12. Signature of Notary: Donald L. Fife
13. Notary Commission expires: July 2 1975

P. O. Box 427 Gridley, Calif. 95948

NOTARIAL SEAL — DIANA S. GUBLER — NOTARY PUBLIC-CALIFORNIA — BUTTE COUNTY — My Commission Expires Jul 2 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt present shortly after birth	Eliza Susannah Horn (born 8/28/99)	Feb.4,1974	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.20,1915	Ashton, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of marriage license	Butte County, California	Sept.25,1931	Sept.25,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 16	Idaho	---	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of federal Census Record, Ashton, Fremont Co. ID	U.S. Department of Commerce Bureau of the Census	orig.dated Apr.30,1973	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 4	Idaho	Lodica Hill	Hiram L. Hill

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Feb. 22, 1974

FORM BH 56067

Rec. # 14311 5-7-73

FEB 25 1974

515-220-035-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-156

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivian Viola Hansen
2. Date Of Birth (month) (day) (year): April 20 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Peck, Idaho

FATHER

6. Full Name of Father: George Hansen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Anna Katherine Hansen
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian V. Kahlruss
11. Present Address of Registrant: 5717 N. Wall, Spokane, Wn

NOTARY (Seal)

Subscribed and sworn to before me on _____ 19___

12. Signature of Notary: Virginia M. Lindsay
13. Notary Commission expires: 5-15 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Anna K. Hansen	Mar.8,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.20,1915 / Peck, Idaho	Anna Katherine Hansen	George Hansen	
SUPPORTING RECORD 2.	Certified copy of certificate of marriage #54673 A	Spokane County, Washington	Jan.25,1974	July 1,1937
	Age: 22 / Idaho	Anna Cath. Hansen	George Hansen	
SUPPORTING RECORD 3.	photocopies of pages in family Bible	Family Records in Bible/M.N. Plughoff, Notary-Washington	Mar.18,1974	writing looked old
	Apr.20,1915 / ---	Anne Katherine Hansen	George Hansen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

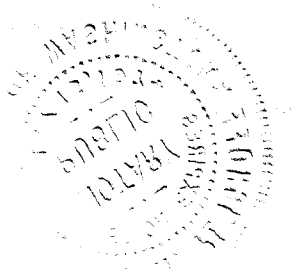
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Glenda Larson
Date Filed: APR 1 1974

FORM BH 56067 1-cp Pd Ver. #28427 (H) 11-5-93 gmd

Kahlbrass (nee Yokanen)

APR 2 1974



DUP OF 1915-29669

DELAYED

413-130-017-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Jones Dalke			2. Date Of Birth (month) (day) (year): October 30, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clark	b. City or Town of Birth: Dubois
FATHER	6. Full Name of Father: Isaac Dalke			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Helena Koehn			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: David Jones Dalke	11. Present Address of Registrant: 612 Andrews St Livermore Calif
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 27, 1974		12. Signature of Notary: Dena A. Reftokis	13. Notary Commission expires: July 27, 1974

THE GREAT SEAL OF THE STATE OF CALIFORNIA
DI[illegible] REFTOKIS
NOTA[illegible] CALIFORNIA
A[illegible] COUNTY
My Com[illegible] Expires July 27, 1974
157 South "J" Street, Livermore, Calif. 94550

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt who was the attendant at birth	By whom issued and signed: Mrs. Helena Brandt	Date Issued: Oct.16,1942	Date Orig. Entry: ---
	Date of Birth: Oct.30,1915 / Birth Place: Dubois, Idaho Clark County	Full Name of Mother: Helena Koehn	Name of Father: Isaac Dalke	
SUPPORTING RECORD 2.	Type of Document: transcript of school records	By whom issued and signed: Fresno State College, Wilma F. Wight, Asst.Reg., Fresno, CA	Date Issued: Sep.10,1947	Date Orig. Entry: Sep.11,1936
	Date of Birth: Oct.30,1915 / Birth Place: Dubois, Idaho	Full Name of Mother: Mrs. Helena Dalke	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding bank records	By whom issued and signed: Charles C.Borden, Asst.Mgr. Wells Fargo Bank, Livermore, CA	Date Issued: Mar.25,1974	Date Orig. Entry: July 1,1964
	Date of Birth: Oct.30,1915 / Birth Place: Idaho	Full Name of Mother: Helena Koehn	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 10 1974

FORM BH 56067

APR 1 1 1974

154-212-033-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-192

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara ~~ELANE~~ Anderson
2. Date of Birth: (month) May (day) 12 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: ~~Idaho~~ Madison
   b. City or Town of Birth: Thornton

FATHER

6. Full Name of Father: Neil Alexander Anderson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nettie Firth
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara E. Ellis
11. Present Address of Registrant: Weadore, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 28 19 74

12. Signature of Notary: Laura E. Kane
13. Notary Commission expires: Sept. 1 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #50-15710	---	child born Jan. 31, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 34 / Thornton, Idaho	---	---	
SUPPORTING RECORD 2.	Certified copy of marriage license affidavit	Jefferson County, Idaho	Mar. 18, 1974	July 18, 1940
	Age: 25 / Thornton, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by mother	Nettie Firth Anderson	Mar. 2, 1957	---
	May 12, 1915 / Thornton, Idaho	Nettie Firth	Neil Alexander Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	APR 16 1974

FORM BH 56067

1 copy paid

APR 17 1974

319-210-035-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-201

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Elizabeth Caragio
2. Date Of Birth: (month) Sept (day) 10 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nez Perce
   b. City or Town of Birth: Lewiston Idaho

FATHER

6. Full Name of Father: Fredrico Caragio
7. State or Country of Father's Birth: Naples Italy

MOTHER

8. Full Maiden Name of Mother: Philomena Pecora
9. State or Country of Mother's Birth: Naples Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rose E. Caragio Moore
11. Present Address of Registrant: N 4806 Haffland St. Spokane Wn 99205

NOTARY (Seal)

Subscribed and sworn to before me on April 17 1974

12. Signature of Notary: Ruth A. Seemer
13. Notary Commission expires: 4-1 1976

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism	By whom issued and signed: Roman Catholic-Church of St. Stanislaus, Lewiston, ID		Date Issued: Apr.9,1974	Date Orig. Entry: baptized Dec.25,1915
	Date of Birth: Sep.10,1915 / Birth Place: Lewiston, Idaho	Full Name of Mother: Philomena Pecora		Name of Father: Fredrico Caragio	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Asotin County, Washington, Thomas G. Jordan, Supr. Court Judge		Date Issued: Feb.14,1963	Date Orig. Entry: Feb.14,1963
	Date of Birth: Sep.10,1915 / Birth Place: ----	Full Name of Mother: ---		Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Deaconess Hospital, Spokane, WA, Horace Turner, Administrator		Date Issued: May 27,1952	Date Orig. Entry: May 27,1952 child born
	Date of Birth: Sep.10,1915 / Birth Place: Lewiston, Idaho	Full Name of Mother: ---		Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by elder brother, Frank Caragio, dated April 5, 1974 states that Rose Elizabeth Caragio Moore was born on September 10,1915.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 19 1974

FORM BH 56067

APR 1 9 1974

155-125-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-211

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARCHIE HANS JENSEN		2. Date Of Birth (month) JANUARY (day) 25 (year) 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: FREMONT; b. City or Town of Birth: ASHTON, IDAHO
FATHER	6. Full Name of Father: HANS CHRISTIAN JENSEN		7. State or Country of Father's Birth: HYDE PARK, UTAH
MOTHER	8. Full Maiden Name of Mother: ISABELL SMITH		9. State or Country of Mother's Birth: LOGAN, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie Hans Jensen	11. Present Address of Registrant: 155 S 2 W REXBURG, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 28, 1974	12. Signature of Notary: Selma S. Bean	13. Notary Commission expires: 11-20, 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of membership - LDS Church	By whom issued and signed: Robert L.Pedersen,bp. & Reed W.Clements,W.Clk, Rexburg 5th	Date Issued: Mar.28,1974	Date Orig. Entry: blessed June 16,1917
	Date of Birth: Jan.25,1915; Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Isabell Smith	Name of Father: Hans Jensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Geneva Jensen Neeley Age:66	Date Issued: Nov.12,1970	Date Orig. Entry: ----
	Date of Birth: Jan.25,1915; Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Isabell (Smith) Jensen	Name of Father: Hans Christian Jensen	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #33 554 460	By whom issued and signed: The Prudential Insurance Company of America	Date Issued: Jan.24,1968	Date Orig. Entry: Sep.28,1965
	Date of Birth: Jan.25,1915; Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: APR 23 1974

FORM BH 56067

12-4-76

APR 2 3 1974

366-204-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Cook		2. Date Of Birth (month) (day) (year): September 4 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Bear Lake County; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Clifford Cook		7. State or Country of Father's Birth: ~~Utha~~ Utah
MOTHER	8. Full Maiden Name of Mother: Arminta Wilcox		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Cook Bunce	11. Present Address of Registrant: Pocatello, Idaho 540 Cottage
NOTARY (Seal)	Subscribed and sworn to before me on: 22nd April 19 74	12. Signature of Notary: Mildred O. Loveless	13. Notary Commission expires: June 10 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Gertrude C. Jackson (born 8/9/01)	Date issued: Apr.22,1974	Date Orig. Entry: ---
	Date of Birth: Sep.4,1915	Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Arminta Wilcox	Name of Father: Clifford Cook	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-5076	Date issued: ---	Date Orig. Entry: child born May 20,1948
	Date of Birth: Age: 32	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Bannock County, Idaho	Date issued: Apr.22,1974	Date Orig. Entry: Apr.7,1936
	Date of Birth: Age: 20	Birth Place: ---	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

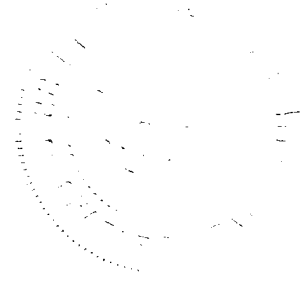
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAY 16 1974

FORM BH 56067 Pd Rec. # 0367 9 4-16-74

MAY 1 7 1974



199-209-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-282

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Marie Grieser
2. Date Of Birth (month) (day) (year): Apr. 9 1915
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Thorncreek, ~~Eda~~ Latah (Farm - 7 mis. N.W. of Genesee) Idaho
b. City or Town of Birth: (See No. 5)

FATHER

6. Full Name of Father: Adolph Grieser
7. State or Country of Father's Birth: Missouri U.S.A.

MOTHER

8. Full Maiden Name of Mother: Theresa Baumgartner
9. State or Country of Mother's Birth: Minn. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna M. Dugan
11. Present Address of Registrant: 3020 E. Main, B-3 Mesa, Az - 85203

NOTARY (Seal)

Subscribed and sworn to before me on May 3 1974

12. Signature of Notary: Martha Buchenhorst
13. Notary Commission expires: My Commission Expires March 15, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother	Martin A. Grieser Age:68	Apr.2,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.9,1915 / farm, Latah Co.,7 mi.NW Genesee,ID	Theresa (Baumgartner)Grieser	Adolph Grieser	
SUPPORTING RECORD 2.	Statement regarding church records	St. Mary's Church, Genesee,ID Edward T.Cope, Pastor	Aug.4,1972	---
	Apr.9,1915 / Thorncreek, Idaho	Thersa Baumgartner	Adolph Grieser	
SUPPORTING RECORD 3.	transcript of school records	University of Idaho,Moscow, M.E. Telin	Apr.2,1974	Sep.20,1932
	Apr.9,1915 / Thorncreek, Idaho	Theresa (Baumgartner) Grieser	Adolph Grieser	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

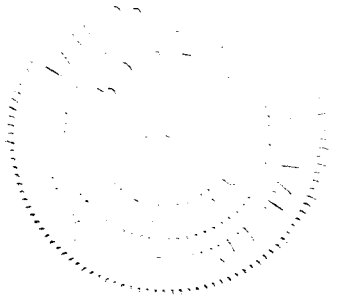
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN 3 1974

FORM BH 56067

(appl. Dugan - nee Grieser

4-25-74 gml

JUN 4 1974



389-216-039-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VONNA FRANCES CHRISTOPHER			2. Date Of Birth (month) (day) (year): NOVEMBER 16 1915
	3. Color or Race: WHITE	4. Sex	5. Place of Birth a. County	b. City or Town of Birth: AMERICAN FALLS, IDAHO
FATHER	6. Full Name of Father: WILLIAM ARTHUR CHRISTOPHER			7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: RITTA MAY POTTER			9. State or Country of Mother's Birth: MONTANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vonna J. Christensen		11. Present Address of Registrant: 27361 SIERRA HIWY, SAUGUS CALIF
NOTARY (Seal) attached M.P.L.	Subscribed and sworn to before me on: 5-1 1974	12. Signature of Notary: Morris L. Labeck		13. Notary Commission expires: 5-6 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 238740	Date Issued: ---	Date Orig. Entry: child born Dec.23,1935
	Date of Birth: Age: 20	Birth Place: American Falls,ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by mother		By whom issued and signed: Ritta May Potter Christopher Hadley	Date Issued: orig.signed May 15,1973	Date Orig. Entry: ----
	Date of Birth: Nov. 16,1915	Birth Place: American Falls, Idaho	Full Name of Mother: Ritta May Potter Christopher Hadley	Name of Father: William Arthur Christopher	
SUPPORTING RECORD 3.	Type of Document: photocopy of personal identification		By whom issued and signed: Sargent Security System, Ogden, Utah	Date Issued: ----	Date Orig. Entry: Aug.8,1968
	Date of Birth: Nov.16,1915	Birth Place: American Falls, Idaho	Full Name of Mother: Ritta Hadley	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN - 5 1974

FORM BH 56067

JUN 6 1974

TO 447 C

(Individual)

TI

STATE OF CALIFORNIA }
COUNTY OF Los Angeles } SS.

On May 1, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared Donna F. Christensen,

, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Morris L. Taback

MORRIS L. TABACK

Name (Typed or Printed)

STAPLE HERE

OFFICIAL SEAL
MORRIS L. TABACK
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 6, 1977

(This area for official notarial seal)

944-229-043-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-300

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Tyyne Ruuska		2. Date Of Birth (month) October (day) 29 (year) 1915
	3. Color or Race: Finnish White	4. Sex: F.	5. Place of Birth a. County: McCall, Idaho Valley; b. City or Town of Birth: McCall
FATHER	6. Full Name of Father: John Ruuska		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Alma Heikkila		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen G. Wadley	11. Present Address of Registrant: 1053 E. 2nd, Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 14, 1974	12. Signature of Notary: Elizabeth Coulter	13. Notary Commission expires: Mar. 1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #259051	Date issued: ----	Date Orig. Entry: child born Sep.22,1937
	Date of Birth: Age: 21	Birth Place: McCall, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: War Ration Book One #131619-375 Office of Price Adm.		By whom issued and signed: U.S.A., Office of Price Administration, McCall, Idaho	Date issued: July 21,1943	Date Orig. Entry: July 21,1943
	Date of Birth: Age: 27	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct.29,1915	Birth Place: ---	Full Name of Mother: Alma Ruuska	Name of Father: John Ruuska	

QUALIFYING INFORMATION

Affidavit by brother, Eino John Ruuska, dated May 8,1974 states,"...Helen Tyyne Ruuska was born October 29th, 1915." (Bible gives Eino John's birthdate as 1903.)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JUN 10 1974

FORM BH 56067

1 cp Pd Rec # 011615 4-25-74

JUN 1 0 1974

231-130-004-397

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-314

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: SHIRLEY W. BLACK
2. Date Of Birth: March 30 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Georgetown

FATHER

6. Full Name of Father: Ambrose Black
7. State or Country of Father's Birth: Georgetown Idaho

MOTHER

8. Full Maiden Name of Mother: Alice Tippets
9. State or Country of Mother's Birth: Georgetown, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley W. Black
11. Present Address of Registrant: Georgetown Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 8 Day of May 1974

12. Signature of Notary: [signature]
13. Notary Commission expires: August 23, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certificate of Blessing
By whom issued and signed: LDS Church, Georgetown Ward, Edwin E. Pinckney, clerk
Date Issued: ----
Date Orig. Entry: blessed Feb. 6, 1916
Date of Birth: Mar. 30, 1915
Birth Place: Bear Lake County Georgetown, Idaho
Full Name of Mother: Alice Tippets
Name of Father: Ambrose Black

SUPPORTING RECORD 2.

Type of Document: Certificate of Ordination
By whom issued and signed: LDS Church, Georgetown Ward, Howard Clark, Ward clerk
Date Issued: Apr. 24, 1927
Date Orig. Entry: ordained April 24, 1927
Date of Birth: Mar. 30, 1915
Birth Place: Georgetown, Idaho
Full Name of Mother: Alice tippets
Name of Father: Ambrose Black

SUPPORTING RECORD 3.

Type of Document: Certificate of Ordination
By whom issued and signed: LDS Church, Georgetown Ward, Albert Bacon, Bishop
Date Issued: May 1, 1932
Date Orig. Entry: ordained April 17, 1932
Date of Birth: Mar. 30, 1915
Birth Place: Bear Lake County Georgetown, Idaho
Full Name of Mother: Alice Tippets
Name of Father: Ambrose Black

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: pw Glenda Larson
Date Filed: JUN 17 1974

FORM BH 56067

JUN 17 1974

281-22-027-25F

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-396

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Marie Shappee
2. Date Of Birth (month) (day) (year): Jan. 21 1915
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Jerome, Ida. Jerome
b. City or Town of Birth: Jerome

FATHER

6. Full Name of Father: William Charles Shappee
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Ethel Rhoda Kersey
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy M. Allen
11. Present Address of Registrant: 1400 Pondarosa Idaho Falls Ida

NOTARY (Seal)

Subscribed and sworn to before me on July 9, 1974
12. Signature of Notary: Marie F. Curry
13. Notary Commission expires: 2-2 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #303541	---	child born Nov. 1, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Jerome, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of page from a family record book	family records	----	appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 21, 1915	Jerome, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Wendell Ward, Francis Hulet, Bishop	Jan. 13, 1926	baptized Jan. 3, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 21, 1915	Jerome County Jerome, Idaho	Ethel Roda Kersey	William Chas. Shappee

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JUL 31 1974

FORM BH 56067

AUG 1 1974

242-105-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-399

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DONOVAN MARION BUSH
2. Date Of Birth (month) Dec. (day) 5th (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho — Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Daniel Donovan Bush
7. State or Country of Father's Birth: Utah, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Alice Marie Anderson
9. State or Country of Mother's Birth: Idaho, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donovan Marion Bush
11. Present Address of Registrant: Box 44, St, John, Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 15 1974

12. Signature of Notary: Christine B. Hale
13. Notary Commission expires: Feb. 16 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mrs. Alice Anderson Bush	July 10, 1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 5, 1915	----	Alice Anderson Bush	Daniel Donovan Bush

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of church record	LDS Church, Rush Valley Wd. File #15673006	Oct. 17, 73	baptized July 2, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 5, 1915	Bannock County Pocatello, Idaho	Alice Marie Anderson	Daniel Donovan Bush

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of honorable discharge	U.S. Army, L.R. Poust, Col. Med. Corps	discharged May 19, 1943	inducted June 16, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Pocatello, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

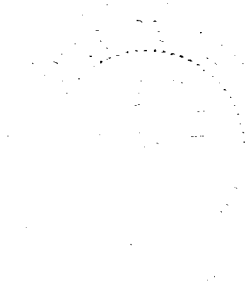
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	AUG - 1 1974

FORM BH 56067

14 Pds. Receipt #10617

7/31/74

AUG 6 1974



412-226-025-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-401

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Mattie Maxfield
2. Date Of Birth (month) (day) (year): 4 26 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Salmon Idaho
b. City or Town of Birth: Salmon Idaho

FATHER

6. Full Name of Father: Elmer Eugene Maxfield
7. State or Country of Father's Birth: Springfield Missouri

MOTHER

8. Full Maiden Name of Mother: Georgena Eleanor O'Leary (Griffin)
9. State or Country of Mother's Birth: Batavia New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen M. Manka
11. Present Address of Registrant: 6340 Reseda Blvd Apt H Cntg

NOTARY (Seal)

Subscribed and sworn to before me on: July 15, 1974

12. Signature of Notary: Vernon Grace

13. Notary Commission expires: May 9, 1978

OFFICIAL SEAL
ARMIN GERTNER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May 9, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by older brother	J. W. Griffin Age:70	June 10,1974	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.26,1915 / Salmon, IDAHO	Georgena Eleanor O'Lairy Maxfield (Griffin)	-----	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate #43946	Los Angeles County, CA	July 10,1974	child born Dec.9,1946
	Age: 31 / Idaho	----	----	
SUPPORTING RECORD 3.	Certified copy of marriage license #20575	Los Angeles County, CA	July 10,1974	Nov.22,1938
	Age: 23 / Idaho	Georgiana O'Lairy	Elmer Maxfield	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: AUG - 5 1974

FORM BH 56067

AUG 6 1974

249-116-027-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delmer Clayton Smith			2. Date Of Birth (month) (day) (year): February 16 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Hazelton
FATHER	6. Full Name of Father: Lecil McQuistian Smith			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Maude Elizabeth Donlevy			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Delmer C. Smith	11. Present Address of Registrant: 703 So. E 8th Grants pass
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1974		12. Signature of Notary: Muriel Y. Finley	13. Notary Commission expires: February 17 1975

NOTARY ... OREGON
My Commission Expires Feb. 17, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military Discharge Record		By whom issued and signed: U.S. Army Separation Point Hospital Center Camp Carson CO	Date issued: Sep. 28 1945	Date Orig. Entry: enlisted Mar. 25 1942
	Date of Birth: Feb. 16 1915	Birth Place: Hazelton Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: Shoshone Grade School	Date issued: ----	Date Orig. Entry: 1924-25
	Date of Birth: Age: 9	Birth Place: ----	Full Name of Mother: Mrs L. M. Smith	Name of Father: -- -	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother		By whom issued and signed: Vernon C. Smith (Age: 70)	Date issued: Feb. 13, 1974	Date Orig. Entry: ---
	Date of Birth: Feb. 16, 1915	Birth Place: Hazelton, Idaho Jerome County	Full Name of Mother: Maude Elizabeth Donlevy Smith	Name of Father: Lecil McQuistian Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	AUG 28 1974

FORM BH 56067 1 cp pd res. #7845 "S" 9-18-73 gml

AUG 2 9 1974

381-108-46-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Morgan Heglar CHANDLER		2. Date Of Birth: (month) January (day) 8 (year) 1915	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: a. County: Heglar, Idaho, Cassia	b. City or Town of Birth: Heglar
FATHER	6. Full Name of Father: Charles Elwood CHANDLER		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Stella Jane PAYTON		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Morgan H. Chandler	11. Present Address of Registrant: 2881 Caspian Ave. Long Beach, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 9 1974	12. Signature of Notary: Ingrid K Durbin	13. Notary Commission expires: 19	

OFFICIAL SEAL
INGRID K. DURBIN
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires Mar. 16, 1977

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Alvia W. Chandler (bd.1/9/00)	Date Issued: Aug 20, 1974	Date Orig. Entry:
	Date of Birth: Jan.8,1915 / Birth Place: Heglar, Idaho	Full Name of Mother: Stella J. Payton Chandler	Name of Father: Charles E. Chandler	
SUPPORTING RECORD 2.	Type of Document: Notice of separation from U.S. Naval Service	By whom issued and signed: USN,PSC,NOB,TI,San Pedro,CA J.B.Warner,Lt.Comdr.,USNR	Date Issued: Nov.3,1945	Date Orig. Entry: enlisted Apr.25,1942
	Date of Birth: Jan.8,1915 / Birth Place: Heglar, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for examination or appointment	By whom issued and signed: Long Beach Unified School Dist. Ronald E.Dunn,Personnel Dir.	Date Issued: ----	Date Orig. Entry: Nov.12,1963
	Date of Birth: Jan.8,1915 / Birth Place: Heglar, Idaho USA	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 13 1974

FORM BH 56067

1 copy pd Rec 19594

7-28-64

SEP 13 1974

259-215 1040-446
83839

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED KELLOGG, IDAHO.
AUG 12 1974
Bureau of Vital Statistics

State File No. DE 74-452

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVELYN VIRGINIA BEISWINGER		2. Date of Birth (month) (day) (year): AUGUST 15, 1915.
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO SHOSHONE; b. City or Town of Birth: WALLACE
FATHER	6. Full Name of Father: CARL BEISWINGER.		7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: ANNIE DUFFY		9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn B. Winn	11. Present Address of Registrant: 13 WEST MULLAN, Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1973	12. Signature of Notary: Christine Brown	13. Notary Commission expires: 2-15 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St. Alphonsus, Rev. Fr. Martin F. Hughes, Wallace, ID	Date issued: Jun. 26, 1974	Date Orig. Entry: baptized Apr. 3, 1921
	Date of Birth: Aug. 15, 1915	Birth Place: Wallace, Idaho	Full Name of Mother: Anna Duffy	Name of Father: Carl Beiswinger	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit for marriage license		By whom issued and signed: Shoshone County, Idaho	Date issued: ---	Date Orig. Entry: Sept. 15, 1941
	Date of Birth: Age: 26	Birth Place: ----	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Esther B. Reiman (bd. 10/19/02)	Date issued: July 29, 1974	Date Orig. Entry: ----
	Date of Birth: Aug. 15, 1915	Birth Place: Wallace, Idaho Shoshone County	Full Name of Mother: Anna Duffy Beiswinger	Name of Father: Carl Beiswinger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 13 1974

FORM BH 56067 2 Cps Pd Rec # 19610 7-16-73

SEP 13 1974

769-21-033-494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
AUG 14 1974
Bureau of Vital Statistics

State File No. DE 74-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beth Porter			2. Date of Birth (month) December (day) 11 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Burton (mail Rexburg)	
FATHER	6. Full Name of Father: Milburn Wyatt Porter			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Blanche Middleton			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beth Porter by marriage Beth P. Clark		11. Present Address of Registrant: 9731 Valley Forge Circle Anchorage, Alaska 99502	
NOTARY (Seal)	Subscribed and sworn to before me on: February 15th 1966	12. Signature of Notary: Jerome B. Fitzgerald		13. Notary Commission expires: November 28 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #245131		Date Issued: ----	Date Orig. Entry: child born July 14, 1936
	Date of Birth: Age: 20	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Blanche Middleton Porter		Date Issued: Apr.2,1973	Date Orig. Entry: ----
	Date of Birth: Dec.11,1915	Birth Place: Burton, Idaho Madison County	Full Name of Mother: Blanche Middleton Porter	Name of Father: Milburn Wyatt Porter	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: Burton Ward, Fremont Stake, Conrad Walz, Bishop		Date Issued: -----	Date Orig. Entry: blessed Apr.2,1916
	Date of Birth: Dec.11,1915	Birth Place: Burton, Idaho Madison County	Full Name of Mother: Blanche Middleton	Name of Father: Milburn Porter	
QUALIFYING INFORMATION					

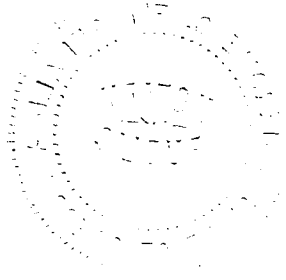
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	SEP 13 1974

FORM BH 56067

OCT 2 3 1974



2864241042613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth (AKA Earl Henry Rose) Earl Henry Shortridge		2. Date Of Birth (month) Aug. (day) 24 (year) 1915	
	3. Color or Race Caucasian	4. Sex Male	5. Place of Birth a. County Twin Falls	b. City or Town of Birth Rockcreek, Idaho
FATHER	6. Full Name of Father Earl Ire Shortridge		7. State or Country of Father's Birth Unknown	
MOTHER	8. Full Maiden Name of Mother Charlotte A. Walters		9. State or Country of Mother's Birth Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant Earl Henry Rose	11. Present Address of Registrant Box 233 Heyburn, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on August 29th 19 74	12. Signature of Notary Thomas W Eklund	13. Notary Commission expires June 17 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Charlotte A. Walters Posey	Date Issued: Aug.29,1974	Date Orig. Entry: ----	
	Date of Birth: Aug.24,1915	Birth Place: Rockcreek, Idaho Twin Falls County	Full Name of Mother: Charlotte A. Walters Posey	Name of Father: Earl Ire Shortridge	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Jesse J. Olsen, Bishop	Date Issued: ---	Date Orig. Entry: baptized Aug.13,1926	
	Date of Birth: Aug.24,1915	Birth Place: Rock Creek,Idaho	Full Name of Mother: Charlotte Adell Walters	Name of Father: Ira Earl Shortridge	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Navy, Separation Center Shoemaker,CA	Date Issued: discharged Dec.20,1945	Date Orig. Entry: enlisted Aug.26,1942	
	Date of Birth: Aug.24,1915	Birth Place: Rock Creek,Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by mother also states that she married John J. Rose when Earl Henry Shortridge was about one year old and that he has used the name of Earl Henry Rose since then.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	SEP 20 1974

FORM BH 56067

8/17/74

SEP 2 6 1974

393-209-020-361

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-485

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virginia Nadine Titus
2. Date Of Birth (month) (day) (year): 3 - 9 - 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mtn - Home

FATHER

6. Full Name of Father: Harry S. Titus
7. State or Country of Father's Birth: unknown

MOTHER

8. Full Maiden Name of Mother: Sylva Etta ~~Coats~~ Wardrop
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia Dentler
11. Present Address of Registrant: Rt 2 Orney Lane

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 24 1974
12. Signature of Notary: Harold J. Hollo
13. Notary Commission expires: Sept. 23 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho # 52-9369	------	child born Aug. 16, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 37	Mountain Home, Ida.	-----	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 322-118	Northern Life Ins. Co.	Apr.6,1945	Feb. 28,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.9,1915	Mountain Home, Ida	Sylva E. Wardrop	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Luke's Hospital	Sept.24,1974	Admitted Aug.25,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.9,1915	------	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

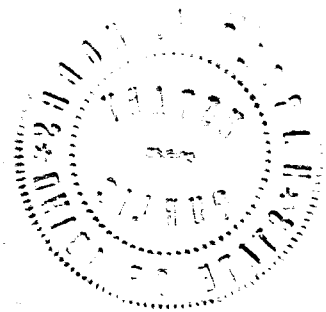
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	Sept. 24,1974

FORM BH 56067

9-18-74

Bentley

SEP 24 1974



DELAYED

DUP OF 1915-29116

962-219-010-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Elizabeth Robinson			2. Date Of Birth: (month) July (day) 19 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Iona	
FATHER	6. Full Name of Father: Grant Elijah Robinson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Stanger			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy Robinson Clayton	11. Present Address of Registrant: 2855 W. Johnson Seattle, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on 9/27 19 74		12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-20 19 75	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father age 79		By whom issued and signed: Grant E. Robinson	Date Issued: Sept.30,1974	Date Orig. Entry: --------
	Date of Birth: July 19,1915	Birth Place: Iona, Idaho	Full Name of Mother: Sarah Stanger	Name of Father: Grant Elijah Robinson	
SUPPORTING RECORD 2.	Type of Document: Church Membership Record		By whom issued and signed: L. D. S. Church	Date Issued: -----	Date Orig. Entry: Baptized Sept. 16, 1923
	Date of Birth: July 19,1915	Birth Place: Iona, Idaho	Full Name of Mother: Sarah Stanger	Name of Father: Grant Elijah Robinson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: Vital statistics - Wash.	Date Issued: Aug.8,1957	Date Orig. Entry: Child born July 1957
	Date of Birth: Age 42	Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

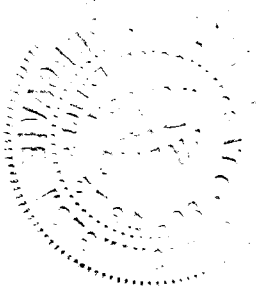
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	October 1, 1974

FORM BH 56067

9/23/74

(Johnson) Clayton

OCT 1 1974



1bt

395-22-1003-757

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-543

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wandlyn Bernice Kinney
2. Date Of Birth (month) (day) (year): February 27, 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: James Kinney
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Stella Pepper
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Bernice Shrall
11. Present Address of Registrant: 516 4th Ave. So Nampa Ida.

NOTARY (Seal)

Subscribed and sworn to before me on June 5 1974

12. Signature of Notary: Glenda MacLarson
13. Notary Commission expires: September 15, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Nampa Ward, Henry P. Hunter, Clerk	Jan.24,1932	baptized Jan.24,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.27,1915 / Pocatello, Idaho Bannock County	Stella Pepper	James Kinney	
SUPPORTING RECORD 2.	Copy of Hospital Record	Mercy Hospital, Nampa, Idaho	June 26,1974	May 8, 1958
	Feb.27 1915 / Pocatello, Idaho	-------	-------	
SUPPORTING RECORD 3.	Lodge Membership Record Canyon - Lodge # 930	Ladies Auxiliary to the Brotherhood of Railroad Trainmen	------	Oct.28,1943
	Feb.27,1915 / ------	---------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

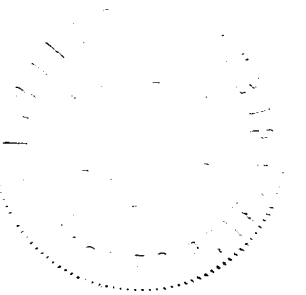
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gm1 s1 Sue Lowe	Oct. 18, 1974

FORM BH 56067

B. Shrill

OCT 18 1974



236-130-029-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-553

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Edward Scott
2. Date Of Birth (month) (day) (year): March 30 1915
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: LATAH
b. City or Town of Birth: VIOLA

FATHER

6. Full Name of Father: THOMAS ABANION SCOTT
7. State or Country of Father's Birth: INDIANA

MOTHER

8. Full Maiden Name of Mother: DORA Lee MANSON
9. State or Country of Mother's Birth: TENNESee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Edward Scott
11. Present Address of Registrant:

NOTARY (Seal)

Attached

Subscribed and sworn to before me on: Sept. 26 1974
12. Signature of Notary: Norma J. Dilly
13. Notary Commission expires: January 6, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Grace Scott Morse Age:70	Date Issued: Aug.5,1974	Date Orig. Entry: ----
	Date of Birth: Mar.30,1915	Birth Place: Viola, Idaho Latah County	Full Name of Mother: Dora Lee Manson Scott	Name of Father: Thomas Abanion Scott	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Ruth Westbrook,Pullman Public Schools,WA Dist.#267	Date Issued: July 25,1974	Date Orig. Entry: Sept.5,1922
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Discharge		By whom issued and signed: Civilian Conservation Corps L.P.Dash,Lst Lt.,384th Inf.	Date Issued: discharged Oct.5,1933	Date Orig. Entry: enrolled May 23,1933
	Date of Birth: Age:18	Birth Place: Viola, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	OCT 31 1974

FORM BH 56067

NOV 1 1974

STATE OF CALIFORNIA,
County of Sonoma } ss.

On this 26 day of Sept. in the year one thousand nine hundred and seventy four before me, Norval J. Dilley, a Notary Public, State of California, duly commissioned and sworn, personally appeared George Edward Scott

known to me to be the person whose name subscribed to the within instrument and acknowledged to me that he executed the same.

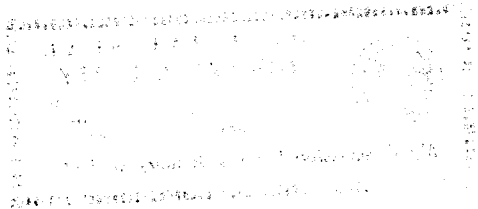
IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the County of Sonoma the day and year in this certificate first above written.

Norval J. Dilley
Notary Public, State of California.

My Commission Expires

OFFICIAL SEAL
NORVAL J. DILLEY
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN THE
COUNTY OF SONOMA
My Commission Expires January 6, 1975

Cowdery's Form No. 32—Acknowledgment—General.
(C. C. Sec. 1189) (Printed 11-10-67) 8221-0420-6



962-32-020-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Francis Rosenberry			2. Date Of Birth (month) October (day) 22, (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Mountain Home, Elmore	b. City or Town of Birth: Mountain Home, at home
FATHER	6. Full Name of Father: Milan Rosenberry			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Minnie Bell Filley			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Francis Rosenberg		11. Present Address of Registrant: 623 High St. Oregon City, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 8th 1974	12. Signature of Notary: Barbara J. Hammond		13. Notary Commission expires: June 6, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family for 60 years	By whom issued and signed: Freeman R. Smith Age:69		Date Issued: July 19,1974	Date Orig. Entry: ---
	Date of Birth: Oct.22,1915	Birth Place: Mountain Home, Idaho	Full Name of Mother: Minnie Bell Filley	Name of Father: Milan Rosenberry	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Oregon City, Oregon		Date Issued: ---	Date Orig. Entry: child born May 3,1941
	Date of Birth: Age: 25	Birth Place: Mountain Home, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance record	By whom issued and signed: American Guaranty Life Ins. Co. Group #G-599		Date Issued: ----	Date Orig. Entry: June 14,1967
	Date of Birth: 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	November 1,1974

FORM BH 56067

Rosenberg

NOV 1 1974

697-22-0074-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-602

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGINIA MARIE WIXOM			2. Date Of Birth (month) December (day) 27, (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake Cou	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: Joseph Leroy Wixom			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hedvig Marie Hansen			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Birchell		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 7 to 2 1974	12. Signature of Notary: Lori P. Whitman		13. Notary Commission expires: April 4 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of Birth	By whom issued and signed: L. D. S. Church		Date Issued: Sept.4,1974	Date Orig. Entry: Recorded Apr. 2,1916
	Date of Birth: Dec.27,1915	Birth Place: Georgetown, Idaho	Full Name of Mother: Hedvig Marie Hanson	Name of Father: Leroy Wixom	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Hedvig Marie Wixom		Date Issued: Sept.26,1974	Date Orig. Entry: ------
	Date of Birth: Dec.27,1915	Birth Place: Georgetown, Idaho	Full Name of Mother: Hedvig Marie Hansen	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family		Date Issued: ----	Date Orig. Entry: Baptized Dec. 6, 1925
	Date of Birth: Dec.27,1915	Birth Place: Georgetown,Idaho	Full Name of Mother: Hedvig Marie Hansen	Name of Father: Joseph LeRoy Wixom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Glenda Larson	DEC 6 1974

FORM BH 56067

Rec'd Rec # 17637 - 10-4-74

Birchall

DEC 9 1974
AUG 1 9 1975

433-22-029-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-631

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Iris Iva McCoy
2. Date Of Birth (month) (day) (year): Dec. 22 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah, Idaho
b. City or Town of Birth: Viola

FATHER

6. Full Name of Father: O. B. McCoy
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Francis Bench
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Iris Iva McCoy
11. Present Address of Registrant: 500 Mercer Dr. Durand Michigan

NOTARY (Seal)

Subscribed and sworn to before me on: August 19 1974
12. Signature of Notary: Lawra M. Harris
13. Notary Commission expires: February 11 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother Age 71yrs	Otto McCoy	Dec. 10 1974	----------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 22 1915	Viola Idaho	Mary Francis Bench	O. B. McCoy

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License affidavit photocopy	Latah County-State of Idaho Harry A. Thatcher -Recorder	--------	Mar. 21 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18 yrs	Idaho	---------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family	-----	Obviously Old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 22 1915	------	Mary F. Bench	O. B. McCoy

QUALIFYING INFORMATION

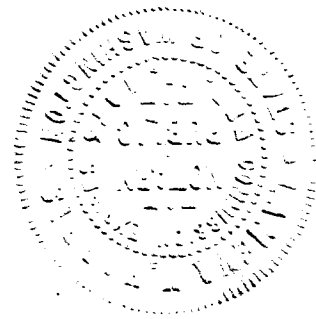
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Sue Lowe	12/17/74

FORM BH 56067

DEC 18 1974



177-110-005-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAYMOND ROBERT APPEL			2. Date Of Birth (month) 2 (day) 10 (year) 1915	
	3. Color or Race: Wh, Te	4. Sex: M	5. Place of Birth a. County: BENEWAH	b. City or Town of Birth: ST. MARIES	
FATHER	6. Full Name of Father: HENRY APPEL			7. State or Country of Father's Birth: RUSSIA	
MOTHER	8. Full Maiden Name of Mother: CATHRINE ELIZABETH SCHEUERMAN			9. State or Country of Mother's Birth: RUSSIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Robert Appel		11. Present Address of Registrant: RT. 1 ST. MARIES, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 27 19 74	12. Signature of Notary: Rill J. McTolder		13. Notary Commission expires: 2-6-77 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho # 308541		Date Issued: ------	Date Orig. Entry: Child born Feb.3 1941
	Date of Birth: Age 25 yrs	Birth Place: St. Maries, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 77 yrs	By whom issued and signed: Catherine E. Appel		Date Issued: May 1 1973	Date Orig. Entry: ------
	Date of Birth: Feb.10 1915	Birth Place: St. Maries, Idaho	Full Name of Mother: Catherine Appel	Name of Father: Henry Appel	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance Policy #54567064	By whom issued and signed: Bankers Life & Casualty Co.		Date Issued: May 21 1958	Date Orig. Entry: ---------
	Date of Birth: Feb.10,1915	Birth Place: -------	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Dec. 18, 1974

FORM BH 56067 1 cp Pd Rec. No 7153

DEC 1 8 1974

243-230-028-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-005

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Josephine Sullivan
2. Date Of Birth (month) 6 (day) 30 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Setters

FATHER

6. Full Name of Father: HAMPTON Wade SULLIVAN
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Lida Ames Bradley
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace Josephine Sullivan St Maries Ida
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on: May 27 1964
12. Signature of Notary: [signature]
13. Notary Commission expires: 1/2 1967

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Ernest W. Hillis, Pastor, Ford, Idaho	Sep.18,1915	baptized Sept.18,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 30,1915	Setters, Idaho	Lida Sullivan	H. W. Sullivan

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #256708	-----	Child born July 1, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Setters, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother Age:70	Edward A. Sullivan	Jan.2,1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 30,1915	Setters, Kootenai County, Idaho	Lida Ames Bradley	Hampton Wade Sullivan

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gml Margaret Davis	JAN 2 1975

FORM BH 56067 1 copy pd Rec 17683 11-29-65

JAN 6 1975

369-225-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-044

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jane Corbett			2. Date Of Birth (month) March (day) 25 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Turner (At Home)	
FATHER	6. Full Name of Father: Frank LeRoy Corbett			7. State or Country of Father's Birth: Smithfield, Utah	
MOTHER	8. Full Maiden Name of Mother: Annie Elizabeth Nyman			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jane C Rich	11. Present Address of Registrant: Rt. 5 Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 30 December 1974		12. Signature of Notary: Marian J. Bailey	13. Notary Commission expires: 2-1 1977	

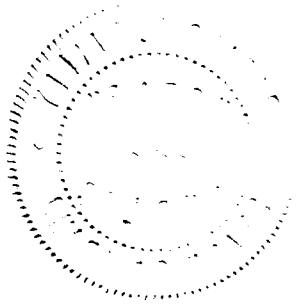
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: -----	Date Orig. Entry: child born Sept. 20,1951
	Date of Birth: Age 36 / Birth Place: Turner, Idaho	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church Record of Membership	By whom issued and signed: L.D.S.Church, Nampa,Idaho	Date Issued: Jan.3,1975	Date Orig. Entry: Blessed 1915
	Date of Birth: Mar.25,1915 / Birth Place: Turner, Idaho	Full Name of Mother: Annie Elizabeth Nyman	Name of Father: Frank LeRoy Corbett	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 203437	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: May 25, 1940	Date Orig. Entry: --------
	Date of Birth: Mar.25,1915 / Birth Place: Turner,Idaho	Full Name of Mother: -------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Sue Lowe	Date Filed: Jan. 21, 1975

FORM BH 56067

JAN 21 1975



389-125-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Andersen Christensen		2. Date Of Birth (month) June (day) 25, (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Central
FATHER	6. Full Name of ~~Father~~ Mother: Elsie Marie Andersen		7. State or Country of Father's Birth: Logan Cash Utah
MOTHER	8. Full Maiden Name of ~~Mother~~ Father: Ferdinand C. Christensen		9. State or Country of Mother's Birth: Smithfield Cash Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Andersen Christensen	11. Present Address of Registrant: Rt 1 Box 39 Grace Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 9th 19 75	12. Signature of Notary: Duane J. Rice	13. Notary Commission expires: July 25 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth Certificate	By whom issued and signed: LDS Church	Date issued: Feb.6,1974	Date Orig. Entry: Entered on Record Aug.1,1915
	Date of Birth: June 25,1915	Birth Place: Central,Idaho	Full Name of Mother: Elsie M. Andersen	Name of Father: Fredinand C. Christensen
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family	Date issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: June 25, 1915	Birth Place: Central, Idaho	Full Name of Mother: Elsie Marie Andersen	Name of Father: Ferdinand C. Christensen,Jr.
SUPPORTING RECORD 3.	Type of Document: Own childs Hospital Birth Certificate	By whom issued and signed: Pocatello, Idaho Pocatello General Hospital	Date issued: ----	Date Orig. Entry: Child born April 9,1943
	Date of Birth: June 25,1915	Birth Place: Central, Idaho	Full Name of Mother: --------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Sue Lowe	Jan. 21, 1975

FORM BH 56067

JAN 21 1975

715-217-003-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ursula Panting		2. Date Of Birth (month) 10 (day) 17 (year) 15
	3. Color or Race: Wh	4. Sex: F	5. Place of Birth: a. County: Soda Springs (Bannock) — b. City or Town of Birth: Soda Springs, IDAHO
FATHER	6. Full Name of Father: Russell Milton Panting		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: Lettie Thirkill		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ursula Beins	11. Present Address of Registrant: Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 12-31 1974	12. Signature of Notary: [signature]	13. Notary Commission expires: Continuous - Life Appointment 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate photocopy	By whom issued and signed: State of Idaho File #50-8116	Date issued: --	Date Orig. Entry: July 31, 1950 Child born
	Date of Birth: 34 years — Birth Place: Soda Springs, ID	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Exact copy of Census Record	By whom issued and signed: U.S.Dept. of Commerce Bureau of Census	Date issued: Aug.15,1974	Date Orig. Entry: Jan.1, 1920
	Date of Birth: 4yrs 3 mo. — Birth Place: Idaho	Full Name of Mother: Lettie Panting	Name of Father: Russell M. Panting	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt.born 11/1/95	By whom issued and signed: Rita P. Burgin	Date issued: 6 Jan.1975	Date Orig. Entry: ---
	Date of Birth: Oct.17,1915 — Birth Place: Soda Springs, ID	Full Name of Mother: Lettie Thirkill Panting	Name of Father: Russell Milton Panting	
QUALIFYING INFORMATION				

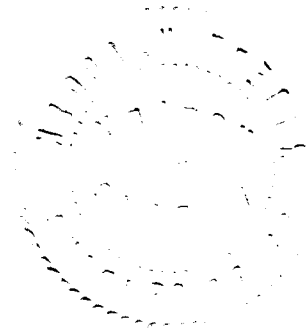
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 22 1975

FORM BH 56067

JAN 29 1975



291-219-010-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA LAVERN BRAMWELL			2. Date Of Birth: (month) Oct. (day) 19 (year) 1915	
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Coltman	
FATHER	6. Full Name of Father: Lenard A. Bramwell			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Birdie Annie Lucas			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Wamsley		11. Present Address of Registrant: 3537 NE Apperson Oregon City, Oregon 97045	
NOTARY (Seal)	Subscribed and sworn to before me on: October 31st 19 74	12. Signature of Notary: Doreen T. Whipple		13. Notary Commission expires: 10-13- 19 78	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, L. N. Stott, Pres.		Date Issued: June 8, 1924	Date Orig. Entry: baptized June 8, 1924
	Date of Birth: Oct. 19, 1915	Birth Place: Coltman, Idaho	Full Name of Mother: Birdie Lucas	Name of Father: Lenard A. Bramwell	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership removed to Klamath Falls, OR	By whom issued and signed: LDS Church, Luke Stott, Pres. Grenada, California		Date Issued: Apr. 18, 1927	Date Orig. Entry: blessed Jan. 2, 1916
	Date of Birth: Oct. 19, 1915	Birth Place: Coltman, Idaho	Full Name of Mother: Birdie Lucas	Name of Father: Leonard A. Bramwell	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #62257383	By whom issued and signed: Equitable Life Insurance Soc.		Date Issued: Apr. 24, 1962	Date Orig. Entry: April 9, 1962
	Date of Birth: 19 Oct. 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

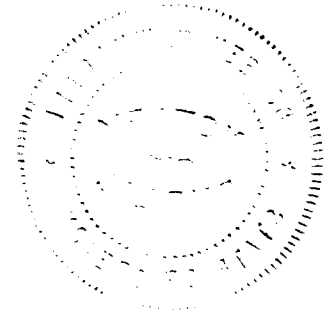
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JAN 29 1975

FORM BH 56067 WM

11/67

JAN 2 3 1975



532-21-7703-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-056

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Elsmore			2. Date Of Birth (month) Aug. (day) 15 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Thatcher Bannock	b. City or Town of Birth: Thatcher, Idaho	
FATHER	6. Full Name of Father: James Austin Elsmore			7. State or Country of Father's Birth: Alpine, Utah	
MOTHER	8. Full Maiden Name of Mother: Ethel Harris			9. State or Country of Mother's Birth: Thatcher, Bannock, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Elsmore		11. Present Address of Registrant: 348 E. 2nd North Logan, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 19 75	12. Signature of Notary: Karen McMurdie		13. Notary Commission expires: 3/6/77 19	

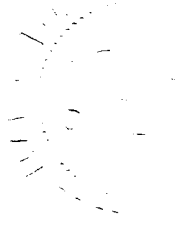
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age:91	By whom issued and signed: Ethel H. Elsmore		Date Issued: 2 July 1974	Date Orig. Entry: ---
	Date of Birth: Aug.15,1915	Birth Place: Thatcher,Idaho	Full Name of Mother: Ethel Harris	Name of Father: James Austin Elsmore	
SUPPORTING RECORD 2.	Type of Document: Copy of church birth certificate	By whom issued and signed: Historical Depart. of LDS church. Earl Olson,Custodian		Date Issued: 5 July 1974	Date Orig. Entry: 7 May 1916
	Date of Birth: 15 Aug.1915	Birth Place: Thatcher,Idaho	Full Name of Mother: Ethel Harris	Name of Father: James A. Elsmore	
SUPPORTING RECORD 3.	Type of Document: Certified copy of certificate of marriage	By whom issued and signed: Dept. of Public Health State of California #1932		Date Issued: Aug.28,1974	Date Orig. Entry: 17 Nov.1937
	Date of Birth: 22 yrs	Birth Place: Grace	Full Name of Mother: Ethel Harris	Name of Father: James Elsmore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: mdd Margaret Davis	Date Filed: JAN 26 1975

FORM BH 56067

JAN 2 8 1975



419-205-010-45-4

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-064

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Petra Irene Martin
2. Date Of Birth: (month) March (day) 5 (year) 1915
3. Color or Race: Cau.
4. Sex: F.
5. Place of Birth: a. County: Idaho Falls — Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Ludwig Burton Martin
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Petra Elvida Undhjem
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Petra Irene Martin Hopkins
11. Present Address of Registrant: 812 Houston Ave. Grants, New Mexico

NOTARY (Seal)

Subscribed and sworn to before me on January 21 1975

12. Signature of Notary: Edna P. Reigler
13. Notary Commission expires: September 15 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of own child's Birth certificate	By whom issued and signed: State of Idaho File #218454	Date Issued: Apr.28,1958	Date Orig. Entry: Child born Dec.27,1933	
	Date of Birth: 18 Yrs.	Birth Place: Idaho Falls,ID	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement by Doctor	By whom issued and signed: C.W. Cline	Date Issued: Mar.28,44	Date Orig. Entry: Mar.5, 1915	
	Date of Birth: Mar.5,1915	Birth Place: Idaho Falls, Bonneville Ct.	Full Name of Mother: Petra Elvida Undhjem	Name of Father: Ludwig Burton Martin	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage license & Marriage Certificate	By whom issued and signed: Virginia Harrison, Deputy State of Montana, County of Beaverhead.	Date Issued: 15,Apr.74	Date Orig. Entry: 11 Jan.1933	
	Date of Birth: Age 18	Birth Place: Idaho Falls, ID.	Full Name of Mother: Petra Undhjen	Name of Father: Ludwig Martin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ellick
Evidence reviewed by: Margaret Davis
Date Filed: JAN 28 1975

FORM BH 56067

3-21-74

JAN 29 1975

469-206-016-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Rhodea Morris			2. Date of Birth (month) (day) (year): Nov. 6 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Stewart Earl Morris			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Anne Morris			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Hatfield		11. Present Address of Registrant: 1619 Burton, Burley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 18, 1974 19__	12. Signature of Notary: John R Kober		13. Notary Commission expires: Dec 2 19 76

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Hospital record	By whom issued and signed: Minidoka Memorial Hospital Rupert, Idaho	Date Issued: ---	Date Orig. Entry: 8-5-62
	Date of Birth: 11-6-1915 / Birth Place: Albion, Idaho	Full Name of Mother: Mary Anne Morris	Name of Father: Stewart Earl Morris	
SUPPORTING RECORD 2.	Type of Document: #518-24-5699 Photocopy of Application for Social Security Number	By whom issued and signed: John R. Kober, Notary Public. (U.S. Treasury Dept.)	Date Issued: 22 Jan 75	Date Orig. Entry: Dec.14, 1942
	Date of Birth: Nov.6,1915 / Birth Place: Albion, Idaho	Full Name of Mother: Mary Ann Butz	Name of Father: Stewart Earl Morris	
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother born 11-12-1894	By whom issued and signed: Henry Bortz	Date Issued: 27 Jan. 75	Date Orig. Entry: ---
	Date of Birth: Nov.6,1915 / Birth Place: Albion	Full Name of Mother: Mary Morris	Name of Father: Stewart Morris	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Margaret Davis	Date Filed: JAN 30 1975

FORM BH 56067

JAN 31 1975

693-202-021-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-071

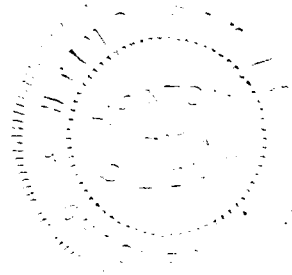
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Julia Dorthy Wilcox		2. Date Of Birth (month) 12 (day) 2 (year) 1915	
	3. Color or Race: Cauc.	4. Sex: Female	5. Place of Birth a. County: Preston, Idaho (Franklin County)	b. City or Town of Birth:
FATHER	6. Full Name of Father: George Lorin Wilcox		7. State or Country of Father's Birth: Idaho (Franklin County)	
MOTHER	8. Full Maiden Name of Mother: Julia Perry		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julia D. Griffiths	11. Present Address of Registrant: Rt 1, Heyburn, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 27 September 1974	12. Signature of Notary: RaNae Smith	13. Notary Commission expires: July 16 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of temple recommend	By whom issued and signed: LDS Church, Wendell Ward (for Idaho Falls Temple)	Date Issued: ----	Date Orig. Entry: Nov.28,1948
	Date of Birth: Dec.2,1915 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Julia Perry	Name of Father: George L. Wilcox	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Preston 4th Ward LDS Church	Date Issued: ---	Date Orig. Entry: Feb.6, 1916
	Date of Birth: Dec.2,1915 / Birth Place: Preston, Idaho	Full Name of Mother: Julia Perry	Name of Father: Geo. L. Wilcox	
SUPPORTING RECORD 3.	Type of Document: Statement from employment Record Minidoka Memorial Hosp.	By whom issued and signed: RaNae Smith Notary Public	Date Issued: ---	Date Orig. Entry: June 1, 1968
	Date of Birth: 12-2-1915 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wilcox	Evidence reviewed by: gml Margaret Davis	Date Filed: JAN 30 1975	

FORM BH 56067

JAN 31 1975



685-20?-033-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE: 75-091

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve AdeLine Wynn			2. Date Of Birth (month) (day) (year): MAY 7 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth / a. County: Rexburg Idaho Madison	b. City or Town of Birth: Rexburg Idaho	
FATHER	6. Full Name of Father: George B. Wynn			7. State or Country of Father's Birth: Cedar Falls Iowa	
MOTHER	8. Full Maiden Name of Mother: Cora Ester Straight			9. State or Country of Mother's Birth: Modale Iowa.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Adeline Wynn Lake		11. Present Address of Registrant: 2180 Linda Lane Grand Jct. Colo.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 23 19 74	12. Signature of Notary: Jean N. Graham		13. Notary Commission expires: March 29 19 77	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church records	By whom issued and signed: LDS Church, Grand Junction Colorado #19253273		Date Issued: 4 APR 74	Date Orig. Entry: baptized May 6,1923
	Date of Birth: May 7,1915	Birth Place: Rexburg,Idaho	Full Name of Mother: Cora Eater Straight	Name of Father: George B. Wynn	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #687213	By whom issued and signed: California-Western States Life Ins. Co.,Sacramento,CA		Date Issued: Oct.21,1953	Date Orig. Entry: Oct.21,1953
	Date of Birth: May 7,1915	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Family Bible Record.	By whom issued and signed: Jean N. Graham, Notary State of Colo.		Date Issued: Feb.7,1975	Date Orig. Entry: Obviously old
	Date of Birth: May 7,1915	Birth Place: ---	Full Name of Mother: --	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	gml Margaret Davis	Feb. 7, 1975

FORM BH 56067

FEB 1 1 1975

867-110-033-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-107

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Angus Lou Hope,			2. Date Of Birth (month) (day) (year): December, 10, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rexburg, Idaho,	b. City or Town of Birth: Rexburg,
FATHER	6. Full Name of Father: Edwin James Hope,			7. State or Country of Father's Birth: Bluffdale, Utahm
MOTHER	8. Full Maiden Name of Mother: Wilhelmina Klingler			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Angus Lou Hope		11. Present Address of Registrant: 620 South Boise Avenue Emmett, Idaho,
NOTARY (Seal)	Subscribed and sworn to before me on: January 25, 19 61	12. Signature of Notary: Boise G. Riggs		13. Notary Commission expires: April, 24, 19 62,

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #247181	Date Issued: ----	Date Orig. Entry: child born Sept.17,1936
	Date of Birth: age 20	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application		By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: ----	Date Orig. Entry: Apr.29,1936
	Date of Birth: Dec.10,1915	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Payette County - Alice Snook	Date Issued: Apr.20,1961	Date Orig. Entry: Married Nov. 12,1935
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	pw pw Florence Curtright	Feb. 14,1975

FORM BH 56067

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FEB 14 1975

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HOLE

168-204-026-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Larry Dot Johnson		2. Date Of Birth (month) 8 (day) 4 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Rigby Idaho a. County: Jefferson b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Fountain Syre Johnson		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Bertha Howe		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Larry Dot (Johnson) Green	11. Present Address of Registrant: 245 - North State St.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 14 1975	12. Signature of Notary: LaDeen L. Wolz	13. Notary Commission expires: Dec. 6 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Member information record	By whom issued and signed: The church of Jesus Christ Latter Day Saints.	Date issued: 30 May 73	Date Orig. Entry: 4 Aug. 1923
	Date of Birth: 4 Aug.1915 / Birth Place: Rigby, Jefferson Idaho	Full Name of ~~Mother~~ Father: Fountain S. Johnson	Name of ~~Father~~ Mother: Bertha Howe	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Brother Age:71	By whom issued and signed: Edgar T. Johnson	Date issued: Feb.8,1975	Date Orig. Entry: ----
	Date of Birth: Aug.4,1915 / Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Bertha Howe Johnson	Name of Father: Fountain S. Johnson	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Appl.	By whom issued and signed: Nationwide Life Insurance Company, Columbus, Ohio	Date issued: ---	Date Orig. Entry: Aug. 3, 1967
	Date of Birth: Aug.4,1915 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: Feb. 19, 1975	

K FORM BH 56067

FEB 2 0 1975

FEB 2 2 2006

DECEASED

419-123-001-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMERY ELBERT MARTIN			2. Date Of Birth (month) 12 (day) 23 (year) 1915	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOISE, IDAHO ADA	b. City or Town of Birth: BOISE	
FATHER	6. Full Name of Father: CHAUNCEY HARRISON MARTIN			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: ALICE MARY HARRIS			9. State or Country of Mother's Birth: ILLINOIS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on October 21, 19 74		10. Signature of Registrant: Emery E. Martin	11. Present Address of Registrant: P.O. Box 11044 Tahoe Paradise, Cal. 95705	
	(Seal) OFFICIAL SEAL MARILYN J. KELL NOTARY PUBLIC-CALIFORNIA COUNTY OF SANTA CLARA My Commission Expires		12. Signature of Notary: Marilyn J. Kell	13. Notary Commission expires: June 23 19 78	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for membership		By whom issued and signed: B.P.O.E., #2708	Date Issued: ----	Date Orig. Entry: Nov.11,1943
	Date of Birth: Dec.23,1915	Birth Place: Boise, Idaho Ada County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for employment		By whom issued and signed: Mines Employment Office Wallace, Idaho	Date Issued: ---	Date Orig. Entry: June 20,1933
	Date of Birth: Age: 17 on Dec.23,1932	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Chauncy Martin	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Social Security Application		By whom issued and signed: U.S. Social Security Act. Treasury Dept. SS#518-03-2272	Date Issued: --	Date Orig. Entry: Nov. 26,1936
	Date of Birth: Dec.23,1915	Birth Place: Boise, Idaho	Full Name of Mother: Alice Mary Harris	Name of Father: Chauncey Harrison Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

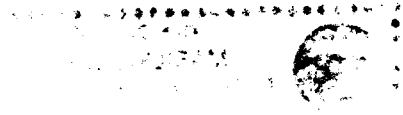
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	Feb. 20, 1975

FORM BH 56067 NM

11-6-74 mc

FEB 21 1975

OCT 05 1999



168-227-010-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHEL MARIE JOHNSON		2. Date Of Birth (month) 6 (day) 27 (year) 1915
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BONNEVILLE; b. City or Town of Birth: IDAHO FALLS, IDAHO
FATHER	6. Full Name of Father: CARL EMIL JOHNSON		7. State or Country of Father's Birth: CHICAGO, ILLINOIS
MOTHER	8. Full Maiden Name of Mother: CORA MAE CROW		9. State or Country of Mother's Birth: PRESCOTT, IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Marie Johnson Royce	11. Present Address of Registrant: 235 ARLINGTON RD. APT.# 31 REDWOOD CITY, CA. 94062
NOTARY (Seal)	Subscribed and sworn to before me on Feb 4 1975	12. Signature of Notary: Howard W. Esplund	13. Notary Commission expires May 23 1976

HOWARD W. ESPLUND NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN SAN MATEO COUNTY My Commission Expires May 23, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs Birth Certificate	By whom issued and signed: The Idaho Falls LDS Hospital	Date issued: ---	Date Orig. Entry: Child born 8 Mar. 1937
	Date of Birth: June27,1915 / Birth Place: Idaho Falls,ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Personnel Action Notice	By whom issued and signed: SAGA Administrative Corp. J.E. Fitzpatrick, 2nd Level	Date issued: ---	Date Orig. Entry: Oct.5, 1969
	Date of Birth: 6-27-15 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: P.G. Fallquist, Pastor Idaho Falls	Date issued: --	Date Orig. Entry: 24 Sept. 1916
	Date of Birth: June 27,1915 / Birth Place: Idaho Falls	Full Name of Mother: Cora M. Johnson	Name of Father: Emil C. Johnson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Margaret Davis	Feb. 25, 1975

FORM BH 56067

1-29-75

Royce

FEB 25 1975

911-201-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Burmah Lee Majors			2. Date Of Birth (month) June (day) 1 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chester
FATHER	6. Full Name of Father: Lloyd E. Majors			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Nellie Etta Campbell			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burmah Lee Bolton		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: 19th day of Feb 1975	12. Signature of Notary: [illegible]		13. Notary Commission expires: 3/24 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 237171	Date Issued: -----	Date Orig. Entry: child born Oct. 27,1935
	Date of Birth: Age 20	Birth Place: Chester, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Wm. C. Howard, Clerk Yellowstone Stake, Chester WD.	Date Issued: -- 16 Jan.44	Date Orig. Entry: 3 Feb. 1924
	Date of Birth: 1 June,1915	Birth Place: Chester,Fremont	Full Name of Mother: Nellie E. Campbell	Name of Father: Lloyd Earl Majors	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father Age 80		By whom issued and signed: Lloyd E. Majors	Date Issued: 4 Feb.1975	Date Orig. Entry: ----
	Date of Birth: June 1,1915	Birth Place: Chester,Idaho	Full Name of Mother: Nellie Etta Campbell	Name of Father: Lloyd E. Majors	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	Feb. 25, 1975

K

FORM BH 56067

1-22-75

Bolton

FEB 2 6 1975

DECEASED

156-212026-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-205

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DeAlta Ann Jeffs
2. Date Of Birth: October 12 1915
3. Color or Race: Caucasion
4. Sex: Female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby, Idaho

FATHER

6. Full Name of Father: Henry George Jeffs
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Syrilla Finn
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: DeAlta Ann Jeffs Wilding
11. Present Address of Registrant: 130 Ronglyn Ave. Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 7th 1975
12. Signature of Notary: Emmett E. Gallup
13. Notary Commission expires: June 7 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photocopy of Certificate of Baptism and Confirmation
By whom issued and signed: Rigby 1st Ward, O.I. Cordon Bishop
Date Issued: ---
Date Orig. Entry: Baptised Nov.24,1923
Date of Birth: Oct.12,1915
Birth Place: Rigby, Jefferson Idaho
Full Name of Mother: Syrilla Finn
Name of Father: Henry George Jeffs

SUPPORTING RECORD 2.

Type of Document: Photocopy of Certificate of Blessing
By whom issued and signed: George A. Cordon, Bishop LDS church
Date Issued: ---
Date Orig. Entry: Blessed Nov.7,1915
Date of Birth: 12 Oct.1915
Birth Place: Rigby, Jefferson, Idaho
Full Name of Mother: Syrilla Finn
Name of Father: Henry G. Jeffs

SUPPORTING RECORD 3.

Type of Document: Affidavit by Aunt Age: 78
By whom issued and signed: Edith J. Finn
Date Issued: 15 Mar.1975
Date Orig. Entry: ---
Date of Birth: Oct.12,1915
Birth Place: Rigby, Idaho
Full Name of Mother: Syrilla Fim Jeffs
Name of Father: Henry George Jeffs

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 2[illegible] 1975

FORM BH 56067

MAR 2 7 1975

993-02-010-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-237

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bennie Charles Ricks
2. Date Of Birth (month) (day) (year): June 2 1915
3. Color or Race: white
4. Sex: m
5. Place of Birth a. County: Antelope Bonneville
   b. City or Town of Birth: Antelope, Idaho

FATHER

6. Full Name of Father: William Charles Ricks
7. State or Country of Father's Birth: Logan Cache Co. Utah

MOTHER

8. Full Maiden Name of Mother: Cathrine Ellen Humphrey
9. State or Country of Mother's Birth: Redmond, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bennie Charles Ricks
11. Present Address of Registrant: Box 131 - Ririe, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1975

12. Signature of Notary: Velma Bush
13. Notary Commission expires: 9-24 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Family Neighbor 81 years old.	Esther Denning Scott	4 Apr. 1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1915	Antelope, Idaho	Catherine Ellen Ricks	William Charles Ricks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Insurance Policy #63281-J	Gem State Mutual Life Pocatello, Idaho	--	Oct. 8, 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 2, 1915	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #282313	--	child born July 6, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 Years	Antelope, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	APR 8 1975

FORM BH 56067

1 copy Vol. Rec. # 2367

4-2-75

APR 1 0 1975

318-201-001-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-248

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivien Beatrice TAYLOR
2. Date of Birth (month) July (day) 1 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Ada; b. City or Town of Birth Star

FATHER

6. Full Name of Father: ~~Franklin~~ Matthew Franklin TayLor
7. State or Country of Father's Birth: Ill.

MOTHER

8. Full Maiden Name of Mother: Edith Ethel Finney
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivien B Shine
11. Present Address of Registrant: 932-10th Ave No Twin Falls

NOTARY (Seal)

Subscribed and sworn to before me on February 26 1975

12. Signature of Notary: Laura Allen
13. Notary Commission expires: May 19 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Cousin thirteen
By whom issued and signed: Darrel B. Chenworth
Date Issued: 10April,1975
Date Orig. Entry: ---
Date of Birth: July 1,1915
Birth Place: Star, Idaho
Full Name of Mother: Edith Ethel Finney Taylor
Name of Father: Matthew Franklin Taylor

SUPPORTING RECORD 2.

Type of Document: Insurance Policy W18411
By whom issued and signed: Continental Life and Accident Company, Boise, Idaho
Date Issued: 3-7-69
Date Orig. Entry: 3--7-69
Date of Birth: 7-1-1915
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Own child's birth certificate
By whom issued and signed: State of Idaho #280089
Date Issued: ---
Date Orig. Entry: child born May 13, 1939
Date of Birth: 23 Years.
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: APR 14 1975

FORM BH 56067

5-24-61

APR 1 4 1975

414-115-023-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Robert Maupin			2. Date Of Birth (month) March (day) 15 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Gem	b. City or Town of Birth: Ola	
FATHER	6. Full Name of Father: Willard Virgil Maupin			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Edna Florence Linebarger			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X George Robert Maupin		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on April 11 19 75	12. Signature of Notary: Mary Dinlay Graham		13. Notary Commission expires: March 6 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon #157		Date Issued: Dec.30,1974	Date Orig. Entry: child born June 21,1937
	Date of Birth: 22 years	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Transcript from school Record	By whom issued and signed: Leroy J.Paulsen, Supt. Malheur County Schools.		Date Issued: 5 Sept.1972	Date Orig. Entry: 1929
	Date of Birth: 14 age.	Birth Place: ---	Full Name of Mother: ---		Name of Father: W.V. Maupin
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 86 yrs.	By whom issued and signed: Dora Linebarger Pennington		Date Issued: 22 May 74	Date Orig. Entry: ---
	Date of Birth: Mar.15,1915	Birth Place: Ola, Idaho	Full Name of Mother: Edna Linebarger Maupin		Name of Father: Virgil Maupin
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Margaret Davis	APR 15 1975

FORM BH 56067

application #3977 on 11-9-72 and

APR 16 1975

493-213-006-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 75-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fayora Bell Miller ~~Peterson~~		2. Date Of Birth (month) (day) (year): November 13 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: James Town
FATHER	6. Full Name of Father: James DeLoyd Miller		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Beatrice ALice Mounteer		9. State or Country of Mother's Birth: Union Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fayara M. Petersen	11. Present Address of Registrant: 4153 So. 2700 West Salt Lake Utah.
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 19 75	12. Signature of Notary: Marguerite Petersen	13. Notary Commission expires: October 23rd 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Murray Second Ward, Cottonwood Stake. LDS Church	Date Issued: ---	Date Orig. Entry: Blessed Feb.29,1916	
	Date of Birth: Nov.13,1915	Birth Place: Jamestown, IDaho	Full Name of Mother: Beatrice Mounteer	Name of Father: James DeLloyd Miller	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Beatrice Alice Mounteer Miller Brown	Date Issued: 2-27-75	Date Orig. Entry: ---	
	Date of Birth: Nov.13,1915	Birth Place: Jamestown, Idaho	Full Name of Mother: Beatrice Alice Mounteer	Name of Father: James DeLoyd Miller	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file- Utah - # 54-18-4481	Date Issued: Jul.14,1954	Date Orig. Entry: Child born Jun.25,1954	
	Date of Birth: Age 38	Birth Place: Jamestown, Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Florence Curtright	Apr.17,1975

FORM BH 56067

1 cp. Pd. Rec # 01861

2-21-75

APR 1 8 1975
MAR 2 3 2015

655-130-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75=262

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Thomas LeRoy O'Neil		**2. Date Of Birth** (month) May (day) 30 (year) 1915	
	3. Color or Race: White	**4. Sex**: Male	**5. Place of Birth** a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	**6. Full Name of Father**: Charley O'Neil		**7. State or Country of Father's Birth**: Idaho	
MOTHER	**8. Full Maiden Name of Mother**: Fanney G. Branson		**9. State or Country of Mother's Birth**: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Thomas LeRoy O'Neil	**11. Present Address of Registrant**: 817 E. Rupert, Ida.	
NOTARY (Seal)	**Subscribed and sworn to before me on**: April 28 1975	**12. Signature of Notary**: Florence Curtright	**13. Notary Commission expires**: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document**: Certificate of Baptism	**By whom issued and signed**: L. D. S. Church	**Date Issued**: Aug 8,1930	**Date Orig. Entry**: July 6,1930
	Date of Birth: May 30,1915	**Birth Place**: St. Anthony, Ida.	**Full Name of Mother**: Fanney G. BRANSON	**Name of Father**: Charley O'Neil
SUPPORTING RECORD 2.	**Type of Document**: Honorable Discharge	**By whom issued and signed**: U. S. Army	**Date Issued**: Nov. 19, 1945	**Date Orig. Entry**: Feb. 24,1945
	Date of Birth: May 30,1915	**Birth Place**: St. Anthony	**Full Name of Mother**: ----	**Name of Father**: ------
SUPPORTING RECORD 3.	**Type of Document**: Own child's birth certificate	**By whom issued and signed**: on file - Vital Statistics	**Date Issued**: ----	**Date Orig. Entry**: child born Nov. 2,1943
	Date of Birth: Age 28	**Birth Place**: St. Anthony, Ida	**Full Name of Mother**: ------	**Name of Father**: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	April 28,1975

FORM BH 56067

APR 2 8 1975

815-208-005-334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Pearl Hanson		2. Date Of Birth (month) (day) (year): Dec. 8 1915	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Shoshone Benewah	b. City or Town of Birth: Plummer, Idaho
FATHER	6. Full Name of Father: Joseph W. Hanson		7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Bertha Pearl Cluphf		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret P. Bichel	11. Present Address of Registrant: Pierce, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-24 1975	12. Signature of Notary: Lyra M. Davis	13. Notary Commission expires: 1-21 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Marriage	By whom issued and signed: County Auditor, Spokane, WA.	Date Issued: 6 Mar.75	Date Orig. Entry: Apr.23, 1934	
	Date of Birth: 18 y ears	Birth Place: Plummer, Idaho	Full Name of Mother: Bertha Cluphf	Name of Father: Joseph Hanson	
SUPPORTING RECORD 2.	Type of Document: Own childs'birth certificate	By whom issued and signed: State of Idaho #337604	Date Issued: ---	Date Orig. Entry: Feb.22,1942	
	Date of Birth: 26 years	Birth Place: Plummer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript from Lodge Records	By whom issued and signed: Gdd Nugget Rebekah Lodge #119, Ellen Platt, Rec.Secy.	Date Issued: May 27,1974	Date Orig. Entry: May 23, 1939	
	Date of Birth: Age 23 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by aunt Julia Blind signed 15 April 1975 before Nancy Niles, Notary Public

States that Margaret Pearl Hanson was born on December 8, 1915 in Plummer, Idaho.

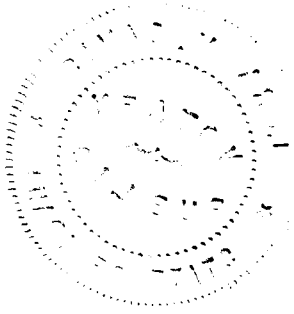
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	Margaret Davis	MAR 26 1975

FORM BH 56067

MAY 2 0 1975



394-126-015-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-326

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Simonson		2. Date Of Birth (month) (day) (year): December 26, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Edward N. Simonson		7. State or Country of Father's Birth: Bear River City, Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Gunnell		9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Simonson	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: 11th day of Nov 1974	12. Signature of Notary: Cecil A Schell	13. Notary Commission expires: 2-1 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance application	By whom issued and signed: Bankers Life Co., Des Moines, Iowa	Date issued: July 2,1951	Date Orig. Entry: June 26,1951
	Date of Birth: Dec.26,1915	Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Military Discharge	By whom issued and signed: U.S. Army,Earl G.Linhart,Maj. ORD DEPT, Ft.Douglas, UT	Date issued: discharged Sep.15,1945	Date Orig. Entry: enlisted Dec.28,1941
	Date of Birth: Dec.26,1915	Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Federal census record Bannock County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Nov.12,1974	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Edward N. Simonson

QUALIFYING INFORMATION

U.S. Social Security application for Account Number #519-10-7815 gives Nels Edward Simonson and Libbie Gunnell as George Simonson's parents.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	MAY 30 1975

FORM BH 56067 1 Cp pd 9-5 74 gml

JUN 2 1975

264-217-033-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-336

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Sommer
2. Date Of Birth (month) Sept. (day) 17 (year) 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Madison; b. City or Town of Birth: Hibbard Idaho (Rexburg route)

FATHER

6. Full Name of Father: Fred Sommer
7. State or Country of Father's Birth: Logan, Utah

MOTHER

8. Full Maiden Name of Mother: Edith Mary Park
9. State or Country of Mother's Birth: Hibbard, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel L. Park
11. Present Address of Registrant: Rexburg, Ida. Route 1 Box 50

NOTARY (Seal)

Subscribed and sworn to before me on June 3 19 75
12. Signature of Notary: Florence Curtright
13. Notary Commission expires 4-20 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt age 83	Solma Sommer Archibald	May 12,1975	----
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Sept.17,1915 Hibbard, Idaho	Edith Mary Park	Fred Sommer	
SUPPORTING RECORD 2.	Notorized copy of Ch.Record	L. D. S. Church	May 20,1975	Baptized May 14,1935
	Sept.17,1915 Hibbard, Idaho	Edith Mary Park	Fred Sommer	
SUPPORTING RECORD 3.	School Census Report	County of Madison Dist.#27	Oct.10,1927	Oct. 19, 1927
	Sept.17,1915 -----	Edith Sommer	Fred Sommer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	June 3,1975

FORM BH 56067

5-9-75

Rock

JUN 3 1975

243-24-042-456

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank George Kulik (Joe)			2. Date Of Birth (month) 4 (day) 24 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: ~~Buhl~~ Idaho a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Joseph Kulik, Sr.			7. State or Country of Father's Birth: Czechosolovakia
MOTHER	8. Full Maiden Name of Mother: Mary Dvorak			9. State or Country of Mother's Birth: Czeckosolovakia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank George Kulik		11. Present Address of Registrant: Filer Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1975	12. Signature of Notary: Ralph H. Brandage		13. Notary Commission expires: 4-22 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

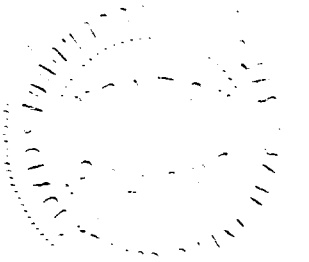
SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother Age 75	By whom issued and signed: Joseph Kulik	Date issued: 10 June 75	Date Orig. Entry: ---
	Date of Birth: Apr.24,1915 / Birth Place: Buhl	Full Name of Mother: Mary Dvorak	Name of Father: Joseph Kulik, Sr.	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate (Hospital)	By whom issued and signed: Twin Falls County General Hospital	Date issued: 18 Nov.45	Date Orig. Entry: child born 18 Nov.1945
	Date of Birth: Apr.24,1915 / Birth Place: Buhl, Idaho	Full Name of Mother: =--	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baptismal certificate	By whom issued and signed: Church of St.Edward Twin Falls, Idaho	Date issued: 11/2/70	Date Orig. Entry: Baptised June 20,1915
	Date of Birth: Apr.24,1915 / Birth Place: Buhl, Idaho	Full Name of Mother: Mary Dvorak	Name of Father: Joseph Kulik	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JUN 18 1975

K FORM BH 56067

6-6-75

JUN 1 8 1975



DECEASED

459-116-023-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-377

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Baxter Raymond Mervin
2. Date Of Birth (month) (day) (year): March 16 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Lemhi Idaho Lem
b. City or Town of Birth: Sweet, Idaho

FATHER

6. Full Name of Father: Charles Ray Mervin
7. State or Country of Father's Birth: Gentry County, Mo.

MOTHER

8. Full Maiden Name of Mother: Jessie Maud Keir
9. State or Country of Mother's Birth: Gentry County, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Baxter Raymond Mervin
11. Present Address of Registrant: 516-20th ave N. Nampa Ida 83651

NOTARY (Seal)

Subscribed and sworn to before me on 2-11- 1975

12. Signature of Notary: Tom Kinchloe
13. Notary Commission expires: 3-9- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy from Family Record	Old Family Record	--	Document is obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1915	Sweet, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Cousin Age 82yrs	Ethel Cole	June 19,1975	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1915	Sweet,Idaho	Jessie Maud Keir	Charles Ray Mervin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of School Census Record Oct.1924	State of Idaho -County of Canyon-Walter Fry,Clkof Dist. Court	June 18,1975	Oct.1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.16,1915	-------	-------	Charles Ray Mervin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	June 20, 1975

FORM BH 56067

10-30-74

JUN 2 0 1975
JUN 9 1976

389-213-0004-698

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-402

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Wilma Christman
2. Date Of Birth (month) (day) (year): September, 13 1915
3. Color or Race: Caucian
4. Sex: Female
5. Place of Birth a. County: Bear Lake County, Idaho
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Webster Elsworth Christman
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Hallie Ann Frye
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth W. Fallentine
11. Present Address of Registrant: 1433 Oakmont Dr. #1 Walnut Creek, Ca. 94595

NOTARY

Subscribed and sworn to before me on: June 24 1975

12. Signature of Notary: Bea H. Zavalney BEA H. ZAVALNEY

13. Notary Commission expires: Oct 11, 1976.

OFFICIAL SEAL BEA H. ZAVALNEY NOTARY PUBLIC-CALIFORNIA CONTRA COSTA COUNTY My Commission Expires Oct. 11, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S/Department of Commerce Bureau of the Census	6/18/75	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4 years.	Idaho	Hallie Christman	Webb E. Christman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from family bible	From Family Records.	May 24,75	Document obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.13,1915	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Montpelier High School	7/2/75	Sept. 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 13, 1915	---	Hallie A. Christman	---

QUALIFYING INFORMATION

Affidavit by Helen Kunz Jensen friend of family who is more than ten years older than Ruth Christman gives Sept. 13, 1915 as birth date and Montpelier, as birthplace.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane M. Ulick	Margaret Davis	JUL 2 1975

FORM BH 56067

JUL 3 1975

261-217-015-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Mae Swanson			2. Date Of Birth (month) (day) (year): September 17, 1915
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Caribou County	b. City or Town of Birth: Soda Springs, Idaho
FATHER	6. Full Name of Father: Gilbert Sherman Swanson			7. State or Country of Father's Birth: Oakland, Nebraska
MOTHER	8. Full Maiden Name of Mother: Jennie Caroline Birkland			9. State or Country of Mother's Birth: Bayfield, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Mae Swanson		11. Present Address of Registrant: Green River, Utah 84525
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 19 75	12. Signature of Notary		13. Notary Commission expires: NOV 15 19 75

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 84	By whom issued and signed: Lula W. Swanson		Date Issued: 2/12/75	Date Orig. Entry: ---
	Date of Birth: Sept.17,1915	Birth Place: Soda Springs,ID.	Full Name of Mother: Jennie Caroline Birkland	Name of Father: Gilbert Sherman Swanson	
SUPPORTING RECORD 2.	Type of Document: Application for Operator's License	By whom issued and signed: State of Utah State Tax Com.		Date Issued: 13 Oct.34	Date Orig. Entry: 13 Oct.1934
	Date of Birth: age 19 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Price City Hospital Price, Utah		Date Issued: 27 June 42	Date Orig. Entry: child born 27 June 1942
	Date of Birth: Sept.17,1915	Birth Place: Soda Springs	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUL 2 1975

FORM BH 56067

JUL 3 1975

353-220-003-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Angeline Lelis			2. Date Of Birth (month) 11 (day) 20 (year) 1915	
	3. Color or Race: Caus.	4. Sex: F.	5. Place of Birth a. County: Pocatello Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Michael Lelis			7. State or Country of Father's Birth: Terros, Greece	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Popp			9. State or Country of Mother's Birth: Budrock, Shodon, Hungary	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Angeline Gamble		11. Present Address of Registrant: 311 Vidas Ave. Salt Lake City, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on 1st of July 19 75	12. Signature of Notary: Phil Hansen		13. Notary Commission expires: May 1 19 78	

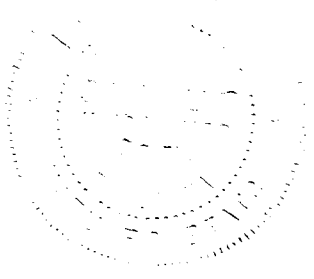
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Elizabeth Popp Lelis		Date Issued: 1 July 75	Date Orig. Entry: ---
	Date of Birth: 20 Nov.15	Birth Place: Pocatello, ID.	Full Name of Mother: Elizabeth Popp	Name of Father: Michael Lelis	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: The Lincoln National Ins. #1067931		Date Issued: 23 Nov.49	Date Orig. Entry: 22 Oct.49
	Date of Birth: 11/20/15	Birth Place: Pocatello, ID.	Full Name of Mother: ---	Name of Father: Mike Lelis	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: State of Utah		Date Issued: 20 Nov. 36	Date Orig. Entry: 20 Nov. 36
	Date of Birth: 21 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Mick	Evidence reviewed by: Margaret Davis		Date Filed: JUL 8 1975	

FORM BH 56067 1 cp Pol. Rec. #02427

4-7-76

JUL 9 1975



533-230-006-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-437

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arvella ELLIS
2. Date Of Birth (month) (day) (year): May 30 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Moreland

FATHER

6. Full Name of Father: George Willard Ellis
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Emily Purser
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arvella Ellis Bohnsey
11. Present Address of Registrant: 1299 W. Quinn Rd. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 13 1975
12. Signature of Notary: Sharon A. Perkins
13. Notary Commission expires: April 29 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Cousin	Mae Ellis Grimmett 15 at time of birth	6/24/75	---
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	May 30,1915 Moreland, ID.	Emily Ellis	George Willard Ellis	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Idaho #48-11959	11/2/48	child born Oct.15,1948
	33 years. Moreland, ID.	---	---	
SUPPORTING RECORD 3.	Employment application	Lamb-Weston, Inc.	7/28/66	7/28/66
	May 30,1915 ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: JUL 18 1975

FORM BH 56067

1 copy pd Rec 15657 10-9-80

JUL 21 1975

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DUP OF 15-32570

963-27-0473-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-445

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Virginia Rollins
2. Date Of Birth (month) 8 (day) 17 (year) 1915
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth a. County: Valley
b. City or Town of Birth: Cascade (Scott Valley)

FATHER

6. Full Name of Father: Luke Henry Rollins
7. State or Country of Father's Birth: ~~Ida~~ Oregon

MOTHER

8. Full Maiden Name of Mother: Jessie Evelyn McClure
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Virginia Cox
11. Present Address of Registrant: Box 14 Cambridge Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 27, 1975

12. Signature of Notary: Robert L. Hood

13. Notary Commission expires: May 23, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother Age 81	Jessie Evelyn Rollins	6/27/75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 17, 1915 / Scott Valley	Jessie Evelyn McClure	Luke Henry Rollins	
SUPPORTING RECORD 2.	Marriage License	State of Idaho, County of Washington	13 June 67	12 June 1967
	51 years. / Cascade	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho 238058	12/1/35	child born November 9, 1935
	20 years / Cascade, Id.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: JUL 28 1975

FORM BH 56067

6-3-75

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JUL 2 8 1975

DECEASED

251-217-011-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-449

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Almira Maye Snadon
2. Date Of Birth (month) (day) (year): May 17, 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boundary
b. City or Town of Birth: Bonners Ferry

FATHER

6. Full Name of Father: John Alexander Snadon
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Katherine Elena Wray
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Almira Snadon
11. Present Address of Registrant: 1903 Arcadia, Springfield, Mo.

NOTARY (Seal)

Subscribed and sworn to before me on 7-22 19 75

12. Signature of Notary: Gary E. Schroeder
13. Notary Commission expires: 4-30 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Transcript	Drury College, Erwin C. Null, Registrar	2/9/71	Sept. 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 17, 1915	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Friend of Family at time of birth	Pearl Poindexter Age. 84 years.	2 May 1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 17, 1915	Bonners Ferry	Katherine Wray Snadon	John A. Snadon

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Missouri	Feb. 18, 1971	child born Feb. 11, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 30	Bonners Ferry	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: Margaret Davis
Date Filed: JUL 29 1975

FORM BH 56067

1 cp rd Receipt # 11030

7-16-75

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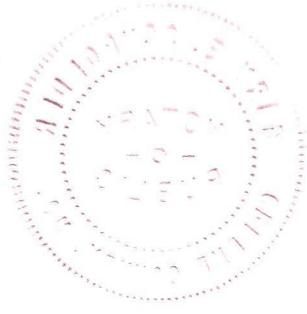


354226-004-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=469

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVE AGNESS TEUSCHER		2. Date Of Birth (month) Dec. (day) 26 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: GENEVA BEAR LAKE; b. City or Town of Birth: Geneva, Idaho
FATHER	6. Full Name of Father: FREDRICK JOHN TEUSCHER		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: CORA ELEZEBETH CORDON		9. State or Country of Mother's Birth: Rig by Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Agness Teuscher	11. Present Address of Registrant: 305 North 9th Montpelier, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 19 75	12. Signature of Notary: Norma Lee Nielson	13. Notary Commission expires: December 22 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership		By whom issued and signed: Dallis J. Christensen, LDS Church custodian	Date issued: Jan.26,1965	Date Orig. Entry: Blessed Jan. 18,1916
	Date of Birth: 26 Dec.1915	Birth Place: Geneva	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Cora E. Teuscher	Date issued: 24 July 75	Date Orig. Entry: ---
	Date of Birth: Dec.26,1915	Birth Place: Geneva, Idaho	Full Name of Mother: Cora Elezebeth Cordon	Name of Father: Fredrick John Teuscher	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Wabash Life Insurance Co. Indianapolis	Date issued: 1 June 66	Date Orig. Entry: 1 June 66
	Date of Birth: 12-26-1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	AUG 6 1975

FORM BH 56067 NM

Allred (Mrs. Fleischer)

AUG 7 1975

355-115-007-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-470

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Jack Lee			2. Date Of Birth (month) (day) (year): November 15, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: was Blaine now Butte	b. City or Town of Birth: Arco
FATHER	6. Full Name of Father: Jabez Carter Lee			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rena Victoria Burgess			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jack Lee	11. Present Address of Registrant: 1212 S.W. 161st St. Seattle, WA.
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1974		12. Signature of Notary: [illegible]	13. Notary Commission expires: 12-16 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Age Certificate of parent for enlistment		By whom issued and signed: Jabez C. Lee/D.R.Williams, BM 1c USN	Date Issued: ---	Date Orig. Entry: Mar.9,1942
	Date of Birth: Nov.15,1915	Birth Place: Arco, Idaho	Full Name of Mother: ---	Name of Father: Jabez C. Lee	
SUPPORTING RECORD 2.	Type of Document: photocopy of Statement connected with employment records		By whom issued and signed: L.A.Moyer,Exec.Director & Chief Examiner,U.S.Civil Service Comm.	Date Issued: ---	Date Orig. Entry: Mar.21,1940
	Date of Birth: Nov.15,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: U.S. Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: 11/15/74	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 4	Birth Place: Idaho	Full Name of Mother: Rena Lee	Name of Father: J.C. Lee	

QUALIFYING INFORMATION

Court Order dated July 25, 1975 in the State of Washington states that Woodrow and Jack Lee are one and the same person. (Doc.#3 gives Woodrow as name.)

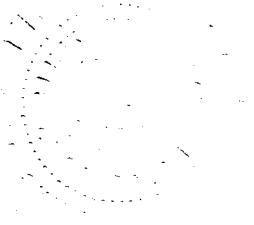
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	AUG 7 1975

FORM BH 56067 NM

AUG 7 1975



632-215-004-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-500

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARMEN CHRISTENA OLSEN
2. Date Of Birth (month) 11 (day) 15 (year) 1915
3. Color or Race: WHITE
4. Sex: F.M
5. Place of Birth a. County: OVid (IDAHO) BEAR LAKE
b. City or Town of Birth: OVid

FATHER

6. Full Name of Father: JOHN CHRISTIAN OLSEN
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: MARTHA JONLEY
9. State or Country of Mother's Birth: SWITZERLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carmen E. Ortiz
11. Present Address of Registrant: 4324 W 111th St Inglewood, Ca 90304

NOTARY (Seal)

Subscribed and sworn to before me on AUG 8 1975

12. Signature of Notary: Joseph Tesoro
13. Notary Commission expires: DEC 27 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Application
By whom issued and signed: John Hancock Mutual Life Ins.
Date Issued: 8/30/66
Date Orig. Entry: 8/30/66
Date of Birth: 11/15/15
Birth Place: Ovid
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Transcript of Record from Genealogical Library
By whom issued and signed: Bear Lake Branch Genealogical Library #79
Date Issued: 7/23/75
Date Orig. Entry: Blessed 29 Dec. 1915
Date of Birth: 15 Nov. 15
Birth Place: Ovid
Full Name of Mother: Martha Johnly Olsen
Name of Father: John C. Olsen

SUPPORTING RECORD 3.

Type of Document: Affidavit by Cousin Born 20 May 1901
By whom issued and signed: Burgetta Olsen Christensen
Date Issued: 8/18/75
Date Orig. Entry: ---
Date of Birth: 15 Nov. 15
Birth Place: Ovid, Idaho
Full Name of Mother: Martha Jonley Olsen
Name of Father: John C. Olsen

QUALIFYING INFORMATION

OFFICIAL SEAL
JOSEPH TESORO
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Dec. 27, 1977

11117 So. Inglewood Ave., Inglewood, CA 90304

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: AUG 18 1975

FORM BH 56067

1-4-62

AUG 1 8 1975

813-28-016-152

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-506

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grover H. Hall			2. Date of Birth (month) August (day) 28 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Creed Hall			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Jessie			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grover H. Hall		11. Present Address of Registrant: 468 West Pine Pocatello, Idaho 83201
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 25th 1975	12. Signature of Notary: Patricia S. Cutler		13. Notary Commission expires: Mar. 12th 1978

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Creed Hall		Date Issued: 1 Mar.73	Date Orig. Entry: ---
	Date of Birth: Aug.28,1915	Birth Place: Sublett	Full Name of Mother: Sarah Elizabeth Jessie Hall	Name of Father: Creed Hall	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: 7/30/75	Date Orig. Entry: 1 Jan. 1920
	Date of Birth: Age 4 5/12	Birth Place: Idaho	Full Name of Mother: S.E. Hall	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Pocatello General Hospital		Date Issued: 11/14/32	Date Orig. Entry: 11/14/32
	Date of Birth: Age 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 26 1975

FORM BH 56067

9-30-71

AUG 2 6 1975

392-129-003-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Terrell Lewis Lish		2. Date Of Birth (month) March (day) 29 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bannock b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Neil Lish		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Della Lewis		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Terrell L Lish	11. Present Address of Registrant: 4901 Yellowstone #79 Podatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8/20 1975	12. Signature of Notary: Forrest Mply	13. Notary Commission expires: 5/1 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: Portneuf Stake, McCammon Wd.	Date issued: 10 June 75	Date Orig. Entry: 9 Nov. 1916
	Date of Birth: 29 Mar.1915	Birth Place: McCammon	Full Name of Mother: Della Lewis	Name of Father: Neil Lish
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family record kept by Mary Thomley	Date issued: 7/24/75	Date Orig. Entry: 29/mar/1915
	Date of Birth: 29 Mar.1915	Birth Place: McCammon	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Ins. Co.	Date issued: 8/20/75	Date Orig. Entry: 14 Mar. 1941
	Date of Birth: 29 Mar.1915	Birth Place: McCammon	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	AUG 27 1975

FORM BH 56067

AUG 2 8 1975

355-225-014-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-516

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barbara Louise Lee		2. Date Of Birth (month) (day) (year): Sept. 25 1945
	3. Color or Race: white	4. Sex: F.	5. Place of Birth: Wilder a. County: Canyon; b. City or Town of Birth: ? Canyon Co. Idaho
FATHER	6. Full Name of Father: Elmer Glen Lee		7. State or Country of Father's Birth: U.S.
MOTHER	8. Full Maiden Name of Mother: Stella May Johnson Lee		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Kaufman	11. Present Address of Registrant: La Grande Or.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 21st 1975	12. Signature of Notary: for State of Oregon Raymond A Kibbey	13. Notary Commission expires: Jan 8, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: L. Heying, Clerk, Dist.#138 Canyon County	Date issued: 12/11/73	Date Orig. Entry: 5/17/33
	Date of Birth: 9/25/15	Birth Place: ---	Full Name of Mother: ---	Name of Father: E.G. Lee
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #421184	Date issued: 9/10/63	Date Orig. Entry: Child born June 10,1946
	Date of Birth: 30 years	Birth Place: Wilder, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Census Report	By whom issued and signed: U.S. Department of Commerce	Date issued: 2/27/73	Date Orig. Entry: 1 Jan. 1920
	Date of Birth: Age 4 3/12	Birth Place: Idaho	Full Name of Mother: Stella Lee	Name of Father: Elmer G. Lee
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 29 1975

FORM BH 56067

9-5-63

AUG 2 9 1975

013-206-025-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-528

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Katsis			2. Date Of Birth (month) (day) (year): August 6 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Idaho	b. City or Town of Birth: Pocatello, Idaho	
FATHER	6. Full Name of Father: George Katsis			7. State or Country of Father's Birth: Greece	
MOTHER	8. Full Maiden Name of Mother: Eugenia (Jame) Kleanthe			9. State or Country of Mother's Birth: Greece	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine G. Tsigos		11. Present Address of Registrant: 1867 Foothill Drive 84108	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1 1975	12. Signature of Notary: Paul N. Tsapi		13. Notary Commission expires: September 15 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 78	By whom issued and signed: George Cayias		Date Issued: 15 Aug.75	Date Orig. Entry: ---
	Date of Birth: 6 Aug. 15	Birth Place: Pocatello, ID.	Full Name of Mother: Eugena (Jane) Kleanthe Katsis	Name of Father: George Katsis	
SUPPORTING RECORD 2.	Type of Document: Census Records	By whom issued and signed: U.S. Department of Commerce Bureau of Census		Date Issued: 4/11/72	Date Orig. Entry: 1/1/20
	Date of Birth: 4 years	Birth Place: Idaho	Full Name of Mother: Jane Katsis	Name of Father: George Katsis	
SUPPORTING RECORD 3.	Type of Document: Transcript of Certificate of Baptism	By whom issued and signed: Holy Trinity Greek Orthodox Church, S.L.City, Utah		Date Issued: Aug.22,1975	Date Orig. Entry: Baptised 9/3/1916
	Date of Birth: Aug.6,1915	Birth Place: Pocatello, ID.	Full Name of Mother: Eugenia Kleanthe	Name of Father: George Katsis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	md Margaret Davis	SEP 4 1975

FORM BH 56067

SEP 5 1975
NOV 3 1975

864-220-005-197

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-562

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minerva Susan Younkin			2. Date of Birth (month) (day) (year): September 20, 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Benewah	b. City or Town of Birth: Santa
FATHER	6. Full Name of Father: Harry Oscar Younkin			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Mary Argo			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minerva Susan Younkin		11. Present Address of Registrant: 130 First Street St. Maries, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 15 1975	12. Signature of Notary: Linda J. Bailey		13. Notary Commission expires: 8-7 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle born 7/10/1893	By whom issued and signed: Clarence E. Argo	Date Issued: 28 June 75	Date Orig. Entry: ---
	Date of Birth: Sep.20,1915 / Birth Place: Santa, Idaho	Full Name of Mother: Mary Argo Younkin	Name of Father: Harry Oscar Younkin	
SUPPORTING RECORD 2.	Type of Document: Marriage Return	By whom issued and signed: State of Washington County of Whitman	Date Issued: 10 June 75	Date Orig. Entry: Mar.10,1934
	Date of Birth: 18 Years. / Birth Place: Santa, Idaho.	Full Name of Mother: Mary Argo	Name of Father: Harry Oscar Younkin	
SUPPORTING RECORD 3.	Type of Document: School Transceipt	By whom issued and signed: St.Maries High School	Date Issued: 5/28/75	Date Orig. Entry: Oct.28,1925
	Date of Birth: 10 Years / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wilks	Evidence reviewed by: Margaret Davis		Date Filed: SEP 18 1975

FORM BH 56067

SEP 1 8 1975

6B-130-016-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-563

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Jasper Waldren		2. Date Of Birth (month) May (day) 30 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Burley; b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: George Waldren		7. State or Country of Father's Birth: Oklahoma U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mary Gertrude Marshall		9. State or Country of Mother's Birth: Oklahoma U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William J. Waldren	11. Present Address of Registrant: 2925 Rogers Rd. Fallon, Nevada 89406
NOTARY (Seal)	Subscribed and sworn to before me on September 15, 1975	12. Signature of Notary: M. E. Domonoske	13. Notary Commission expires: November 20, 1975

M. E. DOMONOSKE
Notary Public — State of Nevada
Churchill County
My Commission Expires Nov. 20, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Bureau Record	By whom issued and signed: U.S.Depart. of Commerce Bureau of the Census	Date Issued: 9/5/75	Date Orig. Entry: 1 Jan.1920
	Date of Birth: 4 years. Birth Place: Idaho	Full Name of Mother: Gertrude Waldron	Name of Father: George Waldron	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: National Service Life Veterans Admin.	Date Issued: 30 July 43	Date Orig. Entry: 30 July 43
	Date of Birth: May 30,1915 Birth Place: Burley, ID.	Full Name of Mother: Mary Gertrude Waldren	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S.Air Force, McClellan Field California	Date Issued: Discharged 28 Oct 45	Date Orig. Entry: Inducted 18 Nov.39
	Date of Birth: May 30 1915 Birth Place: Burley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 18 1975

FORM BH 56067

SEP 18 1975

845-207-018-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN WINIFRED QUESENBERRY		2. Date Of Birth (month) February (day) 7 (year) 1915
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Elk River, Idaho
FATHER	6. Full Name of Father: WILLIAM PIERCE QUESENBERRY		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: VIRGINIA BRANNON Helen Winifred Williams Formerly Quesenberry		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Winifred Quesenberry a/k/a Helen W. Williams	11. Present Address of Registrant: 3221 Altura Avenue Glendale, California 91214
NOTARY (Seal)	Subscribed and sworn to before me on April 24, 1975	12. Signature of Notary: Donald E. Cooper	13. Notary Commission Expires: May 21, 1977

OFFICIAL SEAL
DONALD E. COOPER
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires May 21, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Virginia Quesenberry	Date issued: 24 Apr.75	Date Orig. Entry:
	Date of Birth: Feb.7,1915	Birth Place: Elk River, ID.	Full Name of Mother: Virginia Quesenberry	Name of Father: William Pierce Quesenberry	
SUPPORTING RECORD 2.	Type of Document: Transcript of Motor Vehicles Department		By whom issued and signed: Department of Motor Vehicles Sacramento	Date issued: 8/1/75	Date Orig. Entry: 1/5/56
	Date of Birth: Feb.7,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: APPLICATION for Safe Deposit Box		By whom issued and signed: First Security National Bank	Date issued: 9/17/68	Date Orig. Entry: 9/17/68
	Date of Birth: 2/7/15	Birth Place: Idaho	Full Name of Mother: Brannon	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 19 1975

FORM BH 56067

SEP 19 1975

239-123-c26-491

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-586

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore Bud Strupp			2. Date Of Birth (month) 12 (day) 23 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Annis, IDA. Jefferson	b. City or Town of Birth
FATHER	6. Full Name of Father: Frank Strupp			7. State or Country of Father's Birth: Yorktown, Colo.
MOTHER	8. Full Maiden Name of Mother: Etta Drake			9. State or Country of Mother's Birth: Annis, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore B. Strupp		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 2 1975	12. Signature of Notary: Jo Anne Schmidt		13. Notary Commission expires: May 21, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Etta Mabel Drake Strupp		Date Issued: 16 Sep.75	Date Orig. Entry: ---
	Date of Birth: Dec.23,1915	Birth Place: Annis, Id.	Full Name of Mother: Etta Mabel Drake Strupp	Name of Father: Frank Strupp	
SUPPORTING RECORD 2.	Type of Document: Lodge Membership Statement	By whom issued and signed: United Brotherhood of Carpenters and Joiners		Date Issued: 9/2/75	Date Orig. Entry: 1 Apr.46
	Date of Birth: 12/23/15	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Discharge papers	By whom issued and signed: U.S.Army Separation Center Fort Lewis, Washington		Date Issued: Discharged 16 Feb.46	Date Orig. Entry: Inducted 23 Oct.41
	Date of Birth: 23 Dec.15	Birth Place: Annis, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

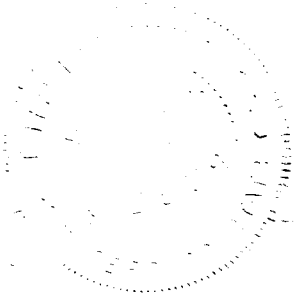
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hick	Evidence reviewed by: Margaret Davis	Date Filed: SEP 29 1975

FORM BH 56067

14 RM Rec # 14662

8-12-75

SEP 2 9 1975



65-1-203-039-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-589

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Mildred Weatherford
2. Date Of Birth: (month) Nov. (day) 3 (year) 1915
3. Color or Race:
4. Sex: Female
5. Place of Birth: a. County: Power; b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Archie B. Weatherford
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Lulu M. Houts
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie M. Weatherford Thornton
11. Present Address of Registrant: 433 McKinley St. American Falls, Id. 83211

NOTARY (Seal)

Subscribed and sworn to before me on September 23 1975
12. Signature of Notary: Marilyn H. Jackson
13. Notary Commission expires: April 16 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle Age 76	Harold W. Weatherford	3 Sept.75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 3,1915	Rockland	Lulu Mae Houts	Archie Bell Weatherford

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	Schiltz Memorial Hospital American Falls, Idaho	9/18/75	7/25/40

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 years.	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #297647	9/18/75	child born 7/25/40

Date of Birth	Birth Place	Full Name of Mother	Name of Father
24 years.	Rockland, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Margaret Davis	SEP 29 1975

FORM BH 56067

SEP 2 9 1975

295-203-001-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-612

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Doris Elizabeth Brewer
2. Date Of Birth (month) Sept. (day) 3 (year) 1915
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Boise, Idaho (Sedgewick) b. City or Town of Birth:

FATHER

6. Full Name of Father: John Norman Brewer
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Florence May Brink
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Doris E. Jackson
11. Present Address of Registrant: 855 So. Indianapolis Tulsa, Okla. 74112

NOTARY (Seal)

Subscribed and sworn to before me on 4-11 1975

12. Signature of Notary: Laurence D. Rinier
13. Notary Commission expires ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Transcript	Office of Superintendent of Schools, Council Bluffs	15 Mar.71	Mar. 17,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept.3,1915 / ---	---	---	
SUPPORTING RECORD 2.	Affidavit by Sister Age 68	Mrs. Chas F. Herald	10/10/67	---
	9/3/1915 / Boise, Idaho	Florence May Brink Brewer	John Norman Brewer	
SUPPORTING RECORD 3.	Own child's birth Certificate	Iowa State Dept. of Health	6/8/1951	child born 9/21/32
	17 years. / Boise, Idaho	---	---	

QUALIFYING INFORMATION

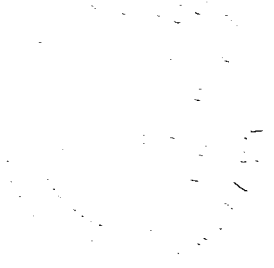
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: md Margaret Davis
Date Filed: OCT 14 1975

FORM BH 56067

OCT 1 4 1975



238-201-017-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Louise Schaller			2. Date Of Birth (month) October (day) 1 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Clark	b. City or Town of Birth: Duboise
FATHER	6. Full Name of Father: Samuel Schaller			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Clara Devanney			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on October 7 19 75	12. Signature of Notary: [signature]		13. Notary Commission expires May 1 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: The Holy Sacrament of Baptism Certificate	By whom issued and signed: The Church of Mary Immaculate St.Anthony	Date Issued: 11/15/73	Date Orig. Entry: Baptised 6/30/18
	Date of Birth: Oct.1,1915 / Birth Place: Duboise	Full Name of Mother: Clara Devanney	Name of Father: Samuel Schaller	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #259919	Date Issued: 1/28/59	Date Orig. Entry: child born 9/11/37
	Date of Birth: 21 years. / Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Register Photocopy	By whom issued and signed: St.Ann's Catholic Church	Date Issued: 9/25/75	Date Orig. Entry: 12/31/36
	Date of Birth: 21 Years. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Mick	Evidence reviewed by: md Margaret Davis		Date Filed: OCT 15 1975

FORM BH 56067

7-26-77

OCT 1 5 1975

FEB 1 1 1976

231-11B-029-004

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-616

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgil Louie Blanchard		2. Date Of Birth (month) Feb. (day) 18 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lake Creek, Ida. Latah; b. City or Town of Birth: Lake Creek
FATHER	6. Full Name of Father: Napolian Blanchard		7. State or Country of Father's Birth: Quebec, Canada
MOTHER	8. Full Maiden Name of Mother: Grace Victoria Haulman		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil L. Blanchard	11. Present Address of Registrant: 8 Goldendale Ave., Toppenish
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 10 1975	12. Signature of Notary: Mrs Harvey Eulers	13. Notary Commission expires: Dec 30 1976

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit ;by Mother		By whom issued and signed: Grace Denney	Date Issued: 10 Oct.75	Date Orig. Entry: ---
	Date of Birth: Feb.18,1915	Birth Place: Lake Creek	Full Name of Mother: Grace Blanchard	Name of Father: Napolian Blanchard	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Valley Memorial Hospital	Date Issued: 6/27/50	Date Orig. Entry: 6/27/50
	Date of Birth: 2/18/15	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington #576	Date Issued: 11/4/42	Date Orig. Entry: child born Aug. 5, 1942
	Date of Birth: 27 years.	Birth Place: Lake Creek, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

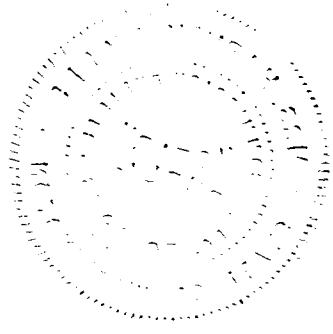
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 15 1975

FORM BH 56067

8-22-66

OCT 2 2 1975



713-221-006-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Irene Patrick			2. Date Of Birth (month) Sept. (day) 21 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Herbert Patrick			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Katherine Viola Coffey			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Irene Chambers		11. Present Address of Registrant: Box 72 Whitehall, MT 59759
NOTARY (Seal)	Subscribed and sworn to before me on: 10/30/75 19	12. Signature of Notary: James A. Opie		13. Notary Commission expires: 1/19/77 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License		By whom issued and signed: State of Montana #A21817	Date issued: 17 Sep.75	Date Orig. Entry: 26 Dec.1933
	Date of Birth: 18 years.	Birth Place: Blackfoot	Full Name of Mother: Viola Coffey	Name of Father: Herbert Patrick	
SUPPORTING RECORD 2.	Type of Document: School Transcript		By whom issued and signed: Cardwell Public School	Date issued: 10/6/75	Date Orig. Entry: 1930
	Date of Birth: Sep.21,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Page from Family Bible		By whom issued and signed: Family Records	Date issued: 10/17/75	Date Orig. Entry: Document Obviously old
	Date of Birth: Sep.21,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	OCT 24 1975

FORM BH 56067

OCT 24 1975

MAY 4 1976

313-21-7025-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-660

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Elizabeth Lacey		2. Date Of Birth (month) (day) (year): February 17 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canfield b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: John R. Lacey		7. State or Country of Father's Birth: Oceana Co. Mich.
MOTHER	8. Full Maiden Name of Mother: Lillian McMillan		9. State or Country of Mother's Birth: Oceana Co. Mich.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie E. Henderson	11. Present Address of Registrant: West Point, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1941	12. Signature of Notary: Albert J. Houde	13. Notary Commission expires: July 18 1943

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #214080	Date Issued: ----	Date Orig. Entry: child born June 21, 1933
	Date of Birth: age 18	Birth Place: Canfield, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Return		By whom issued and signed: State of Washington	Date Issued: 3/10/74	Date Orig. Entry: Aug. 26, 1931
	Date of Birth: 16 years.	Birth Place: Canfield, ID.	Full Name of Mother: Lillian McMillan	Name of Father: John R. Lacey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin Age 78		By whom issued and signed: Flo I. Kidder	Date Issued: Oct. 21, 1974	Date Orig. Entry: ---
	Date of Birth: 17 Feb. 1915	Birth Place: Canfield, ID.	Full Name of Mother: Lillian Lacey	Name of Father: John Lacey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	pw Margaret Davis	NOV 13 1975

FORM BH 56067

10-25-60 1 copy paid #7305

pw 2-10-

NOV 1 4 1975

469-27-1003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-709

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roscoe Lee Morton
2. Date of Birth (month) (day) (year): 2/27/15
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: James Ira Morton
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ada Barnhart
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roscoe Lee Morton
11. Present Address of Registrant: Star Rt., Box 125, Prosser, WA 99350

NOTARY (Seal)

Subscribed and sworn to before me on: 21 November 19 75
12. Signature of Notary: Lorraine Byles
13. Notary Commission expires: July 10 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Aunt
By whom issued and signed: Mae E. Westran
Date Issued: 7/14/75
Date Orig. Entry: ---
Date of Birth: Feb.27,1915
Birth Place: Pocatello
Full Name of Mother: Ada Barnhart
Name of Father: James Ira Morton

SUPPORTING RECORD 2.

Type of Document: Marriage License Application
By whom issued and signed: State of Idaho
Date Issued: 15 July 75
Date Orig. Entry: 5/4/53
Date of Birth: 38 years
Birth Place: Pocatello
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Employment Application
By whom issued and signed: U.S. Civil Service Commission
Date Issued: 11/19/43
Date Orig. Entry: 11/19/43
Date of Birth: Feb.27,1915
Birth Place: Pocatello
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: DEC 10 1975

FORM BH 56067

DEC 1 0 1975

713213-021-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-717

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Doris Palmer
2. Date Of Birth (month) (day) (year): Oct. 13 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: John Frank Palmer
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Myrtle Gilbert
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Doris P. Layne
11. Present Address of Registrant: Whitehall Montana

NOTARY (Seal)

Subscribed and sworn to before me on: December 9 1975
12. Signature of Notary: Dorothy A Makowski
13. Notary Commission expires: Sept 25 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	John F. Palmer	1 Dec.75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10/13/15	Preston	Myrtle Gilbert	John Frank Palmer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Preston 4th Ward Onieda Stake	12/16/75	Blessed 12 Oct.1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13, 1915	Preston	Myrtle Gilbert	J.F. Palmer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Preston 5th Ward	Dec.21,1923	Baptised 12/15/23

Date of Birth	Birth Place	Full Name of Mother	Name of Father
13 Oct.1915	Preston	Myrtle Gilbert	J.Frank Palmer

QUALIFYING INFORMATION

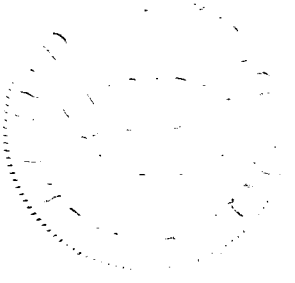
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	DEC 16 1975

FORM BH 56067

DEC 1 6 1975



632-125-022-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-059

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester R. Olsen
2. Date Of Birth: (month) Jan (day) 25 (year) 1915
3. Color or Race: W
4. Sex: Male
5. Place of Birth: a. County: Idaho / Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: James Rondolph Olsen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Laura Isabel Ramsay
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester R. Olsen
11. Present Address of Registrant: Charlo, Montana

NOTARY (Seal)

Subscribed and sworn to before me on January 21 1976

12. Signature of Notary: Nadine M. Laughlin
Residing at Ronan, Montana

13. Notary Commission expires: November 13 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	State of Montana	1/28/76	27 June 38

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 years.	Ashton	Laura I. Ramsay	James R. Olsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Lincoln National Life Ins.	1/6/67	1/6/67

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1/25/15	Ashton, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Original Membership Appl.	Leon Farmers Union	4/11/1955	4/11/55

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1/25/15	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

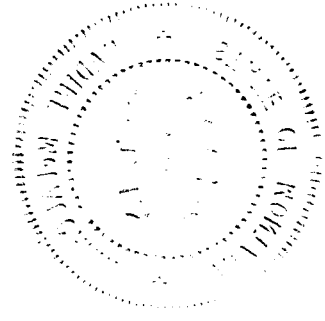
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 28 1976

FORM BH 56067

6-26-76

Dear

JAN 29 1976



713-204-010 -859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Afton Packard			2. Date Of Birth (month) (day) (year): November 4, 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Ruel Nephi Packard			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Josephine Herbert			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Afton L. Gould		11. Present Address of Registrant: 310 Bronson Way N.E. Renton, WA 98055
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19, 1976 19__	12. Signature of Notary: Marian L. Lester		13. Notary Commission expires: July 1 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt born Dec. 25, 1898		By whom issued and signed: Lucille F. Sutton	Date Issued: 20 Jan. 76	Date Orig. Entry: ---
	Date of Birth: Nov. 4, 1915	Birth Place: Idaho Falls	Full Name of Mother: Mary Josephine Herbert	Name of Father: Ruel Nephi Packard	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #720674		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Dec. 23, 1965
	Date of Birth: 50 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #49-8210	Date Issued: 7/20/70	Date Orig. Entry: child born 7/29/49
	Date of Birth: Age 33	Birth Place: Idaho Falls	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JAN 29 1976

FORM BH 56067

JAN 2 9 1976

365-156-026--695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Spencer Lovell		2. Date Of Birth (month) November (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Jefferson; b. City or Town of Birth: Ririe (shelton Ward)
FATHER	6. Full Name of Father: James William Lovell		7. State or Country of Father's Birth: Oak City Utah
MOTHER	8. Full Maiden Name of Mother: Ida Harriet Freeman		9. State or Country of Mother's Birth: Salt Lake City
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James S Lovell	11. Present Address of Registrant: Rte 2, Rigby Ida 83442
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 26 1976	12. Signature of Notary: Velma Bush	13. Notary Commission expires: 9-21- 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for License to Marry	By whom issued and signed: State of Utah #86322	Date Issued: 28 Nov.75	Date Orig. Entry: 23 Sept. 1940
	Date of Birth: Nov.26,1915 / Birth Place: Ririe	Full Name of Mother: Ida Freeman	Name of Father: James William Lovell	
SUPPORTING RECORD 2.	Type of Document: Discharge papers	By whom issued and signed: U.S.Army, Ft. Douglas, Utah	Date Issued: discharged 17 Feb.1938	Date Orig. Entry: Enlisted Feb.7,1936
	Date of Birth: 20 2/12 yrs. / Birth Place: Ririe	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination	By whom issued and signed: Shelton Ward, Idaho Falls Stake	Date Issued: 5/14/33	Date Orig. Entry: Baptised 11 May 1924
	Date of Birth: 26 Nov.15 / Birth Place: Shelton Ward	Full Name of Mother: Ida H. Freeman	Name of Father: James W. Lovell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: JAN 29 1976

FORM BH 56067

JAN 3 0 1976

295-211-022-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-098

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leta Dallas Kinnee		2. Date Of Birth (month) July (day) 11 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Squirrel, Idaho; b. City or Town of Birth: Squirrel
FATHER	6. Full Name of Father: Aaron Thomas Kinnee		7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Verna Lora Moore		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leta D. Noxton	11. Present Address of Registrant: 243 Elm St, Apt 403 Everett, WA 98203
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 1975	12. Signature of Notary: Alice M Bartholomew	13. Notary Commission expires: May 7 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Marriage License		By whom issued and signed: State of Washington	Date issued: 4 Aug.75	Date Orig. Entry: 30 Nov.39
	Date of Birth: 24 years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington #767	Date issued: 3/16/59	Date Orig. Entry: child born 11/1/40
	Date of Birth: 25 years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 87		By whom issued and signed: Lilly B. Kinnee Sheff	Date issued: 1 Feb. 76	Date Orig. Entry: ---
	Date of Birth: 7/11/1915	Birth Place: Squirrel, ID.	Full Name of Mother: Verna Lora Moore	Name of Father: Aaron Thomas Kinnee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	FEB 11 1976

FORM BH 56067

Norton

FEB 11 1976

759-28-824-951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-113

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elaine Edna Perry			2. Date of Birth (month) (day) (year): August 28 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding
FATHER	6. Full Name of Father: John Perry			7. State or Country of Father's Birth: Portugal
MOTHER	8. Full Maiden Name of Mother: Cordie Ellen Reagan			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elaine P. Dixon		11. Present Address of Registrant: 2275 N. 5 Mile Rd #96 Boise, Idaho 83704
NOTARY (Seal)	Subscribed and sworn to before me on: 2-18 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: National Public Service Ins.	Date Issued: Nov.25,1947	Date Orig. Entry: Nov.25, 1947	
	Date of Birth: Aug.28,1915	Birth Place: Gooding, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family	Date Issued: ---	Date Orig. Entry: obviously old	
	Date of Birth: Aug.28,1915	Birth Place: Gooding, Idaho	Full Name of Mother: Cordie Ellen Reagan	Name of Father: John Alfonso Perry	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 79	By whom issued and signed: Cordie E. Perry	Date Issued: Feb. 18,1976	Date Orig. Entry: -----	
	Date of Birth: Aug.28,1915	Birth Place: Gooding, Idaho	Full Name of Mother: Cordie Ellen Reagan	Name of Father: John A. Perry	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: February 19,1976		

FORM BH 56067

1 cp pk rec'd 6850

FEB 2 0 1976

433-22-010-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Evelyn McLean			2. Date Of Birth (month) (day) (year): December 22 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Robert E. McLean			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Katherine Ann Arnold			9. State or Country of Mother's Birth: Carbon, Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Evelyn Knight		11. Present Address of Registrant: 1427 37th Avenue Missoula, Montana 59801
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 19 76	12. Signature of Notary: Ron Kay		13. Notary Commission expires: January 21, 19 78

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage		By whom issued and signed: State of Wyoming, County of Lincoln	Date Issued: 17 Feb.76	Date Orig. Entry: 7/22/44
	Date of Birth: 28 yrs.	Birth Place: Idaho Falls	Full Name of Mother: Catherine Arnold	Name of Father: Robert McLean	
SUPPORTING RECORD 2.	Type of Document: School Census Record		By whom issued and signed: Walden H. George, Principal School Dist. #1, Lincoln	Date Issued: 10/28/57	Date Orig. Entry: 9/22
	Date of Birth: 12/22/15	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: St. Agnes Hospital Philadelphia, PA	Date Issued: 26/4/45	Date Orig. Entry: 26 Apr. 1945
	Date of Birth: Dec.22,1915	Birth Place: Idaho Falls	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hill	Evidence reviewed by: md Margaret Davis	Date Filed: MAR 2 1976

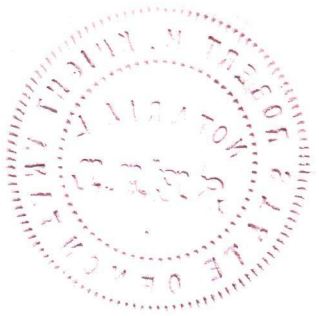
FORM BH 56067

2-3-76

Knight (Son)

MAR 2 1976

MAR 2 6 1976



389-216-037-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-163

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH MAY CHRISTOPHERSON		2. Date Of Birth (month) 6 (day) 16 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: BURTON MADISON; b. City or Town of Birth: BURTON or REXBURG
FATHER	6. Full Name of Father: ROY CHRISTOPHERSON		7. State or Country of Father's Birth: MT PLEASANT, UTAH
MOTHER	8. Full Maiden Name of Mother: EMILY LOUISE PETERSON		9. State or Country of Mother's Birth: CARTERTON, NEW ZELAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth M. Harrop	11. Present Address of Registrant: Rt 3 Box 4 RIGBY, IdA.
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1976	12. Signature of Notary: R Van Kelvell	13. Notary Commission expires: perpetual 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: J.L. Bacefson	Date issued: Aug.4.23	Date Orig. Entry: Baptised Aug. 4, 1923
	Date of Birth: June 16,1915	Birth Place: Burton	Full Name of Mother: Emily Peterson	Name of Father: Roy Christopherson
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Conrad Walz, Bishop Burton Ward	Date issued: 9/5/15	Date Orig. Entry: Blessed 9/5/15
	Date of Birth: June 16,1915	Birth Place: Burton	Full Name of Mother: Emily Peterson	Name of Father: Roy Christopherson
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Beneficial Life Ins.	Date issued: 28 July 60	Date Orig. Entry: 28 July 60
	Date of Birth: June 16,1915	Birth Place: Burton	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 17 1976

K FORM BH 56067

8-3-71

MAR 1 7 1976

867-218-204-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-171

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jan Hoge
2. Date Of Birth: (month) Feb. (day) 18 (year) 15
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Paris Idaho

FATHER

6. Full Name of Father: William Budge Hoge
7. State or Country of Father's Birth: Bear Lake County Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ann Wahlen
9. State or Country of Mother's Birth: Cache County Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jan Hoge Massey
11. Present Address of Registrant: Box 21 Ashton Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 3/16 1976

12. Signature of Notary: [signature]
13. Notary Commission expires: 7/31 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister born Feb. 6, 1909	Pearl H. Daniels	17 Mar. 76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 18, 1915 Paris, ID.	Mary Ann Wahlen	William B. Hoge	
SUPPORTING RECORD 2.	School Job Application	Fremont County School Dist. #A-215	24 June 53	24 June 53
	2/18/15 Paris, ID.	---	---	
SUPPORTING RECORD 3.	School Transcript	Idaho State College	1933	9/18/33
	Feb. 18, 1915 Paris, ID.	---	William B. Hoge	

QUALIFYING INFORMATION

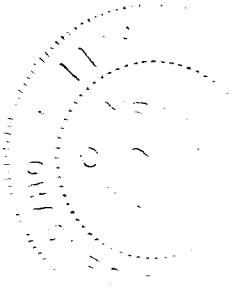
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulrich
Evidence reviewed by: Margaret Davis
Date Filed: MAR 22 1976

FORM BH 56067

MAR 2 2 1976



397-131-016-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-173

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lestey Avery Tipton
2. Date Of Birth (month) (day) (year): March 31 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Sublett Idaho Cassia
b. City or Town of Birth: Sublett Idaho

FATHER

6. Full Name of Father: Avery J Tipton
7. State or Country of Father's Birth: Enterprize Kentucky

MOTHER

8. Full Maiden Name of Mother: Goldie Lee OFFILL
9. State or Country of Mother's Birth: Lawton Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: L. A. Tipton
11. Present Address of Registrant: Rt 2 Box 184B Sapinn, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 17 1976
12. Signature of Notary: Shellie K. Holloway
13. Notary Commission expires: 3-6 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Goldie L. Tipton	Date Issued: 10 Mar.76	Date Orig. Entry: ---
	Date of Birth: Mar.31,1915 / Birth Place: Sublett	Full Name of Mother: Goldie Lee Tipton	Name of Father: Avery J. Tipton	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers	By whom issued and signed: U.S.Army Ft. Lewis, Wash.	Date Issued: Discharge 25 Sep.45	Date Orig. Entry: Induction 7 Aug. 41
	Date of Birth: 31 Mar.15 / Birth Place: Sublett	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: The Capitol Life Insurance Co.	Date Issued: 2/Sep./48	Date Orig. Entry: 2/Sep/48
	Date of Birth: 31 Mar 15 / Birth Place: Sublett	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 22 1976

FORM BH 56067

APR 2 3 1976

814-204-036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-180

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jennie Lyn Hammer
2. Date Of Birth: April 4 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Oneida
   b. City or Town of Birth: Holbrook Idaho

FATHER

6. Full Name of Father: Louis Mathias Hammer
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Chloe Ineta Marble
9. State or Country of Mother's Birth: Utah Sevier Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jennie L. Jensen
11. Present Address of Registrant: 532 North 3 West Richfield Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 14, 1972
12. Signature of Notary: Dee Carlson
13. Notary Commission expires: Sevier County Clerk

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Brigham 3rd Ward, Eliza Madsen, Clerk	---	baptized July 5, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 4, 1915	Holbrook, Idaho	Chloe Marble	Louis Hammer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #392 410 199	The Prudential Ins. Co. of America	Jun. 12, 1939	June 5, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 4, 1915	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriace License	State of Utah	17 Mar 76	3 July 33

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml . Margaret Davis	MAR 23 1976

FORM BH 56067 NC #42234 1 COPY Pd. 8-8-72

Jensen

MAR 2 3 1976

692405 026-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laurel C. Fisher			2. Date Of Birth (month) Oct (day) 5th (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lorenzo Ida	b. City or Town of Birth: Lorenzo, Idaho
FATHER	6. Full Name of Father: Charles Hiles Fisher			7. State or Country of Father's Birth: Jefferson
MOTHER	8. Full Maiden Name of Mother: Esther Carpenter			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laurel C Fisher		11. Present Address of Registrant: 3322 Bush Butte, Mont
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1968	12. Signature of Notary: Charlotte Limb		13. Notary Commission expires: May 1 1971

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Victor, Idaho, John Lauritzen, Clerk	Date Issued: ---	Date Orig. Entry: baptized Sept.6,1924	
	Date of Birth: Oct.5,1915	Birth Place: Lorenzo, Idaho	Full Name of Mother: Esther Carpenter	Name of Father: Chas. H. Fisher	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Rigby 1st Ward, Omer S. Cordon, High Priest	Date Issued: ----	Date Orig. Entry: ordained Oct.15,1929	
	Date of Birth: Oct.5,1915	Birth Place: Lorenzo, Idaho Jefferson County	Full Name of Mother: Esther Carpenter	Name of Father: Charles Hiles Fisher	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Esther Fisher	Date Issued: 27 Feb.76	Date Orig. Entry: ---	
	Date of Birth: 5 Oct.1915	Birth Place: Lorenzo	Full Name of Mother: Esther Carpenter	Name of Father: Charles H. Fisher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

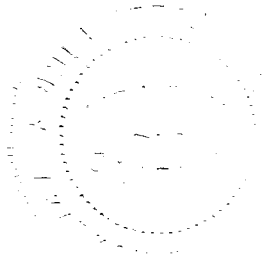
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	MAR 26 1976

FORM BH 56067

Form pdrc-436469 (F) 8-1-6 Cpy

MAR 2 9 1976



-253-225-013.464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-203

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Isabelle Kelsey			2. Date Of Birth (month) (day) (year): September 25 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Camas	b. City or Town of Birth: Fairfield	
FATHER	6. Full Name of Father: Charles A. Kelsey			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary C. Doubleday			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Isabelle Leonard		11. Present Address of Registrant: 3116 NE SCHUYLER ST. PORTLAND, OREGON 97212	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 26, 1976	12. Signature of Notary: Marilyn J. Lindsay		13. Notary Commission expires: My Commission Expires June 9, 1979 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 92	By whom issued and signed: Omer Meeks		Date Issued: 8 Mar. 76	Date Orig. Entry: ---
	Date of Birth: 9/25/15	Birth Place: Fairfield	Full Name of Mother: Mary C. Doubleday Kelsey	Name of Father: Charles A. Kelsey	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Oregon #50-025330		Date Issued: 3/17/76	Date Orig. Entry: child born 9/6/50
	Date of Birth: 34 years.	Birth Place: Fairfield	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Department of Commerce		Date Issued: 2/23/73	Date Orig. Entry: Jan.1,1920
	Date of Birth: 4 years.	Birth Place: Idaho	Full Name of Mother: Mary Kelsey	Name of Father: Charles A. Kelsey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Welch	Evidence reviewed by: md Margaret Davis	Date Filed: MAR 30 1976

FORM BH 56067

MAR 30 1976

MAY 4 1976

386-113-019-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Irvin Thompson			2. Date Of Birth (month) Dec. (day) 13 (year) 1915	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho Custer	b. City or Town of Birth: Goldburg	
FATHER	6. Full Name of Father: Edgar Irvin Thompson			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Catherine Ward			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. J. Thompson		11. Present Address of Registrant: Thornton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 8 1976	12. Signature of Notary: M B Kennedy		13. Notary Commission expires: 2/13 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of page from Family Bible	By whom issued and signed: M.B. Kennedy, Notary Rexburg, Idaho		Date Issued: 8 Jan.76	Date Orig. Entry: Document is obviously old.
	Date of Birth: Dec.13,1915	Birth Place: Goldburg	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 73	By whom issued and signed: Neva Thompson Wedlock		Date Issued: 1 Mar.76	Date Orig. Entry: ---
	Date of Birth: 12/13/15	Birth Place: Goldburg	Full Name of Mother: Catherine Ward Thompson	Name of Father: Edgar Irvin Thompson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #3136093	By whom issued and signed: Occidental Life Ins. Co.		Date Issued: 1 June 50	Date Orig. Entry: 1 June 50
	Date of Birth: next Birth. 35 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	md Margaret Davis	MAR 30 1976

FORM BH 56067 1cp Pd. Rec# 00317

12-9-75

MAR 3 0 1976

175203-044-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-211

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EDNA FRANCES AGE
2. Date Of Birth (month) AUG (day) 3 (year) 1915
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: WEISER, IDAHO
b. City or Town of Birth: WEISER

FATHER

6. Full Name of Father: HARRY EARL AGE
7. State or Country of Father's Birth: KENTUCKY

MOTHER

8. Full Maiden Name of Mother: ESTHER VIOLA TREADWELL
9. State or Country of Mother's Birth: THROCKMARTIN, TEXAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Frances Age (Billingsley)
11. Present Address of Registrant: P.O. Box 387 HUFFMAN, TEXAS 77336

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 19 1976

12. Signature of Notary: Martha Wilkins
13. Notary Commission expires: Notary Public in and for Harris County, Texas. My Commission Expires 19 77

MARTHA WILKINS

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt born Feb.8, 1896	Maude Coplin	27 Jan.76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.3,1915 / Weiser, Id.	Esther Viola Treadwell	Harry Earl Age.	
SUPPORTING RECORD 2.	Own child's birth certificate	Electra Hospital, Electra Tx.	10 Feb. 76	child born 11 Aug/ 1940
	Aug.3,1915 / Weiser, ID.	---	---	
SUPPORTING RECORD 3.	School Record	Electra High School, Electra Texas	3/25/76	9/1930
	Aug. 3,1915 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hick
Evidence reviewed by: md Margaret Davis
Date Filed: APR 2 1976

FORM BH 56067

APR 5 1976

582-22-026-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-213

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernestine May Vystrcil
2. Date Of Birth (month) May (day) 22 (year) 1915
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Roberts

FATHER

6. Full Name of Father: Anton F. Vystrcil
7. State or Country of Father's Birth: Schuyler, Nebraska

MOTHER

8. Full Maiden Name of Mother: Carrie M. Vystrcil (Hinek)
9. State or Country of Mother's Birth: Wahoo, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernestine M. Haynes
11. Present Address of Registrant: Eagle, Ida. Rt #1

NOTARY (Seal)

Subscribed and sworn to before me on April 2 19 76

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baby Book	Family	---	May 22,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	Roberts, Idaho	C.M. Hinek Vystrcil	Anton F. Vystrcil

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Meridian Joint School Dist. # 2	Jan.22,1975	Graduated May 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	-----	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 47181	Occidental Life Ins. Co.	Sept.26,1935	Sept, 26,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	Roberts, Idaho	-----	------

QUALIFYING INFORMATION

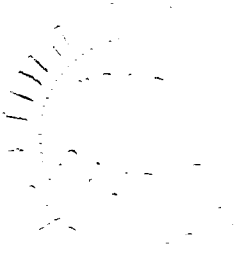
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	April 2, 1976

FORM BH 56067

APR 2 1976



515212 037-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76=214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WANDA PEARL VANDERFORD		2. Date Of Birth (month) 2 (day) 12 (year) 1915
	3. Color or Race: WHITE	4. Sex: F.	5. Place of Birth a. County: OWYHEE; b. City or Town of Birth: GRANDVIEW
FATHER	6. Full Name of Father: ARTHUR JAMES VANDERFORD		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: LYDIA EMMALINE WARNOCK		9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda P. Adams	11. Present Address of Registrant: 170 E. EXETER GLADSTONE, ORE.
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 19 76	12. Signature of Notary: Janet G. Gilray	13. Notary Commission expires: My Commission Expires May 15, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Gertrude E. Hartley	Date issued: 8 Sept.72	Date Orig. Entry: ---
	Date of Birth: Feb.12,1915; Birth Place: Grandview	Full Name of ~~Mother~~ Father: Arthur James Vanderford	Name of ~~Father~~ mother: Lydia Emmaline Vanderford	
SUPPORTING RECORD 2.	Type of Document: Census Report	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: 3/19/73	Date Orig. Entry: Jan.1,1920
	Date of Birth: 4 10/12 yrs.; Birth Place: Idaho	Full Name of Mother: Emma Vanderford	Name of Father: Arthur Vanderford	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Velma F. Forsyth, Reg. Payette County	Date issued: -----	Date Orig. Entry: Sept. 1921
	Date of Birth: 6 years.; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

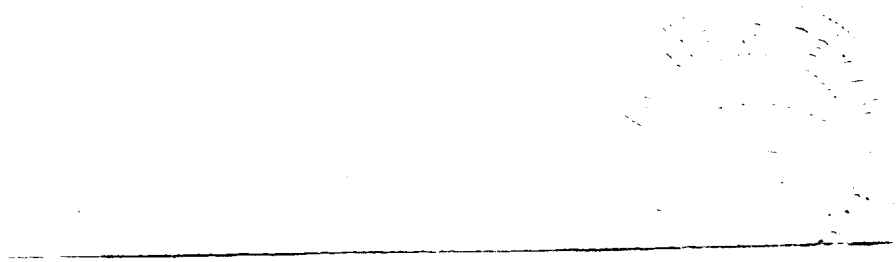
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	APR 5 1976

K FORM BH 56067

APR 0 1976



:463-119-055-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Samuel Doty		2. Date Of Birth (month) 9 (day) 19 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Home a. County: NEZ PERCE b. City or Town of Birth: Culdesac Idaho
FATHER	6. Full Name of Father: Matthew Walker Doty		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Ada Ellen Goucher		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Samuel Doty	11. Present Address of Registrant: Robinson Tr. Ct. S 3 2 Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 1976	12. Signature of Notary: Eileen J Hannemann	13. Notary Commission expires: Jan. 30 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father		By whom issued and signed: Matthew Walker Doty	Date Issued: 4/15/76	Date Orig. Entry: ---
	Date of Birth: 9/19/15	Birth Place: Culdesac	Full Name of Mother: Ada Ellen Goucher	Name of Father: Matthew Walker Doty	
SUPPORTING RECORD 2.	Type of Document: Family Registrer		By whom issued and signed: Mathew W. Doty	Date Issued: 4/15/76	Date Orig. Entry: Document is obviously old
	Date of Birth: 9/19/15	Birth Place: ---	Full Name of Mother: Ada E. Goucher	Name of Father: Mathew W. Doty	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #53-7216	Date Issued: 4/16/76	Date Orig. Entry: child born June 17,1953
	Date of Birth: 37 years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: APR 1 6 1976

FORM BH 56067

APR 19 1976

154-122-039-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DB76-274

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Woodrow Anderson
2. Date Of Birth (month) (day) (year): MAY 22 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: James Harvey Anderson
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Mary Ann Ellen
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James W. Anderson
11. Present Address of Registrant: 3 con Jefferson St. Eugene Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: October 14 19 75
12. Signature of Notary: Rachael L. Lawrence
13. Notary Commission expires: State of Oregon - 11-11-78 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister born Apr.19,1902	Mrs. Gertrude Teal	10 Aug.1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	Rockland	Mary Ann Ellen Anderson	James Harvey Anderson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript of School Records	Janet Cammack, Clerk Rockland School Dist. #382	11/19/75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	---	---	James Anderson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Swedish Hospital, Seattle Washington	28 May 44	child born 28/5/44

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 22,1915	Rockland	m ---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAY - 4 1976

FORM BH 56067

9-11

CORRECTED DE # FROM DE 75-274 TO DE76-274 KMC 7/21/10

MAY 5 1976

381-29-C22-844

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-297

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Measen Chambers			2. Date Of Birth (month) April (day) 29 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Fremont / Marysville	
FATHER	6. Full Name of Father: Harrison E. Chambers			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Rebecca Christina Humphrey			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Benj. E. Summers	11. Present Address of Registrant: 450 W. Griffith, Pocatello, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1976		12. Signature of Notary: Joyce R. Green	13. Notary Commission expires: 10-8- 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge papers	By whom issued and signed: U.S.Army, Ft. Douglas, Utah	Date Issued: discharged 10 July 45	Date Orig. Entry: inducted 4 Apr.41
	Date of Birth: 29 Apr. 15 / Birth Place: Marysville	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: Harold Johnson, Ward Clerk Burton, Ward	Date Issued: 7/3/32	Date Orig. Entry: Baptised 5/May 23
	Date of Birth: 29 Apr.15 / Birth Place: Marysville	Full Name of Mother: Rebecca Humphrey	Name of Father: Harrison Chambers.	
SUPPORTING RECORD 3.	Type of Document: Certificate of Eligibility	By whom issued and signed: Veteran's Administration	Date Issued: 10/14/64	Date Orig. Entry: (Oct.14,1964
	Date of Birth: 4/29/15 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAY 22 1976

FORM BH 56067

MAY 2 4 1976

453210-044-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-298

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Jean McCullough			2. Date Of Birth (month) (day) (year): April 10, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington in	b. City or Town of Birth: Paddock Valley - rural Weiser, Idaho
FATHER	6. Full Name of Father: Nelson James McCullough			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillie Myrtle Taylor			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Jean McCullough Coates		11. Present Address of Registrant: Star Route, Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 2nd 1976	12. Signature of Notary: Glenda MacLarson		13. Notary Commission expires: September 15, 1976

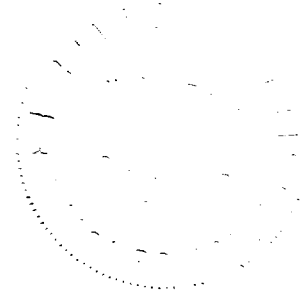
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of her parent's	By whom issued and signed: Hazel A. Coates (bd.5/1/1896)	Date Issued: May 26,1976	Date Orig. Entry: ----
	Date of Birth: Apr.10,1915 / Birth Place: Paddock Valley, Washington Co.,ID	Full Name of Mother: Lillie McCullough	Name of Father: James Nelson McCullough	
SUPPORTING RECORD 2.	Type of Document: Certified statement of marriage records	By whom issued and signed: County Recorder's Office, Payette County, Idaho	Date Issued: Mar.29,1976	Date Orig. Entry: Dec.28,1934
	Date of Birth: Age: 19 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #968-96-53	By whom issued and signed: MONY	Date Issued: July 5,1970	Date Orig. Entry: May 25, 1970
	Date of Birth: Apr.10,1915 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wisk	Evidence reviewed by: gml Glenda Larson	Date Filed: June 2,1976

FORM BH 56067

JUN 2 1976



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296-223-011-361

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-321

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lavina Irene Krom
2. Date of Birth (month) (day) (year): January 23 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Boundary
b. City or Town of Birth: Leona, Idaho

FATHER

6. Full Name of Father: Edward E. Krom
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Hester M. Coats
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lavina Krom
11. Present Address of Registrant: P.O. Box 361, Pinehurst, Idaho 83850

NOTARY (Seal)

Subscribed and sworn to before me on: May 20 19 76

12. Signature of Notary: Lenna W Wells

13. Notary Commission expires: August 5, 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Family Bible	Hester Krom	6/9/76	document is obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 23, 15	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birth Announcement	Hester Krom	1/29/15	1/29/15

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1/23/15	Leona	Hester Krom	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Marriage	State of Washington	5/3/33	5/3/33

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 yrs.	Leona	Esther Coats	Edward Krom

QUALIFYING INFORMATION

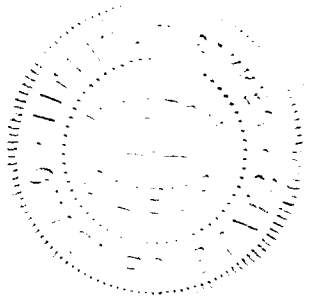
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUN 9 1976

FORM BH 56067

JUN 1 0 1976



493-208-006-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-332

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Mitchell ✓
2. Date Of Birth (month) 6 (day) 8 (year) 1915
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: Idaho Bingham
b. City or Town of Birth: Shelley

FATHER

6. Full Name of Father: David Otto Mitchell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Hattie Spencer
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Mitchell
11. Present Address of Registrant: 551 Albatross, Pocatello, Idaho 83201

NOTARY (Seal)

Subscribed and sworn to before me on March 24 1976

12. Signature of Notary: [illegible]
13. Notary Commission expires: January 1 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	John I. Hayes, Bishop	8/2/25	August 2, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8, 1915	Shelley	Lillian Spencer	D.O. Mitchell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Funeral Record of Father	Sandberg Funeral Home	2/19/60	2/19/60

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1915	---	Lillian Hattie Spencer	David O. Mitchell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Family Bible	Family Record	4/13/76	Document is obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 8,1915	Shelley	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 11 1976

FORM BH 56067

10-28-76

JUN 1 4 1976

415-207-022-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-354

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Mae Davenport			2. Date Of Birth (month) (day) (year): March 7 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Parker Idaho. Fremont	b. City or Town of Birth: Parker Idaho
FATHER	6. Full Name of Father: Orson Sperry Davenport			7. State or Country of Father's Birth: Paradise Utah
MOTHER	8. Full Maiden Name of Mother: Mary Mae Rhodehouse			9. State or Country of Mother's Birth: Treasureton Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Mae Davenport (Mrs. R.O.)		11. Present Address of Registrant: 18088 - 36th Pl. So. Seattle, Wash. 98188
NOTARY (Seal)	Subscribed and sworn to before me on: 6-7-1976	12. Signature of Notary: Marilyn Jordan		13. Notary Commission expires: 5-7 1977

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #269422	Date Issued: -----	Date Orig. Entry: child born July 30, 1938
	Date of Birth: age 23 / Birth Place: Parker, Idaho	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church	Date Issued: April4,1915	Date Orig. Entry: April4, 1915
	Date of Birth: March7,1915 / Birth Place: Parker, Idaho	Full Name of Mother: May Rhodehouse	Name of Father: Orson S. Davenport	
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: R.O. Davenport	Date Issued: May 12,1976	Date Orig. Entry: -----
	Date of Birth: Mar. 7,1915 / Birth Place: Parker, Idaho	Full Name of Mother: Mary Mae Rhodehouse	Name of Father: Orson Sperry Davenport	
QUALIFYING INFORMATION	-			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	July 1, 1976

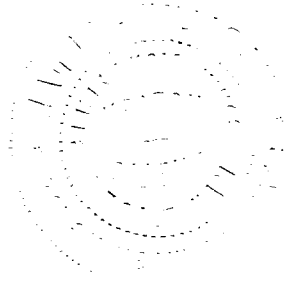
FORM BH 56067

1 Cp pd rec # 21070

9-5-69

JUL 2 1976

MAR 1 7 1977



389-210-006-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-360

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARMEN BARBARA CHRISTENSEN
2. Date Of Birth (month) (day) (year): NOVEMBER 10 1915
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BINGHAM
   b. City or Town of Birth: SHELLEY

FATHER

6. Full Name of Father: CHRIS CHRISTENSEN
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: CAROLYN MONROE
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carmen Christensen Stoker
11. Present Address of Registrant: SHELLEY, IDAHO BOX 497

NOTARY (Seal)

Subscribed and sworn to before me on: June 25 1976

12. Signature of Notary: Colleen Eaton
13. Notary Commission expires: 2/3 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Permanent High School record	Shelly Junior High School	entered Sept. 2, 1929	graduated 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 10, 1915	Shelly, Idaho	----------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for employment T. French CO.	R.T. French Company	June 18, 1965	June 27, 1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 10, 1915	Shelly, Idaho	---------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidivait by mother	Carolyn Monroe Christensen	June 25, 1976	June 25, 1976

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 10, 1915	Shelly, Idaho	Carolyn Monroe	Chris Christensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	July 2, 1976

FORM BH 56067

14 PA. Rec #09134

5-7-76

JUL 6 1976

466-206-016-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-370

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alta Virginia Mooso
2. Date of Birth (month) (day) (year): Nov. 6 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Almo Idaho

FATHER

6. Full Name of Father: Walter Morgan Mooso
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Tanner a/k/a Helen Wilda Tanner
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alta Virginia Mooso Weldon
11. Present Address of Registrant: Rome Apt #10 Burley Idaho 83318

NOTARY (Seal)

Subscribed and sworn to before me on June 3 1976

12. Signature of Notary: Willa A Parsons
13. Notary Commission expires: 7/20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Walter Morgan Mooso	June25,1976	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1915	Cassia County Almo, Idaho	Helen Urilda Tanner	Walter Morgan Mooso

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birthcertificate	State of Idaho	Aug.30,1957	Sept.10,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 16	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L.D.S. Church	June4,1916	November 6, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1915	Cassia Co. Almo, Idaho	Hellen U. Mooso	Morgan W. Mooso

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook 1c	July 9, 1976

FORM BH 56067

JUL 1 2 1976

435108014-2155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Howard McNees		2. Date Of Birth (month) (day) (year): August 8, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Parma, Ida. Canyon; b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Charles Herbert McNees		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Maude Lillian Keefover		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John H McNees	11. Present Address of Registrant: 1315 W. WATER
NOTARY (Seal)	Subscribed and sworn to before me on: 7-22 1976	12. Signature of Notary: Walter R Olivett	13. Notary Commission expires: 6-15 1978

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: C.H.McNees	Date Issued: May 4,1965	Date Orig. Entry: ---
	Date of Birth: Aug.8,1915 / Birth Place: Canyon Co. Parma, Idaho	Full Name of Mother: Maude L. Keefover	Name of Father: Charles H. McNees	
SUPPORTING RECORD 2.	Type of Document: Copy of Lodge records Friendship Lodge #139 AF&AM	By whom issued and signed: Friendship Lodge #139 AF&AM	Date Issued: July22,1976	Date Orig. Entry: Oct.25, 1954
	Date of Birth: Aug.8,1915 / Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State of Montana	Date Issued: Feb.28,1947	Date Orig. Entry: Child born Feb.8, 1947
	Date of Birth: age 31 / Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	July 29, 1976

FORM BH 56067

ICR Vol II 11391

3-23-65

JUL 3 0 1976

855-206-043-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-409

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Delight Yensen
2. Date Of Birth (month) (day) (year): Sept 6 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Roseberry Valley
   b. City or Town of Birth: Roseberry

FATHER

6. Full Name of Father: Douglas Yensen
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Anna Belle Greenup
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Mary D. Search
11. Present Address of Registrant: 316 E. 4th (Boise)

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 5 1976

12. Signature of Notary: Patti Morris
13. Notary Commission expires: July 12 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age:74	Ida Belle Bechtel	Aug.5,1976	----
	Date of Birth / Birth Place: Sept.6,1915 Roseberry, Idaho Valley County	Full Name of Mother: Anna Belle Greenup (Yensen)	Name of Father: Douglas Yensen	
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: obviously very old
	Date of Birth / Birth Place: Sept.6,1915 -----	Full Name of Mother: Anna Belle	Name of Father: Douglas Yensen	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho, Moscow, O'Neill, Registrar	Date Issued: Aug.25,1966	Date Orig. Entry: matriculated June 19, 1961
	Date of Birth / Birth Place: Sept.6,1915 Donnelly, Idaho*	Full Name of Mother: Anna Greenup Yensen	Name of Father: Douglas Yensen	

QUALIFYING INFORMATION

*Roseberry is no longer listed as a town, but has a mailing address of Donnelly, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wink
Evidence reviewed by: Glenda Larson
Date Filed: August 5, 1976

FORM BH 56067

Not Searched

7-27-76

AUG 5 1976

664-104-006-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darrell Verden Womack	2. Date Of Birth (month) Nov. (day) 4 (year) 1915
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth: ~~Firth~~ a. County: Bingham	b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Walter Nathaniel	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Ann Teeples	9. State or Country of Mother's Birth: Arizona
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darrell Verden Womack; 11. Present Address of Registrant: Franklin Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 19 August 19 76	12. Signature of Notary: LaRae E. Johnson; 13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage certificate	By whom issued and signed: State of Utah	Date issued: Aug.9,1974	Date Orig. Entry: July 31, 1935
	Date of Birth: age 19; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: L.D.S. Church	Date issued: Oct.7,1934	Date Orig. Entry: Sept.28,1934
	Date of Birth: Nov.4,1915; Birth Place: Firth	Full Name of Mother: Julia Teeples	Name of Father: Walter Womack	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho	Date issued: Oct.16,1972	Date Orig. Entry: childborn Sept. 3, 1951
	Date of Birth: age 35; Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	August 24,1976

FORM BH 56067

AUG 25 1976

669-126-03-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stanford Maudy Shaw Forman			2. Date Of Birth (month) March (day) 26 (year) 1915	
	3. Color or Race: White	4. Sex: M.	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Perry	
FATHER	6. Full Name of Father: Aaron M. Forman			7. State or Country of Father's Birth: Troy, N.Y.	
MOTHER	8. Full Maiden Name of Mother: Claraissa Rebecca Ames			9. State or Country of Mother's Birth: Trenton, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Forman		11. Present Address of Registrant: 10412 So. 3200 W. Riverton, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 26 1976	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 2/7/72	Date Orig. Entry: Blessed 6/6/1915	
	Date of Birth: 26 Mar. 15	Birth Place: Perry, Idaho	Full Name of Mother: Claraissa Rebecca Ames	Name of Father: Aaron M. Forman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Age 72	By whom issued and signed: Emily L. Forman Covert	Date Issued: 21 July 74	Date Orig. Entry: ---	
	Date of Birth: 3/26/15	Birth Place: Perry, Idaho.	Full Name of Mother: Claressa Ames Forman	Name of Father: Aaron M. Forman	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: S. Jordan 3rd Ward LDS Church	Date Issued: 12/Jan.72	Date Orig. Entry: baptised 1 Nov. 23	
	Date of Birth: 26 Mar. 15	Birth Place: Perry	Full Name of Mother: Claraissa Rebecca Ames	Name of Father: Aaron M. Forman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 26 1976

FORM BH 56067

AUG 2 6 1976

386-118-022-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-452

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Howard Leroy Thorsted
2. Date Of Birth (month) (day) (year): 9 - 18 - 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Drummond

FATHER

6. Full Name of Father: Harold Peter Thorsted
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Anna CHristine Madsen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard L Thorsted
11. Present Address of Registrant: 855 E. 14th Idaho Falls, Id.

NOTARY (Seal)

Subscribed and sworn to before me on: August 30 1976
12. Signature of Notary: Lloyd L. Brown
13. Notary Commission expires: 3-22 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit for Marriage License	State of Idaho	Aug. 10, 1976	Aug. 11, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 18, 1915	Drummond, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family History Book	Ethelmae Eylar Carter	---	Published 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 18, 1915	Idaho	Anna Madsen	Harold P. Thorsted

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Lodge Member ship card	Lodge (FOE)	---	2-24-66

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 18, 1915	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	September 2, 1976

FORM BH 56067

rcp paid MC 01058

5-13-76

SEP 3 1976

552-212-022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-453

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Vesta Ensminger
2. Date Of Birth (month) (day) (year): Dec 12 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Carl Ensminger
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Mary Edith Sample
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada V. Thorsted
11. Present Address of Registrant: Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 30 1976
12. Signature of Notary: Lloyd L Brown
13. Notary Commission expires: 3-22 1979

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for membership	Lodge auxiliary (FOE)	--	Nov. 27, 1966

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.12,1915	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit for marriage License	State of Idaho	Aug.10,1976	Aug.11,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.12,1915	St. Anthony, Id.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family History Book	Ethelmae Eylar Carter	---	Book Published 1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.12,1915	St. Anthony, Idaho	Edith Sample	Carl Ensminger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

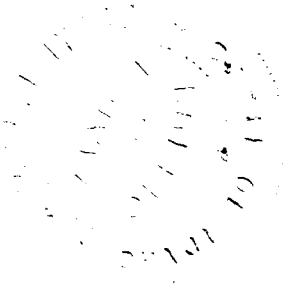
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	September 2, 1976

FORM BH 56067 ICP pd MC 01055

5-13-76

SEP 3 1976



DECEASED

662-209-021-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Foss		2. Date Of Birth (month) Feb (day) 9 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Ezra Carter Foss		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Catherine Ann Smart		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Foss Johnson	11. Present Address of Registrant: 10960 Roebling Los Angeles Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1976	12. Signature of Notary: Suzanne N. Knight	13. Notary Commission expires: 4-17 1977

OFFICIAL SEAL
SUZANNE N. KNIGHT
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires April 17, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by bro. age 73		By whom issued and signed: Ezra S. Foss	Date issued: May27,1976	Date Orig. Entry: --
	Date of Birth: Feb.9,1915	Birth Place: Preston, Idaho	Full Name of Mother: Catherine Smart	Name of Father: Ezra Carter Foss	
SUPPORTING RECORD 2.	Type of Document: Church birth record		By whom issued and signed: L.D.S. Church	Date issued: Mar.11,1976	Date Orig. Entry: April 19,1924
	Date of Birth: Feb.9,1915	Birth Place: Preston	Full Name of Mother: Catherine Smart	Name of Father: Ezra Foss	
SUPPORTING RECORD 3.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date issued: Sept.7,1976	Date Orig. Entry: Apr. 19, 1924
	Date of Birth: Feb.9,1915	Birth Place: Preston, Idaho	Full Name of Mother: Catherine Smart	Name of Father: Ezra Foss	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Sept. 16, 1976

FORM BH 56067 ICP pd #20186 5-18-76

SEP 2 0 1976

256-117-015-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rex Otto Knott		2. Date Of Birth (month) May (day) 17 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Richard Leslie Knott		7. State or Country of Father's Birth: [redacted] Missouri
MOTHER	8. Full Maiden Name of Mother: Ollie May Rankin		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rex Otto Knott	11. Present Address of Registrant: PO Box 863 Grand Junction Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: August 30 1976	12. Signature of Notary: Betty J. Fitzpatrick	13. Notary Commission expires: July 16 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ollie May Knott	Date issued: Mar. 20, 1967	Date Orig. Entry: ---
	Date of Birth: May 17, 1915 / Birth Place: Grace, Idaho	Full Name of Mother: Ollie May Knott	Name of Father: Richard Leslie Knott	
SUPPORTING RECORD 2.	Type of Document: hospital record of own child's birth	By whom issued and signed: St. Mary's Hospital Grand Junction, Colorado	Date issued: --	Date Orig. Entry: child born Jan. 5, 1963
	Date of Birth: May 17, 1915 / Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: discharge papers	By whom issued and signed: army of the United States	Date issued: Oct. 15, 1945	Date Orig. Entry: Apr. 7, 1941
	Date of Birth: May 17, 1915 / Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Sept. 16, 1976

FORM BH 56067 1CP P #02043

SEP 2 0 1976

253-109-040-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-489

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILBER CLIFFORD BECHTEL			2. Date Of Birth (month) (day) (year): MARCH 9 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: CLARKIA BHOSHNIE	b. City or Town of Birth: CLARKIA
FATHER	6. Full Name of Father: LOUIS FRANKLIN BECHTEL			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: CHRISTIE PEARL LAYTON			9. State or Country of Mother's Birth: WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur Clifford Bechtel		11. Present Address of Registrant: 2001-E-14th Ave
NOTARY (Seal)	Subscribed and sworn to before me on: June 12 1976	12. Signature of Notary: Ina Rousseau		13. Notary Commission expires: Sept 01 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother*	By whom issued and signed: Louis L. Bechtel		Date Issued: 6/22/76	Date Orig. Entry: ---
	Date of Birth: 3/9/15	Birth Place: Clarkia, Idaho	Full Name of Mother: Christie Layton	Name of Father: Louis Franklin Bechtel	
SUPPORTING RECORD 2.	Type of Document: Withholding Exemption Cert.	By whom issued and signed: Max J. Roney, Company for US Internal Revenue		Date Issued: --	Date Orig. Entry: Sept. 5, 1969
	Date of Birth: Mar. 9, 1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Application	By whom issued and signed: Social Security Adminsitration Department of the Treasury		Date Issued: ---	Date Orig. Entry: Oct. 1, 1937
	Date of Birth: Mar. 9, 1915	Birth Place: Idaho	Full Name of Mother: Christie Layton	Name of Father: Louis Franklin Bechtel	
QUALIFYING INFORMATION	* Louis is the eldest of eleven children and Wilber is the youngest.				

REGISTRAR'S CERTIFICATION (seal)

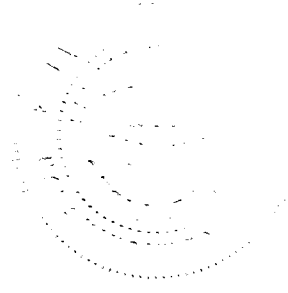
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md lc Linda Cook	Sept. 22, 1976

FORM BH 56067 14-Pd. Rec 07761

6-14-75

SEP 2 2 1976



297-123-033-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-500

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wesley Ray Siglin			2. Date Of Birth (month) (day) (year): August 23, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rexburg	b. City or Town of Birth: Rexburg, Idaho	
FATHER	6. Full Name of Father: Page Phineas Siglin			7. State or Country of Father's Birth: Postville, Iowa	
MOTHER	8. Full Maiden Name of Mother: Martha Elizabeth Bone			9. State or Country of Mother's Birth: Georgetown, South Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray W. Siglin		11. Present Address of Registrant: 2453 Tyler	
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 1976	12. Signature of Notary: Reed C. Wilson		13. Notary Commission expires: MY COMMISSION EXPIRES MAY 17, 1978 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Soc. Sec. #	By whom issued and signed: Social Security Administration US Depart. of the Treasury	Date Issued: --	Date Orig. Entry: June 2, 1942	
	Date of Birth: Aug. 23, 1915	Birth Place: Rexburg, Id,	Full Name of Mother: Martha Elizabeth Bone	Name of Father: Page Phineas Siglin	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Sep. 9, 1976	Date Orig. Entry: child born Nov. 9, 1940	
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: employment application	By whom issued and signed: Ogden Union Railway and Depot Co., W.M. Cook, Manager	Date Issued: July 26, 1976	Date Orig. Entry: June 1, 1942	
	Date of Birth: Aug. 23, 1915	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 28, 1976

FORM BH 56067 Icp Pd Rec # 12622

7-14-76

SEP 2 8 1976

469-212-044-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-501

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Marie Moritz			2. Date Of Birth (month) Jan. (day) 12 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge, Idaho	
FATHER	6. Full Name of Father: Jacob Moritz			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Hannah Winder			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Marie Douglas		11. Present Address of Registrant: 4002 Reed St. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: September 28 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Certificate	By whom issued and signed: Ada County # 37400		Date Issued: Feb.15,1965	Date Orig. Entry: Married Feb. 17, 1965
	Date of Birth: Age 50	Birth Place: Cambridge,Idaho	Full Name of Mother: ------		Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 88	By whom issued and signed: Hannah Brumfield		Date Issued: Sept.28,1976	Date Orig. Entry: ------
	Date of Birth: Jan.12,1915	Birth Place: Cambridge,Idaho	Full Name of Mother: Hannah Winder Moritz		Name of Father: Jacob Moritz
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 222321		Date Issued: ----	Date Orig. Entry: child born Mar.23,1934
	Date of Birth: Age 19	Birth Place: Cambridge, Idaho	Full Name of Mother: ----		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 28,1976

FORM BH 56067

9/23/76

Douglas

DECEASED

105

652-22-2041-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-507

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elva Isabelle Westover
2. Date Of Birth: June 22 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Clementsville Ida Teton
b. City or Town of Birth

FATHER

6. Full Name of Father: Floyd Delbert Westover
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Margaret Clay
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva D Anderson
11. Present Address of Registrant: 348 Eastern Rd S.L.C. Ut

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 22nd 1976
12. Signature of Notary: Joni M. Baddeley
13. Notary Commission expires: June 6 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by uncle age 74	Louis Westover	Aug.15,1976	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June22,1915	Clementsville,Id.	Margaret Clay	Floyd D. Westover

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
license application for a marriage	State of Idaho	June9,1975	Oct. 25, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June22,1915	Idaho	Margaret Clay	Floyd Westover

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	State of Idaho	Sep.7,1976	child born Feb.2,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Clementsville,Id.	--	--

QUALIFYING INFORMATION

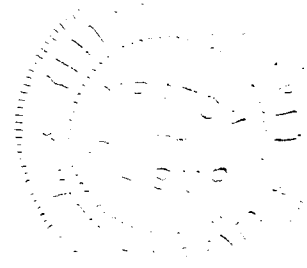
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct. 1, 1976

FORM BH 56067

OCT 4 1976



319-228-015-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-527

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Marie Larsen		2. Date Of Birth (month) (day) (year): Oct 28 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Fred Larsen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lulu Anderson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Matthews	11. Present Address of Registrant: 878 Lottie, Mont. Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1976	12. Signature of Notary: Rhea Ann Seaton	13. Notary Commission expires: OFFICIAL SEAL RHEA ANN SEATON NOTARY PUBLIC - CALIFORNIA MONTEREY COUNTY, OR 028 My Commission Expires July 30, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidabit of Application for Marriage License		By whom issued and signed: State of Nevada	Date Issued:	Date Orig. Entry: June 19, 1937
	Date of Birth: age 21	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: 1920 Census		By whom issued and signed: US Department of Commerece Bureau of the Census	Date issued: Sept 17, 1971	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 4 2/12	Birth Place: Caribou County Idaho	Full Name of Mother: Lulu Larsen	Name of Father: Fred Larsen	
SUPPORTING RECORD 3.	Type of Document: application for a social security number		By whom issued and signed: US Treasury Department Internal Revenue Service	Date issued: --	Date Orig. Entry: Sept. 29, 1942
	Date of Birth: Oct. 28, 1915	Birth Place: Soda Springs, Id.	Full Name of Mother: Lulu Anderson	Name of Father: Fred Larsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Oct. 14, 1976

FORM BH 56067 1cf - pd rec #18640 7-14-71

OCT 15 1976

814-125-003-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Alex Harris			2. Date Of Birth (month) (day) (year): August 25, 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace, Id.
FATHER	6. Full Name of Father: Frank A. Harris			7. State or Country of Father's Birth: Utah USA
MOTHER	8. Full Maiden Name of Mother: Luby Nelson			9. State or Country of Mother's Birth: Idaho USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George A Harris	11. Present Address of Registrant: 645 W [illegible] Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1976		12. Signature of Notary: Jern L. Prestwich	13. Notary Commission expires: 7-29 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of birth from the LDS Church		By whom issued and signed: LDS Church	Date Issued: May24,1967	Date Orig. Entry: Oct.3,1915
	Date of Birth: Aug.25,1915	Birth Place: Grace	Full Name of Mother: Luby Nelson	Name of Father: Frank Harris	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: --	Date Orig. Entry: child born Sept.17,1962
	Date of Birth: age 47	Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: insurance policy		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: --	Date Orig. Entry: Nov.14,1961
	Date of Birth: age 46	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

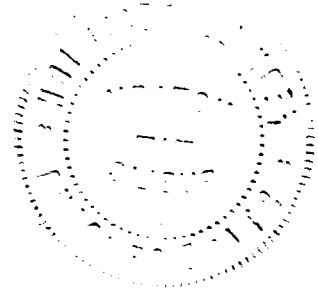
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Oct. 22,1976

FORM BH 56067 10/[illegible]

OCT 2 2 1976



236-12-004-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DeVere Cottle Stock			2. Date Of Birth (month) Feb. (day) 21 (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven
FATHER	6. Full Name of Father: Joseph Pierce Stock			7. State or Country of Father's Birth: Bear Lake, Idaho USA
MOTHER	8. Full Maiden Name of Mother: Annie Jane Cottle			9. State or Country of Mother's Birth: Plain City Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: DeVere C Stock		11. Present Address of Registrant: Fish Haven, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 7 October 1976	12. Signature of Notary: Elaine W Weld		13. Notary Commission expires: May 13 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of blessing		By whom issued and signed: LDS Church	Date Issued: --	Date Orig. Entry: May9,1915
	Date of Birth: Feb.21,1915	Birth Place: Fish Haven, Id.	Full Name of Mother: Annie Cottle	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 2.	Type of Document: certificate of ordination to the Holy Priesthood		By whom issued and signed: LDS Church	Date Issued: --	Date Orig. Entry: June 20, 1927
	Date of Birth: Feb.21,1915	Birth Place: Fish Have, Id.	Full Name of Mother: Annie J. Cottle	Name of Father: Joseph P. Stock	
SUPPORTING RECORD 3.	Type of Document: life insurance application		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Apr.13,1934	Date Orig. Entry: Apr.10,1934
	Date of Birth: Feb.21,1915	Birth Place: Fish Haven, Idaho	Full Name of Mother: Annie Jane Stock	Name of Father: Joseph Pierce Stock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

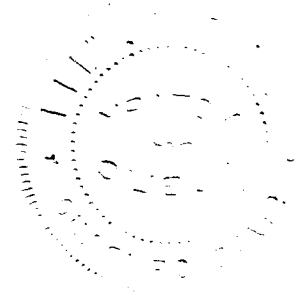
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Linda Cook	Oct.22, 1976

FORM BH 56067

OCT 2 5 1976

Store



515-101-023-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-558

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL WALLACE VANDERHOFF			2. Date Of Birth (month) (day) (year): APRIL 1 1915
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: EMMETT, IDAHO GEM	b. City or Town of Birth: EMMETT IDAHO
FATHER	6. Full Name of Father: WALLACE SMITH VANDERHOFF			7. State or Country of Father's Birth: NEW JERSEY
MOTHER	8. Full Maiden Name of Mother: CAROLINE MARIE PETERSEN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Wallace Vanderhoff		11. Present Address of Registrant: Box 761 Homedale Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1976	12. Signature of Notary: Nellie Bidwell		13. Notary Commission expires: 4-1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother age 73	By whom issued and signed: W.A. Vanderhoff	Date Issued: Oct.26,1976	Date Orig. Entry: --
	Date of Birth: Apr.1,1915 / Birth Place: Emmett, Idaho	Full Name of Mother: Caroline Marie Petersen	Name of Father: Wallace Smith Vanderhoff	
SUPPORTING RECORD 2.	Type of Document: discharge papers	By whom issued and signed: L.M. Garrett, Lt. U.S.N.(R) Exective officer	Date Issued: Aug.23,1955	Date Orig. Entry: May17,1938
	Date of Birth: Apr.1,1915 / Birth Place: Emmett, Idaho	Full Name of Mother: - -	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: application for National Service Life Insurance	By whom issued and signed: Veterans Administration	Date Issued: --	Date Orig. Entry: Mar.1,1942
	Date of Birth: Apr.1,1915 / Birth Place: Emmett, Idaho	Full Name of Mother: Caroline Vanderhoff	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.29,1976

FORM BH 56067

Vanderbilt

OCT 29 1976

485-218-039-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-560

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roxie Fay Myers			2. Date Of Birth (month) February (day) 18 (year) 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Jacob Epland Myers			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Minnie Perkins			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roxie Fay White		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on November 1 19 76	12. Signature of Notary: Florence Curtright		13. Notary Commission expires April 20 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Myers	Date Issued: July 11,1940	Date Orig. Entry
	Date of Birth: Feb.18,1915	Birth Place: Idaho	Full Name of Mother: Minnie Perkins	Name of Father: Jacob Epland Myers
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 35826758	By whom issued and signed: Metropolitan Life Industrial Whole Life Policy	Date Issued: May 18,1936	Date Orig. Entry: -----
	Date of Birth: next brday 22	Birth Place: -----	Full Name of Mother: -------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 224339	Date Issued: ----	Date Orig. Entry: child born Aug 10,1934
	Date of Birth: age 19	Birth Place: Rockland,Idaho	Full Name of Mother: ------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Nov.1,1976

FORM BH 56067

NOV 1 1976

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-575

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WALTER LAYTON HAWTHORNE
2. Date Of Birth (month) (day) (year): JUNE 27 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: GOODING
b. City or Town of Birth: GOODING

FATHER

6. Full Name of Father: OSCAR HERBERT HAWTHORNE
7. State or Country of Father's Birth: ILLINOIS

MOTHER

8. Full Maiden Name of Mother: ELLA MAE THOMPSON
9. State or Country of Mother's Birth: MINNESOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: W.L. Hawthorne
11. Present Address of Registrant: 305W 7th THE DALLES, OR.

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 1 1976
12. Signature of Notary: Virgil Maurice Snow
13. Notary Commission expires: 3/13 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record of own child birth	The Dalles General Hospital	--	child born June 8, 1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June27,1915	Gooding, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
discharge papers	US Army, John J. Taggart MAI AGD	Oct.12,1945	June5,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June27,1915	Gooding, Idaho	--	--

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for marriage Lic.	State of Oregon	Jan.22,1976	June21,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June27,1915	Gooding, Idaho	Ella M. Thompson	Oscar H. Hawthorne

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

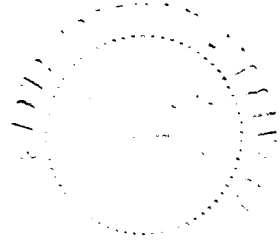
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov.9,1976

FORM BH 56067 ICP PA NC # 05149

11-4-75

Hawthorne

NOV 9 1976



386-21-0241-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-586

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Genevieve Thompson			2. Date Of Birth (month) (day) (year): October 15, 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: Grant Dodds Thompson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Genevieve Boyle			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay G Thompson		11. Present Address of Registrant: Victor Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 277837	Date Issued: ----	Date Orig. Entry: Child born Mar.15,1939
	Date of Birth: Age 23	Birth Place: Victor, Idaho	Full Name of Mother: ----	Name of Father: - -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 69		By whom issued and signed: W. Dean Boyle	Date Issued: Nov.14,1976	Date Orig. Entry: ------
	Date of Birth: Oct.15,1915	Birth Place: Victor, Idaho	Full Name of Mother: Genevieve Boyle	Name of Father: Grant Dodds Thompson	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: L.D/S/ Parsons Victor 1st Ward, Charles	Date Issued: Nov.15,1976	Date Orig. Entry: Baptized Oct.28,1928
	Date of Birth: Oct.15,1915	Birth Place: Victor,Idaho	Full Name of Mother: Genevieve Boyle	Name of Father: Grant Dodds Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Florence Curtright	Date Filed: Nov.16,1976

FORM BH 56067

Rammell

DECEASED

395

165-204-025-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-595

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Zelma Swearingen
2. Date of Birth: (month) February (day) 4 (year) 1915
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Thomas O.M. Swearingen
7. State or Country of Father's Birth: Walla Walla Wash.

MOTHER

8. Full Maiden Name of Mother: Gertrude Mabel Johnson
9. State or Country of Mother's Birth: Kansas City, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gertrude Z. Flemer
11. Present Address of Registrant: 1235 Vine El Centro Ca.

NOTARY (seal)

Subscribed and sworn to before me on: Oct 13 1976
12. Signature of Notary: William F Nort
13. Notary Commission expires: June 3 1977

OFFICIAL SEAL WILLIAM F. NORT NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN IMPERIAL COUNTRY My Commission Expires June 3, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	State of California	Sep.1o,1953	Feb.28,1952 Child born
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 37 / Idaho	--	--	
SUPPORTING RECORD 2.	application for insurance	New York Life Insurance Co.	--	July21,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb4,1915 / Lewiston, Idaho	Gertrude M. Swearingen	Thomas Swearingen	
SUPPORTING RECORD 3.	affidavit by sister age 72	Luetta E. Wright	Nov.9,1976	--
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.4,1915 / Lewiston, Idaho	Gertrude Mable Johnson	Thomas Swearingen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Lc Linda Cook	Nov.18,1976

FORM BH 56067

10 paid RC # 04337

8/13/76

NOV 19 1976

363-214-017-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-634

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Margaret Colson
2. Date Of Birth (month) (day) (year): aug. 14, 1915
3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: a. County: Dubois, Clark Co. | b. City or Town of Birth: Dubois, Idaho

FATHER

6. Full Name of Father: William Arthur Colson
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Sadie M. Fayle (Fayle)
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen M.C. Miller
11. Present Address of Registrant: 506 Roosevelt Pocatello, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 2, 1976 19___
12. Signature of Notary: M. A. Burke
13. Notary Commission expires: April 16, 1978 19___

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit	Aug.14,1915	Dubois	Carl F. Leonardson	Sadie M. Fayle	Nov.3,1976	William Arthur Colson	----
SUPPORTING RECORD 2.	Child's birth certificate	Aug.14,1915	Dubois	St. Anthony Merry Hospital	-----	Jul.6,1948	-----	Child born Jul. 6, 1948
SUPPORTING RECORD 3.	Insurance policy	Aug.14,1915	----	Pierce Nat'l. Life Ins. Co.	------	Dec.7,1967	------	Dec.7,1967

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: Dec. 8, 1976

FORM BH 56067

1 cpy rd. # 64799 10/27/76

DEC 9 1976

DECEASED

366-209-043-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-655

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecilia Edith Cooper			2. Date Of Birth (month) (day) (year): January 9, 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Roseberry
FATHER	6. Full Name of Father: Cecil Cooper			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Lowrey			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecilia Edith McKlough		11. Present Address of Registrant: 1327 East Main Emmett Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 12/14/1976	12. Signature of Notary: Chris Hull		13. Notary Commission expires: 8-4-1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 1274467		By whom issued and signed: Occidental Life Ins. Co.	Date issued: Jan.12,1939	Date Orig. Entry: Jan.12,1939
	Date of Birth: Jan.9,1915	Birth Place: Roseberry,Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 215851	Date issued: ----	Date Orig. Entry: child born Sept.4,1933
	Date of Birth: Age 18	Birth Place: Roseberry, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt age 71		By whom issued and signed: Mrs. Claire A. Vahlberg	Date issued: Nov.10,1976	Date Orig. Entry: --
	Date of Birth: Jan.9,1915	Birth Place: Roseberry, Idaho	Full Name of Mother: Mary Alice Lowery	Name of Father: Cecil Emery Cooper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: Dec. 17, 1976

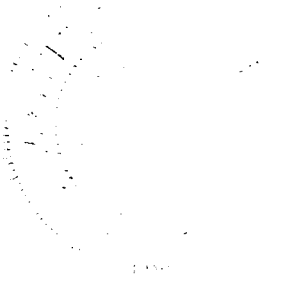
FORM BH 56067

1 cp pd rec # 5589

11-4-76

McDougal

1976



DUP OF 1915-30972

367-104-026-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wagn Top			2. Date Of Birth (month) Sept. (day) 4 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Home Jefferson	b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Niels Nielsen Top			7. State or Country of Father's Birth: Odense, Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Marie Knudsen			9. State or Country of Mother's Birth: Odense, Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wagn Top		11. Present Address of Registrant: Box 125, Creston, WA
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 19 76	12. Signature of Notary: Harriet L Haydon		13. Notary Commission expires: May 1, 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: on file-Idaho-#374798	Date Issued: ----	Date Orig. Entry: Child Born May22,1943	
	Date of Birth: Age: 27	Birth Place: Ririe	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Employment record	By whom issued and signed: Superintendent of Public Instr. Olympia, Washington	Date Issued: Jul.26,1955	Date Orig. Entry: Jul.26,1955	
	Date of Birth: Sep.4,1915	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor	By whom issued and signed: James H. Reed, age 88	Date Issued: Dec.22,1976	Date Orig. Entry: Dec.22,1976	
	Date of Birth: Sep.4,1915	Birth Place: Ririe	Full Name of Mother: Anna Knudson Top	Name of Father: Neils Top	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	cc Colleen Cunningham	January 11, 1977

FORM BH 56067

JAN 12 1977

JAN 02 1997

466-229-039-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Leone Moon		2. Date Of Birth (month) May (day) 29 (year) 1915
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Rockland Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Daniel Harrison Moon		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Susan Clarcie Lasley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Leone Moon	11. Present Address of Registrant: 41040 Lincoln St. Fremont Calif 94538
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 6 1977	12. Signature of Notary: James McVey	13. Notary Commission expires: July 25 1979

OFFICIAL SEAL
JAMES MCVEY
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My comm. expires JUL 25, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Jan.10,1977	Date Orig. Entry: blessed July4,1915
	Date of Birth: May29,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Susan Lasley	Name of Father: Harry Moon
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle	By whom issued and signed: Charles Lasley	Date issued: Dec.13,1976	Date Orig. Entry: Dec.13,1976
	Date of Birth: May29,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Susan Clarcie Lasley	Name of Father: Daniel Harrison Moon
SUPPORTING RECORD 3.	Type of Document: notarized copy Affidavit for marriage lic.	By whom issued and signed: Linn county, Oregon, Book U	Date issued: Dec.7,1976	Date Orig. Entry: Sep.11,1933
	Date of Birth: Age: 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 12 1977

FORM BH 56067

ICCD: H 09860

8/27/76

JAN 12 1977

Thanks

313-221-003-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Lonetta Latimer			2. Date of Birth (month) (day) (year): December 21, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: LeeRoy Latimer			7. State or Country of Father's Birth: Hartville, Missouri
MOTHER	8. Full Maiden Name of Mother: Lonetta Bills			9. State or Country of Mother's Birth: South Jordon, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora L. Jensen		11. Present Address of Registrant: Rt. 2 Box 18 Poc. Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: November 26 19 76	12. Signature of Notary: Mary Ann Cadman		13. Notary Commission expires: June 25, 19 79

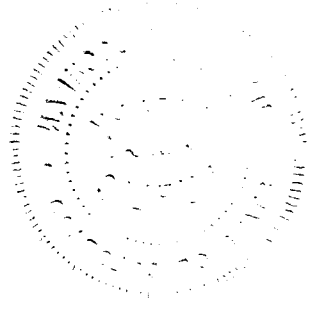
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho		Date Issued: Sep.30,1976	Date Orig. Entry: Child born Aug.10,1937
	Date of Birth: age 21	Birth Place: Pocatello, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: LDS Church		Date Issued: May4,1924	Date Orig. Entry: May4,1924
	Date of Birth: Dec.21,1915	Birth Place: Pocatello, Idaho	Full Name of Mother: Lonetta Bills	Name of Father: LeeRoy Latimer	
SUPPORTING RECORD 3.	Type of Document: Patriarchal blessing	By whom issued and signed: LDS Church O. M. Hess, Patriarch		Date Issued: Dec.7,1949	Date Orig. Entry: Dec.7,1949
	Date of Birth: Dec.21,1915	Birth Place: Pocatello	Full Name of Mother: Lonetta Bills	Name of Father: Lee Roy Latimer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wilde	Evidence reviewed by: 1c Colleen Cunningham	Date Filed: JAN 18 1977

FORM BH 56067

JAN 19 1977



653-129-005-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Joseph Wetzel		2. Date Of Birth (month) Jan. (day) 29 (year) 1915
	3. Color or Race: male White	4. Sex: male	5. Place of Birth a. County: St. Maries Benewah
			b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Louis Peter Wetzel		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mary Elizebath Loscent		9. State or Country of Mother's Birth: Indiance
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur J. Wetzel	11. Present Address of Registrant: St. Maries Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 19 1977	12. Signature of Notary: Marjorie C Smith	13. Notary Commission expires: Feb 19 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge papers	By whom issued and signed: US Army	Date Issued: Nov.28,1945	Date Orig. Entry: enlisted Jan.29,1939
	Date of Birth: Jan.29,1915 Birth Place: St. Maries, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: notarized copy Baptismal Certificate	By whom issued and signed: St. Mary's Roman Catholic Church, St. Maries, Idaho	Date Issued: Jan.19,1977	Date Orig. Entry: baptized Feb.21,1915
	Date of Birth: Jan.29,1915 Birth Place: St. Maries, ID	Full Name of Mother: Elizabeth Loscent	Name of Father: L. Wetzel	
SUPPORTING RECORD 3.	Type of Document: notarized copy page from family bible	By whom issued and signed: Marjorie C. Smith, Notary Public, Benewah County, ID	Date Issued: Jan.19,1977	Date Orig. Entry: obviously old
	Date of Birth: Jan.29,1915 Birth Place: St. Maries, ID	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Colleen Cunningham	Date Filed: JAN 24 1977

FORM BH 56067

1-11-77

JAN 2 5 1977

897-117-006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph "W" Higley			2. Date Of Birth (month) (day) (year): September 17, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham County	b. City or Town of Birth: Firth (Upper Presto)
FATHER	6. Full Name of Father: Willis Dewey Higley			7. State or Country of Father's Birth: Erda, Tooele County, Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Ann (Carrie) Hansen			9. State or Country of Mother's Birth: Caribou County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph W Higley		11. Present Address of Registrant: North 330 Sherman St., Corona, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: January 24, 1977 19	12. Signature of Notary: [signature]		13. Notary Commission expires: March 19, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism/Conf	By whom issued and signed: LDS Church		Date Issued: Mar.7,1948	Date Orig. Entry: baptized Mar.7,1948
	Date of Birth: Sep.17,1915	Birth Place: Presto	Full Name of Mother: Carrie A. Hansen	Name of Father: Willis D. Higley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age 83	By whom issued and signed: George D. Hansen		Date Issued: Jan.3,1977	Date Orig. Entry: Jan.3,1977
	Date of Birth: Sep.17,1915	Birth Place: Upper Presto,ID	Full Name of Mother: Caroline Ann Hansen Higley	Name of Father: William Dewey Higley	
SUPPORTING RECORD 3.	Type of Document: Child's brith certificate	By whom issued and signed: State of California		Date Issued: Sep.27,1976	Date Orig. Entry: child born, June21,1951
	Date of Birth: AGE: 35	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

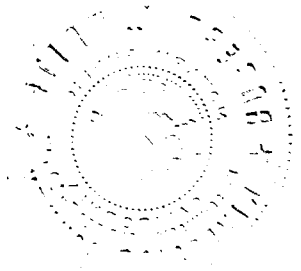
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	JAN 28 1977

FORM BH 56067

JAN 2 8 1977



652-103-026-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-057

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carl Ralph West
2. Date Of Birth (month) (day) (year): March 3 1915
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: JEFFERSON
b. City or Town of Birth: ANNIS - Idaho

FATHER

6. Full Name of Father: Carl Henry West
7. State or Country of Father's Birth: Utah - U.S.A.

MOTHER

8. Full Maiden Name of Mother: Lucy Priest
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carl Ralph West
11. Present Address of Registrant: 5 E. Forest, Arcadia, Calif

NOTARY (Seal)

Subscribed and sworn to before me on: June 9 1976

12. Signature of Notary: Evelyn Saxton (attached)
13. Notary Commission expires: Sept. 7, 1979

attached

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 90	Lucy West Jackson	Apr.7,1976	Apr.7,1976

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1915	Annis, Idaho	Lucy West Jackson	Carl Henry West

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church birth certificate	LDS Church	Jan.19,1977	July4,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.3,1915	Annis, Idaho	Lucy Priest	Carl West

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census record of 1920	Bureau of the Census Dept. of Commerce	Aug.2,1976	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 4	Idaho	Lucy West	Carl H. West

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 10 1977

FORM BH 56067

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On June 9, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared Carl Ralph West,

_____,

_____,

_____, known to me

to be the person _____ whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Evelyn Saxton

_____
Name (Typed or Printed)

OFFICIAL SEAL
EVELYN SAXTON
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires September 7, 1979

(This area for official notarial seal)

FEB 1977

FEB 15 1977

962-230-029-565

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-060

REGISTRANT (Person whose Birth is being registered) (AKA)	1. Registrant's Full Name at Birth: MARGARET MARY ROBERG		2. Date Of Birth (month) JULY (day) 30 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: NO-RFD.2 (HOME) LATAH; b. City or Town of Birth: KENDRICH IDAHO
FATHER	6. Full Name of Father: WILLIAM JOHN ROBERG		7. State or Country of Father's Birth: ESSEN, GERMANY
MOTHER	8. Full Maiden Name of Mother: KATIE MARY VONDENBUCH		9. State or Country of Mother's Birth: MINSTER, OHIO - USA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Mary Wallace	11. Present Address of Registrant: W 1817 Cleveland
NOTARY (Seal)	Subscribed and sworn to before me on: October 15, 1976	12. Signature of Notary: Clyde A. Hauchin	13. Notary Commission expires: 10/15 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: school records		By whom issued and signed: Cataldo Primary School Sr. Betty McLellan, Principal	Date Issued: Jan.12,1976	Date Orig. Entry: Sep.6,1923
	Date of Birth: age 8	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Hospital own child's birth record		By whom issued and signed: Spokane, Washington Scared Heart Hospital	Date Issued: --	Date Orig. Entry: child born Mar.13,1948
	Date of Birth: July30,1915	Birth Place: Kendrick, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Application for SS#534221455		By whom issued and signed: Treasury Dept., IRS	Date Issued: Jan.28,1977	Date Orig. Entry: Mar.16,1943
	Date of Birth: July30,1915	Birth Place: Kendrick, Idaho	Full Name of Mother: Kate Vandenbush	Name of Father: William Roberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Colleen Cunningham	FEB 10 1977

FORM BH 56067 2cd Adrse #17387 6-18-73 gml

FEB 11 1977

299-22-010-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-069

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine F. BRINSON			2. Date Of Birth (month) 3 (day) 21 (year) 15	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: ~~Idaho~~ Falls Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: ORa FRanKlin BRinson			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: mabeh ETTa Ponton			9. State or Country of Mother's Birth: ILLinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine F. Moyer		11. Present Address of Registrant: Rt2 Box 2971 Hermiston, Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: December 29 19 76	12. Signature of Notary: Janet A. Bush		13. Notary Commission expires: 2-22 19 80	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment record	By whom issued and signed: US Army Depot Activity Umatilla, Hermiston, Oregon		Date Issued: June4,1953	Date Orig. Entry: July14,1950
	Date of Birth: Mar.21,1915	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: on file-Idaho-#264040		Date Issued: -----	Date Orig. Entry: child born Feb.2,1938
	Date of Birth: Age: 22	Birth Place: Idaho Falls, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 73	By whom issued and signed: Marguerite Silva		Date Issued: Feb.4,1977	Date Orig. Entry: Feb.4,1977
	Date of Birth: Mar.21,1915	Birth Place: Idaho Falls, ID	Full Name of Mother: Mabel Etta Ponton	Name of Father: Ora Franklin Brinson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham		Date Filed: FEB 16 1977	

K FORM BH 56067 1 cpy. at # 01917 10/21/76

FEB 17 1977

433-113-042-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Mc Callum			2. Date of Birth (month) June (day) 13 (year) 1915 b. City or Town of Birth: Hansen, Idaho
	3. Color or Race	4. Sex	5. Place of Birth a. County	
FATHER	6. Full Name of Father: Robert McCallum			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Dolly Williams			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold McCallum		11. Present Address of Registrant: R1 Box 19 Payette, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1976	12. Signature of Notary: Marie Swisher		13. Notary Commission expires: October 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Beneficial Life insurance Company	Date Issued: --	Date Orig. Entry: Mar. 1, 1934	
	Date of Birth: Jun.13,1915	Birth Place: Hanson, Idaho	Full Name of Mother: --	Name of Father: Robert McCallum	
SUPPORTING RECORD 2.	Type of Document: medical records	By whom issued and signed: Dr. Palmer	Date Issued: Jan.26,1954	Date Orig. Entry: Jan.21,1954	
	Date of Birth: Jun.13,1915	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Application for SS#	By whom issued and signed: Treasury Dept. IRS	Date Issued: Feb.23,1977	Date Orig. Entry: June2,1955	
	Date of Birth: June13,1915	Birth Place: Hansen, Idaho	Full Name of Mother: Dollie Williams	Name of Father: Robert McCallum	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Colleen Cunningham	FEB 25 1977

FORM BH 56067

FEB 28 1977

DELAYED

DUPC61915-31762

689-214-018-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Lilian Whitinger	2. Date Of Birth (month) 1 (day) 14 (year) 1915
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Southwick - Idaho
FATHER	6. Full Name of Father: Leroy S. Whitinger	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lilian Lowell Patterson	9. State or Country of Mother's Birth: Maine
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris L. Groskost; 11. Present Address of Registrant: RTE. 1 Box 4-D Loon Lake - Wa.
NOTARY (Seal)	Subscribed and sworn to before me on: 10 JUNE 1976	12. Signature of Notary: J. D. Nicholson; 13. Notary Commission expires: 8-17-1976

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for a SS#	By whom issued and signed: Treasury Dept., IRS	Date issued: July23,1976	Date Orig. Entry: Apr.22,1938
	Date of Birth: Jan.14,1915; Birth Place: Southwick, Idaho	Full Name of Mother: Lilian L. Patterson	Name of Father: Leroy S. Whitinger	
SUPPORTING RECORD 2.	Type of Document: notarized page from family bible	By whom issued and signed: Family bible	Date issued: Dec.2,1976	Date Orig. Entry: obviously old
	Date of Birth: Jan.14,1915; Birth Place: Southwick, Idaho	Full Name of Mother: Lilian Lowell Patterson	Name of Father: Leroy S. Whitinger	
SUPPORTING RECORD 3.	Type of Document: School record, District No.23 Clearwater Cty.	By whom issued and signed: Frances Philpot, Clerk of Dist. Ct., Clearwater County, Idaho	Date issued: June11,1976	Date Orig. Entry: Oct.4,1924
	Date of Birth: Age: 9; Birth Place: ----	Full Name of Mother: ----	Name of Father: Roy Whitinger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 25 1977

FORM BH 56067 5-20-60 one copy paid #00288

FEB 2 8 1977

693-219-031-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Geneva Lorena Wilson
2. Date Of Birth (month) 2 (day) 19 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kamiah Lewis
b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Thomas H. Wilson
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Rose C Lee
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Geneva L. Wilson Adamson
11. Present Address of Registrant: W 1511 Montgomery

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 24, 1977

12. Signature of Notary: Vernant L. Blasing
13. Notary Commission expires: 2/11 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Marriage Return	Asotin county, Washington	June11,1976	Oct,15,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	Kamiah, Idaho	Rose Lee	Thomas Wilson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Idaho S.F.#229147	July22,1976	child born Oct.28,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
AgeL 19	Kamiah, Idaho	-----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Page from family bible	Family record	Mar.18,1977	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.19,1915	Kamiah, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

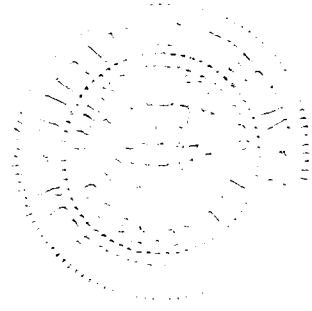
State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: MAR 22 1977

FORM BH 56067

IDC # 13765

2-2-77

MAR 23 1977



236-226-025-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-132

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HELEN LOUISE SLOVIACZEK
2. Date Of Birth (month) (day) (year): July 26, 1915
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: Idaho County
b. City or Town of Birth: Boles

FATHER

6. Full Name of Father: MIKE SLOVIACZEK
7. State or Country of Father's Birth: Orlova, Austria

MOTHER

8. Full Maiden Name of Mother: MARY PITLIK
9. State or Country of Mother's Birth: Orlova, Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Louise Romig
11. Present Address of Registrant: W. 1817 Grace, Spokane, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: December 7 19 76
12. Signature of Notary: Raymond Eberle
13. Notary Commission expires: Oct 6 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	U.S. Dept. of Commerce Bureau of the Census	Jun.25,1969	census taken Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 4	Idaho	Mary Sloviaczek	Micheal Sloviaczek

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Naturalization	U.S. Gov't. #499875	---	Apr.12,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 3	---	Mary	Michal Sloviaczek

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for SS#536300521	Treasury Department, IRS	Mar.21,1977	Sep.7,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July26,1915	Boles, Idaho	Mary Pytlek	Mike Sloviaczek

QUALIFYING INFORMATION

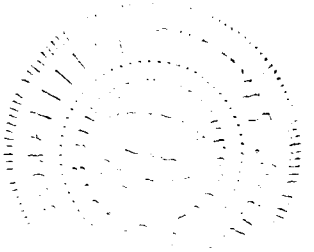
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 24 1977

FORM BH 56067

MAR 2 5 1977



555-22-040-811

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert William Hendrickson			2. Date of Birth (month) August (day) 22, (year) 1915
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth: a. County Shoshone	b. City or Town of Birth: Larson, Idaho
FATHER	6. Full Name of Father: Sylvester Hendrickson			7. State or Country of Father's Birth: Finland (Russia)
MOTHER	8. Full Maiden Name of Mother: Annie L. Haapala			9. State or Country of Mother's Birth: Finland (Russia)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert W Hendrickson		11. Present Address of Registrant: Mullan Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1977	12. Signature of Notary: Dorothy Dibble		13. Notary Commission expires: June 5 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor	By whom issued and signed: Arthur J. Harwood, age 88		Date Issued: Jan.11,1977	Date Orig. Entry: Jan.11,1977
	Date of Birth: Aug.22,1915	Birth Place: Larson, Idaho	Full Name of Mother: Annie Haapala	Name of Father: Sylvester Hendrickson	
SUPPORTING RECORD 2.	Type of Document: Mullan school record	By whom issued and signed: Rose A. Bland, Clerk-Secretary Mullan School District No.392		Date Issued: Jan.4,1977	Date Orig. Entry: Sep.6,1921
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for SS#519104137	By whom issued and signed: Treasury Department, IRS		Date Issued: Mar.23,1977	Date Orig. Entry: Feb.10,1939
	Date of Birth: Aug.22,1915	Birth Place: Larson, Idaho	Full Name of Mother: Anna Lydia Hapaala	Name of Father: Wester Hendrickson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: MAR 25 1977

FORM BH 56067

MAR 2 8 1977

753225.039-741

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-142

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sadie Arline Peck
2. Date Of Birth (month) (day) (year): May 25 1915
3. Color or Race: W
4. Sex: f
5. Place of Birth a. County: Rockland, Power
b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Martin Horton Peck
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Josie LaBelle Guard
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sadie A. Millard
11. Present Address of Registrant: Box 183 83270 Rockland, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: march 19 1977
12. Signature of Notary: Janet Cammack
13. Notary Commission expires: Residing in Rockland, Idaho My Commission Expires April 29 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file Idaho#356560	on file	child born Aug.5,1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 27 / Rockland, Idaho	----	----	
SUPPORTING RECORD 2.	Family record	Family record	Mar.24,1977	obviously old
	May25,1915 / Rockland, Idaho	Josie LaBelle Guard	Martin Horton Peck	
SUPPORTING RECORD 3.	Certificate of baptism/conf.	LDS Church	Aug.12,1923	baptized July4,1923
	May25,1915 / Rockland, Idaho	Josie L. Guard	Martin H. Peck	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

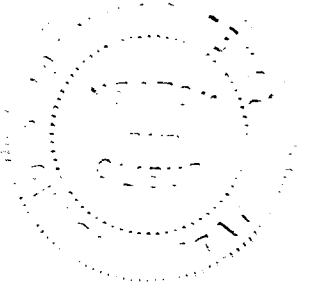
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 28 1977

FORM BH 56067

1-A 165 11

Medical

MAR 2 9 1977



766-213-039-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-150

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruth Althiania Kuck	2. Date of Birth (month) (day) (year): Oct 13 1915
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: American Falls Power	b. City or Town of Birth: American Falls Idaho
FATHER	6. Full Name of Father: Christian Kuck	7. State or Country of Father's Birth: Romania
MOTHER	8. Full Maiden Name of Mother: Rebecca Schöttle	9. State or Country of Mother's Birth: Romania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth A Smith; 11. Present Address of Registrant: 3325 Armada Dr #7 Ventura Ca 93003
NOTARY (SEAL)	Subscribed and sworn to before me on: January 31 1977	12. Signature of Notary: Edith Reams; 13. Notary Commission expires: June 17 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: Idaho S.F.#222185	Date issued: Jan.12,1977	Date Orig. Entry: child born May23,1934
	Date of Birth: Age: 18; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Baptismal certificate	By whom issued and signed: Lutheran Church E. Wuest, Pastor	Date issued: Jan.2,1916	Date Orig. Entry: baptized Jan.2,1916
	Date of Birth: Oct.13,1915; Birth Place: -----	Full Name of Mother: Rebecca Schottle	Name of Father: Christian Kuck	
SUPPORTING RECORD 3.	Type of Document: Request for change in SS# records	By whom issued and signed: HEW, SS Administration	Date issued: Mar.25,1977	Date Orig. Entry: Apr.7,1958
	Date of Birth: Oct.13,1915; Birth Place: American Falls	Full Name of Mother: Rebecca Shetlle	Name of Father: Christian Kuck	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 31 1977

FORM BH 56067

APR 1 1977

214-20-5-024-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-152

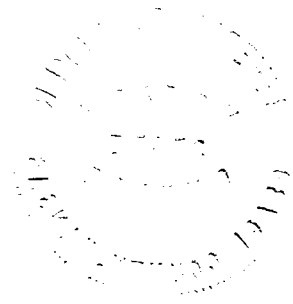
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florene Emeline Sadler			2. Date Of Birth (month) Sept. (day) 5 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Gooding	b. City or Town of Birth: near Wendell	
FATHER	6. Full Name of Father: Benjamin Floyd Sadler			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Edith Emeline Roberts			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florene McVey	11. Present Address of Registrant: Rt.3 Waverly Ks 66871	
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 77		12. Signature of Notary: Beverly S. Tucker	13. Notary Commission expires: March 19 19 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 77		By whom issued and signed: J. B. Roberts	Date Issued: Feb.23,1977	Date Orig. Entry: Feb.23,1977
	Date of Birth: Sep.5,1915	Birth Place: near Wendell	Full Name of Mother: Edith Emeline Roberts	Name of Father: Bejamin Floyd Sadler	
SUPPORTING RECORD 2.	Type of Document: notarized copy marriage license application		By whom issued and signed: El Paso county, Colorado	Date Issued: Feb.18,1977	Date Orig. Entry: June2,1943
	Date of Birth: Age: 27	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized copy Bible record		By whom issued and signed: Family bible	Date Issued: Mar.22,1977	Date Orig. Entry: obviously old
	Date of Birth: Sep.5,1915	Birth Place: Wendell, Idaho	Full Name of Mother: Edith E. Roberts	Name of Father: B. F. Sadler	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: cc Colleen Cunningham	Date Filed: MAR 31 1977	

FORM BH 56067

APR 1 1977



469-204-016-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:77-161

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Elzina Mortensen
2. Date Of Birth (month) (day) (year): 11 - 4 - 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Declo, Idaho
   b. City or Town of Birth: Cassia

FATHER

6. Full Name of Father: Lewis Waltemes Mortensen
7. State or Country of Father's Birth: Heber, Utah

MOTHER

8. Full Maiden Name of Mother: Martha Marie Peterson
9. State or Country of Mother's Birth: Richfield, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Nellie E. Jones
11. Present Address of Registrant: 238 Smith Ave, Nampa Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: March 10 1976

12. Signature of Notary: L. Michael Darby
13. Notary Commission expires: 11/14 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: State of Idaho	Date Issued: 12 July 68	Date Orig. Entry: 12 July 68	
	Date of Birth: 52 years.	Birth Place: Declo	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Mercy Hospital, Nampa, ID.	Date Issued: 7 Jan. 49	Date Orig. Entry: child born 7 Jan. 49	
	Date of Birth: 11 4, 1915	Birth Place: Declo, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister Age 75	By whom issued and signed: Christy Adams	Date Issued: 22 Mar 77	Date Orig. Entry: ---	
	Date of Birth: Nov.4, 1915	Birth Place: Declo, Idaho	Full Name of Mother: Martha M. Mortensen (peterson)	Name of Father: Lewis W. Mortensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellis, Dpty Reg #06603	md Margaret Davis	APR 4 1977

FORM BH 56067

3-3-16

APR 4 1977

695-210-020-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-163

REGISTRANT (Person whose Birth is being recorded)

1. Registrant's Full Name at Birth: Dorothy M. Fink
2. Date Of Birth (month) (day) (year): Feb - 10-15 D.S.
3. Color or Race: W
4. Sex: F
5. Place of Birth - County: King Hill — Elmore
b. City or Town of Birth: King Hill

FATHER

6. Full Name of Father: John W. Fink
7. State or Country of Father's Birth: Penna

MOTHER

8. Full Maiden Name of Mother: Catherine Mackey
9. State or Country of Mother's Birth: Penna.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy M Smyk
11. Present Address of Registrant: 28914 Miranda St Cal.

NOTARY (seal)

Subscribed and sworn to before me on: March 21, 19 77

12. Signature of Notary: Faye L. Muller
13. Notary Commission expires: Feb. 3, 19 79

FAYE L. MULLER
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My commission expires Feb. 3, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism	Saint Elizabeth's Episcopal Church, San Francisco, CA	Mar.25,1977	baptized Dec.11,1956
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb.10,1915 / Idaho	Catherine Mockey	John W. Fink	
SUPPORTING RECORD 2.	Insurance application	Metropolitan Life Ins. Co., New York	Mar.25,1977	Feb.9,1931
	Feb.10,1915 / Kinghill, Idaho	----	----	
SUPPORTING RECORD 3.	Marriage certificate	Napa county, California	Mar.25,1977	Aug.10,1940
	Age: 25 / Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: APR 04 1977

FORM BH 56067

11-21-1977

3-14-77

APR 5 1977

619-107-021-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Garold M Waite		2. Date of Birth (month) 11 (day) 7 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Dayton Idaho FRANKLIN	b. City or Town of Birth: Dayton Idaho
FATHER	6. Full Name of Father: John William Waite		7. State or Country of Father's Birth: Hyde Park, Cache Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Mahalia Mickelson		9. State or Country of Mother's Birth: Dayton Idaho FRANKLIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Garold M Waite	11. Present Address of Registrant: Shelley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on April 1 19 77	12. Signature of Notary	13. Notary Commission expires 11-27- 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Apr.8,1977	Date Orig. Entry: blessed Jan.2,1916
	Date of Birth: Nov.7,1915 / Birth Place: Dayton, Idaho	Full Name of Mother: Martha M. Mickelson	Name of Father: John W. Waite	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church	Date Issued: Mar.11,1929	Date Orig. Entry: Jan.1,1928
	Date of Birth: Nov.7,1915 / Birth Place: Dayton, Idaho	Full Name of Mother: Martha E.Mickelson	Name of Father: John W. Waite	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Pacific National Life Ins. Co. Salt Lake City, Utah	Date Issued: Apr.8,1977	Date Orig. Entry: Mar.8,1957
	Date of Birth: Nov.7,1915 / Birth Place: Dayton, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: APR 08 1977

FORM BH 56067

Waite

APR 11 1977

236-209-022-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-173

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vonda Hannah Stott
2. Date Of Birth (month) June (day) 9 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Fremont
b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: James William Stott
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Della Alberta Cunningham
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vonda Bogh
11. Present Address of Registrant: Centerfield, Utah

NOTARY (Seal) 12-11-78

Subscribed and sworn to before me on April 4th 1977

12. Signature of Notary: L. L. Halsted
13. Notary Commission expires: Dec. 11 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church certificate of birth	LDS Church	Mar,31,1942	Aug.12,1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June9,1915 / Ashton, Idaho	Della Cunningham	James W. Stott	
SUPPORTING RECORD 2.	Record of blessing	LDS Church	June21,1973	blessed July4,1915
	June9,1915 / Ashton, Idaho	Della Alberta Cunningham	James William Stott	
SUPPORTING RECORD 3.	notarized copy Marriage license application	Sanpete county, Utah	Apr.5,1977	Oct.5,1936
	June9,1915 / Ashton, Idaho	Della A. Cunningham	James W. Stott	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: APR 11 1977

FORM BH 56067

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APR 1 2 1977

819-203-016-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-188

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Leah Hazel		2. Date Of Birth (month) 9 (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: CASSIA - IDAHO; b. City or Town of Birth: MALTA - IDAHO
FATHER	6. Full Name of Father: Lee Roy Hazel		7. State or Country of Father's Birth: Galen Tenn. Father
MOTHER	8. Full Maiden Name of Mother: Hazel Dell Warneke		9. State or Country of Mother's Birth: Pierre S. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances L. Ripley	11. Present Address of Registrant: 1672 Tehama Oroville Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 17, 1977	12. Signature of Notary: Nancy L. Lindgren	13. Notary Commission expires: January 13, 1981

My Commission Expires Jan 13, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Arizona	Date Issued: June16,1944	Date Orig. Entry: child born April25,1944
	Date of Birth: Age: 28	Birth Place: Malta, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage license		By whom issued and signed: Riverside county, Calfornia	Date Issued: Mar.23,1977	Date Orig. Entry: June2,1935
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 90		By whom issued and signed: Grace W. Hillebrand	Date Issued: Apr.13,1977	Date Orig. Entry: Apr.13,1977
	Date of Birth: Sep.3,1915	Birth Place: Malta, Idaho	Full Name of Mother: Hazel Dell Warneke	Name of Father: Lee Roy Hazel	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	APR 20 1977

K FORM BH 56067

APR 2 1 1977

3,420,039-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-191

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Campbell			2. Date Of Birth (month) (day) (year): April 9, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: William Wallace Campbell			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Edith Woodworth			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Chapman		11. Present Address of Registrant: 11411 N. 91st Ave Peoria, Az. 85345
NOTARY (Seal)	Subscribed and sworn to before me on: 2-1- 1977	12. Signature of Notary: Judith Peterson		13. Notary Commission expires: My Commission Expires Jan 9, 1979

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Edith Campbell		Date Issued: May 10,1973	Date Orig. Entry: ---
	Date of Birth: Apr.9,1915	Birth Place: American Falls,ID Power County	Full Name of Mother: Edith Campbell		Name of Father: William W. Campbell
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #230918		Date Issued: ----	Date Orig. Entry: child born Mar.5,1935
	Date of Birth: Age: 19	Birth Place: American Falls, Idaho	Full Name of Mother: ---		Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Application for SS#519488635	By whom issued and signed: Treasury Department, IRS		Date Issued: Mar.28,1977	Date Orig. Entry: Apr.19,1960
	Date of Birth: Apr.9,1915	Birth Place: American Falls	Full Name of Mother: Edith Woodworth		Name of Father: William Wallace Campbell
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Colleen Cunningham	Date Filed: APR 21 1977

FORM BH 56067

APR 2 2 1977

183-231-028-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-203

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marion Virginia Ahlskog
2. Date Of Birth: (month) 12 (day) 31 (year) 1915
3. Color or Race: Caucasian
4. Sex: F.
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Near Coeur d' Alene

FATHER

6. Full Name of Father: John Ahlskog
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Sophia Maria Reval
9. State or Country of Mother's Birth: Finland

AFFIDAVIT (Seal) OFFICIAL SEAL ALICE M. HERRERA NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SAN FRANCISCO COUNTY My Commission Expires April 9, 1979

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion V Ahlskog
11. Present Address of Registrant: 350 Buckingham Way #301 San Francisco CA 94132

Subscribed and sworn to before me on APRIL 13 1977

12. Signature of Notary: Alice M. Herrera
13. Notary Commission expires: APRIL 9 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Birth Place	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father, born 1871	homestead ranch, Kootenai cty.	John Ahlskog	June 12, 1950	June 12, 1950
	Date of Birth: Dec. 31, 1915		Full Name of Mother: Sophia Maria Reval		Name of Father: John Ahlskog
SUPPORTING RECORD 2.	Federal census report, 1920		U.S. Department of Commerce	July 14, 1970	Jan. 1, 1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Maria S. Ahlskog		Name of Father: John Ahlskog
SUPPORTING RECORD 3.	Employment form		University of California	Apr. 27, 1977	June 13, 1955
	Date of Birth: Dec. 31, 1915	Birth Place: Coeur d'Alene	Full Name of Mother: —		Name of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: APR 27 1977

FORM BH 56067

APR 2 8 1977

296-203-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Mae Brown			2. Date Of Birth (month) (day) (year): April 3, 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: Charles Irvan Brown			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Mary Louise Crabb			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Mae Brown		11. Present Address of Registrant: 83350 Rt. 1, Gooding, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 19 77	12. Signature of Notary: [illegible] Gooding, Idaho		13. Notary Commission expires: Feb. 10 1981	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt. age 81	By whom issued and signed: Mary Brown Chittock		Date Issued: Apr.21,1977	Date Orig. Entry: Apr.21,1977
	Date of Birth: Apr.3,1915	Birth Place: Ashton, Idaho	Full Name of Mother: Mary Louise Crabb	Name of Father: Charles Irvan Brown	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #318252		Date Issued: Jan.11,1977	Date Orig. Entry: child born July25,1941
	Date of Birth: Age: 26	Birth Place: Ashton, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage license affidavit	By whom issued and signed: Gooding county, Idaho		Date Issued: Jan.14,1977	Date Orig. Entry: Nov.2,1935
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 27 1977

FORM BH 56067

APR 2 8 197

799-202-014-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-209

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kathryn Julia Grigg
2. Date Of Birth: (month) March (day) 2 (year) 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Parley M. Grigg Jr.
7. State or Country of Father's Birth: Utah, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Thankful Halsey Gardner
9. State or Country of Mother's Birth: Utah, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kathryn Williams
11. Present Address of Registrant: 2478 Laurel Dr. Burley Ida.

NOTARY (Seal)

Subscribed and sworn to before me on April 28 1977

12. Signature of Notary: [signature]
13. Notary Commission expires: May 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Oregon	July23,1964	child born Nov.27,1957
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age; 42 / Nampa, Idaho	[illegible]	[illegible]	
SUPPORTING RECORD 2.	Hospital admission record	Cassia Memorial Hospital, Burley, Idaho.	Apr.28,1977	Aug.27,1967
	Mar.2,1915 / Nampa, Idaho	Halsie Garderner	Parley M. Grigg	
SUPPORTING RECORD 3.	Insurance application	New York Life Ins. Co. NY	May2,1977	Feb.7,1962
	Mar.2,1915 / Nampa, Idaho	------	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 02 1977

FORM BH 56067

MAY 2 1977

SEP 1 2 2005

SEP 2 7 2005

249-103-003-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-216

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUBEN CLYDE SMITH
2. Date Of Birth (month) (day) (year): DECEMBER 3 1915
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: GRACE, IDAHO, BANNOCK
b. City or Town of Birth: GRACE

FATHER

6. Full Name of Father: JOSEPH LLEWELLYN SMITH
7. State or Country of Father's Birth: UTAH, CACHE LOGAN

MOTHER

8. Full Maiden Name of Mother: OLIVE HAMP
9. State or Country of Mother's Birth: UTAH, RICHMOND, CACHE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruben C Smith
11. Present Address of Registrant: 137 EAST 3790 SOUTH SALT LAKE, UTAH, 84115

NOTARY (Seal)

Subscribed and sworn to before me on: May - 2 - 1977
12. Signature of Notary: Ronald DeBurnett
13. Notary Commission expires: MY COMMISSION EXPIRES 11-14-79

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	May5,1977	blessed Mar.5,1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.3,1915	Grace, Idaho	Olive Hamp	Llewlyn Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized copy Marriage license application	Salt Lake County, Utah	May2,1977	Aug.27,1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.3,1915	Grace, Idaho	Olive Hamp	Joseph L. Smith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Armed Services	Aug.14,1945	inducted Feb.20,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.3,1915	Grace, Idaho	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAY 05 1977

FORM BH 56067

ICC #19617

MAY 5 1977

317-20-4-003-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-218

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Bertha Ida Capell		**2. Date Of Birth** (month) 7 (day) 4 (year) 1915	
	3. Color or Race: White	**4. Sex**: Female	**5. Place of Birth** a. County: Robin, Bannock, Idaho	b. City or Town of Birth: Robin
FATHER	**6. Full Name of Father**: Edward Seth Capell		**7. State or Country of Father's Birth**: Robin, Bannock, Idaho	
MOTHER	**8. Full Maiden Name of Mother**: Eliza Cordelia Gunter		**9. State or Country of Mother's Birth**: Graham Co., North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Bertha Ida Capell Lowry	**11. Present Address of Registrant**: Arimo, Idaho 83214	
NOTARY (Seal)	Subscribed and sworn to before me on 5-2- 1977	**12. Signature of Notary**: Harvey H Cole	**13. Notary Commission expires**: 4-4-9 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

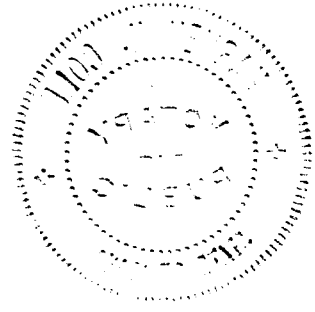
SUPPORTING RECORD 1.	**Type of Document**: Own child's birth certificate	**By whom issued and signed**: on file Idaho #49-13353	**Date Issued**: on file	**Date Orig. Entry**: child born Nov 5, 1949	
	Date of Birth: Age: 34	**Birth Place**: Robin, Idaho	**Full Name of Mother**: --------	**Name of Father**: ------	
SUPPORTING RECORD 2.	**Type of Document**: Patriarchal blessing	**By whom issued and signed**: Benjamin Williams Henderson Patriarch LDS Church	**Date Issued**: Apr.2,1933	**Date Orig. Entry**: Apr.2,1933	
	Date of Birth: July4,1915	**Birth Place**: Robin, Idaho	**Full Name of Mother**: Cordelia Eliza Gunter Capell	**Name of Father**: Edward Seth Capell	
SUPPORTING RECORD 3.	**Type of Document**: Hospital admission record	**By whom issued and signed**: Marsh Valley Hospital, Idaho	**Date Issued**: May6,1977	**Date Orig. Entry**: Mar.21,1956	
	Date of Birth: July4,1915	**Birth Place**: Robin, Idaho	**Full Name of Mother**: ---------	**Name of Father**: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	**Evidence reviewed by**: Colleen Cunningham	**Date Filed**: MAY 0 6 1977

FORM BH 56067 | OC #17442 | 4-22-77

Lowry

MAY 6 1977



369-123-001-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Corak			2. Date Of Birth (month) (day) (year): September 23, 1915
	3. Color or Race: Cau.	4. Sex: Male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: David Corak			7. State or Country of Father's Birth: Yugoslavia
MOTHER	8. Full Maiden Name of Mother: Eva Ostovich			9. State or Country of Mother's Birth: Yugoslavia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Corak		11. Present Address of Registrant: 867 South 200 S.L.C. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 19 77	12. Signature of Notary: Margaret R. Davis		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise	Date Issued: 10/24/15	Date Orig. Entry: Baptised 24 Oct.15	
	Date of Birth: 23 Sept.15	Birth Place: Boise, Idaho	Full Name of Mother: Eva Ostavich	Name of Father: David Corak	
SUPPORTING RECORD 2.	Type of Document: Discharge Certificate	By whom issued and signed: Army of the United States Camp McQuaide, Ca.	Date Issued: Induction 1 Oct.42	Date Orig. Entry: discharge 7 Sept. 45	
	Date of Birth: 23 Sep 15	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: Salt Lake County, Utah	Date Issued: May13,1977	Date Orig. Entry: Apr.21,1947	
	Date of Birth: Sep.23,1915	Birth Place: Boise, Idaho	Full Name of Mother: Eva Ostovich	Name of Father: David Corak	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: md Colleen Cunningham	Date Filed: MAY 19 1977

FORM BH 56067

1cc pd-Rec #19774

5-4-77

Corak.

MAY 19 1977

APR 08 1997

275-221-001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:77-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Louise Spencer			2. Date Of Birth: (month) October (day) 21 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: Herbert C. Spencer			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Diantha Davis			9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Louise Spencer		11. Present Address of Registrant: 1116 9th Ave S Nampa Id 836	
NOTARY (Seal)	Subscribed and sworn to before me on 11-15- 1976	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Indefinite 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Herbert C. Spencer		Date Issued: 30 June 68	Date Orig. Entry:
	Date of Birth: 10/21/15	Birth Place: Meridian	Full Name of Mother: Diantha D. Spencer	Name of Father: Herbert C. Spencer	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #254913		Date Issued: 11/15/76	Date Orig. Entry: child born 1/24/37
	Date of Birth: 21 years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Social Sec.# #519-34-6058	By whom issued and signed: U.S. Treasury Department		Date Issued: 8/14/51	Date Orig. Entry: 8/14/51
	Date of Birth: 10/21/15	Birth Place: Meridian, Idaho	Full Name of Mother: Diantha Davis	Name of Father: Herbert Carl Spencer	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis		Date Filed: MAY 23 1977	

FORM BH 56067

MAY 2 3 1977

443-211-028-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-298

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Lavina Mullen			2. Date Of Birth (month) March (day) 11 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Hayden Lake
FATHER	6. Full Name of Father: Jim Mullen			7. State or Country of Father's Birth: Ireland
MOTHER	8. Full Maiden Name of Mother: Vera Muncy Harmon			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Agnes Schneberger	11. Present Address of Registrant: Star Route, Coeur d' Alene, Id. 83814
NOTARY (Seal)	Subscribed and sworn to before me on: June 2nd 19 77		12. Signature of Notary: Vera R. Harvey	13. Notary Commission expires: August 1st 19 80

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 82		By whom issued and signed: Vera Vorderbrueggen	Date Issued: June2,1977	Date Orig. Entry: June2,1977
	Date of Birth: Mar.11,1915	Birth Place: Hayden Lake, Idaho	Full Name of Mother: Vera Muncy Harmon	Name of Father: Jim Mullen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #266217	Date Issued: on file	Date Orig. Entry: child born Apr.12,1938
	Date of Birth: Age: 23	Birth Place: Hayden Lake, ID	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Physician's statement		By whom issued and signed: Rex T. Henson,M.D.,CD'A, ID	Date Issued: June13,1977	Date Orig. Entry: 1936
	Date of Birth: Mar.11,1915	Birth Place: Hayden Lake, ID	Full Name of Mother: ------	Name of Father: Jim Mullen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JUN 20 1977

FORM BH 56067

CC #1926

JUN 21 1977

345-108-018-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-323

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOSEPH MARVIN LUNDY
2. Date Of Birth (month) Oct (day) 8 (year) 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: CLEARWATER
b. City or Town of Birth: CAVENDISH IDAHO

FATHER

6. Full Name of Father: DANIAL J. LUNDY
7. State or Country of Father's Birth: IOWA Aug 7, 1891

MOTHER

8. Full Maiden Name of Mother: AMELIA PAULINE PETERSON
9. State or Country of Mother's Birth: Apr 16, 1893 CALIF.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Marvin Lundy
11. Present Address of Registrant: 902 "N" St. Lewiston ID 83501

NOTARY (Seal)

Subscribed and sworn to before me on 22 June 19 77

12. Signature of Notary: J. W. Nicholson
13. Notary Commission expires: 17 Aug. 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Military discharge	U. S. Naval Service	Nov. 20, 1945	enlisted Jan. 8, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 8, 1915 / Cavendish, Idaho	-------	--------	
SUPPORTING RECORD 2.	Affidavit by uncle, age 77	Grant True Lundy	June 17, 1977	June 17, 1977
	Oct. 8, 1915 / -----	Amelia Peterson	Daniel Lundy	
SUPPORTING RECORD 3.	School Census Report, 1923	Nez Perce County, Idaho	June 29, 1977	October, 1923
	Age: 8 / ------	--------	D. J. Lundy	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

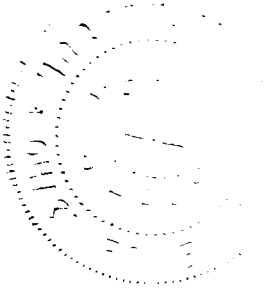
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 07 1977

FORM BH 56067

Lindy

JUL 7 1977



718-203-039-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-327

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Marie Payne			2. Date Of Birth (month) (day) (year): November 3rd 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Arbon Idaho power	b. City or Town of Birth: Arbon, Idaho
FATHER	6. Full Name of Father: James Lester Payne			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Maud Davis			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Marie Payne Roper		11. Present Address of Registrant: 454 Moreland Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1977	12. Signature of Notary: [illegible]		13. Notary Commission expires: December 14, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: June22,1977	Date Orig. Entry: blessed on Apr.2,1916
	Date of Birth: Nov.3,1915 / Birth Place: Arbon, Idaho	Full Name of Mother: Sarah Davis	Name of Father: James Payne	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 81	By whom issued and signed: Sarah Maud Davis Payne	Date Issued: June18,1977	Date Orig. Entry: June18,1977
	Date of Birth: Nov.3,1915 / Birth Place: Arbon, Idaho	Full Name of Mother: Sarah Maud Davis Payne	Name of Father: James Lester Payne	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Prudential Ins. Co. of Am.	Date Issued: July7,1977	Date Orig. Entry: Jan.19,1954
	Date of Birth: Nov.3,1915 / Birth Place: ------	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUL 08 1977

FORM BH 56067

Roper

JUL 1 1 1977

234-28-028-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-340

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MINNIE LOUELLA BLUMBERG
2. Date Of Birth (month) (day) (year): JULY 28 1915
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: KOOTENAI
b. City or Town of Birth: GIBBS (Gibbs-partly within Coeur d'Alene)

FATHER

6. Full Name of Father: FREDERICK WILLIAM BLUMBERG
7. State or Country of Father's Birth: MICHIGAN

MOTHER

8. Full Maiden Name of Mother: RUBY MAE FRAME
9. State or Country of Mother's Birth: MICHIGAN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Minnie Lou Ella Blumberg Mitchue
11. Present Address of Registrant: 26212 147TH. SE KENT, WASHINGTON, 98031

NOTARY (Seal)

Subscribed and sworn to before me on: May 4th 1977
12. Signature of Notary: Jan K. Woodruff
13. Notary Commission expires: 3-6 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	National School Record System	May12,1977	Sep.7,1926
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July28,1915 / Coeur d'Alene,ID	------	Fred Blumberg	
SUPPORTING RECORD 2.	Marriage affidavit	Kootenai county, Idaho	May4,1973	Dec.22,1944
	July28,1915 / Idaho	--------	------	
SUPPORTING RECORD 3.	Affidavit by cousin, age 77	Marion Nelson Moreno	June30,1977	June30,1977
	July28,1915 / Gibbs,Idaho	Ruby Mae Frame Blumberg	Fredrick William Blumberg	

QUALIFYING INFORMATION

The town of Gibbs, Idaho is partly within the town of Coeur d'Alene, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 21 1977

FORM BH 56067

JUL 21 1977

691-230-016-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-353

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VeLois Patricia Franklin			2. Date Of Birth (month) 9 (day) 30 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: Albert Lee Franklin			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Helen Bernice Riggs			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Patricia F. Quint		11. Present Address of Registrant: 2315 Oneida St. Salt Lake City, Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 7 1977	12. Signature of Notary: Charles R. McDonald		13. Notary Commission expires: 1-8 1980	

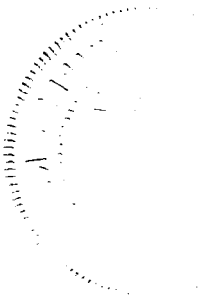
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School records	By whom issued and signed: Salt Lake High Board of Education, Salt Lake City, Utah		Date Issued: July1,1977	Date Orig. Entry: Sep.22,1932
	Date of Birth: Sep.30,1915	Birth Place: -----	Full Name of Mother: ---------	Name of Father: A. L.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Jan.1,1933	Date Orig. Entry: baptized Dec.31,1932
	Date of Birth: Sep.30,1915	Birth Place: Burley, Idaho	Full Name of Mother: Helen Riggs	Name of Father: Albert Lee Franklin	
SUPPORTING RECORD 3.	Type of Document: Hospital Own child's birth certificate	By whom issued and signed: Ravenswood Hospital Chicago, Illinois		Date Issued: July25,1977	Date Orig. Entry: child born Aug.23,1942
	Date of Birth: Sep.30,1915	Birth Place: Burley, Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JUL 27 1977

FORM BH 56067

JUL 2 8 1977



692-220-006-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Linda Loretta Fischer			2. Date Of Birth (month) Sept (day) 20 (year) 1915	
	3. Color or Race: Caucasion	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Aberdeen	
FATHER	6. Full Name of Father: Karl W. Fischer			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Martha Schulz			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Linda Loretta Fischer		11. Present Address of Registrant: Hudson, Fl 33568	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 1 1977	12. Signature of Notary: Joan M. Cowin		13. Notary Commission expires: NOTARY PUBLIC STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES SEP. 4 1979 BONDED THRU GENERAL INS. UNDERWRITERS	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate on file Idaho #54-13346	By whom issued and signed	Date Issued: on file	Date Orig. Entry: child born Oct.17,1954	
	Date of Birth: Age: 39	Birth Place: Aberdeen, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: New York Life Ins. Co.,NY,NY	Date Issued: July27,1977	Date Orig. Entry: May19,1950	
	Date of Birth: Sep.20,1915	Birth Place: Aberdeen, Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Mrs. Rosalie S. Fischer,age79	Date Issued: July7,1977	Date Orig. Entry: July7,1977	
	Date of Birth: Sep.20,1915	Birth Place: Aberdeen, Idaho	Full Name of Mother: Martha Schulz	Name of Father: Karl W. Fischer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

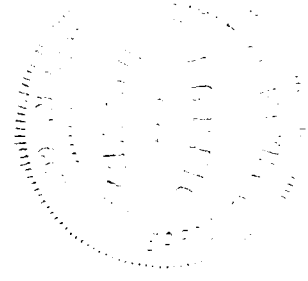
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	AUG 08 1977

FORM BH 56067

CC #2-301

AUG



165-218-016-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH JONES			2. Date Of Birth (month) July (day) 18 (year) 1915
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Strevell
FATHER	6. Full Name of Father: DAVID JOHN WALTERS JONES			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: VIOLET GREER PARKINSON			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 1703 Overland Avenue
NOTARY (Seal)	Subscribed and sworn to before me on: August 5, 19 77	12. Signature of Notary: [signature]		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #434193	Date Issued: on file	Date Orig. Entry: child born Feb.18,1947
	Date of Birth: Age: 31	Birth Place: Strevill, Idaho	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by first cousin	By whom issued and signed: Sara K. Church, age 75	Date Issued: Aug.5,1977	Date Orig. Entry: Aug.5,1977
	Date of Birth: July18,1915	Birth Place: Strevell, Idaho	Full Name of Mother: Violet Greer Parkinson Jones	Name of Father: David John Walters Jones
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Mar.6,1932	Date Orig. Entry: baptized Mar.6,1932
	Date of Birth: July18,1915	Birth Place: Strevell , Idaho	Full Name of Mother: Violet Parkinson	Name of Father: David Jones
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: AUG 09 1977

FORM BH 56067

AUG 1 0 1977

954-117-043-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-379

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glenn Leonard Redmon
2. Date Of Birth (month) (day) (year): July 17 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: THUNDER CITY VALLEY
b. City or Town of Birth: THUNDER CITY

FATHER

6. Full Name of Father: John Leonard Redmon
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: Zelma Dee Cromwell
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn Leonard Redmon
11. Present Address of Registrant: Star Rte. Cascade Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 27 1977

12. Signature of Notary: Robert F. Colson
13. Notary Commission expires: Robert F. Colson, Notary My Commission Expires 11-28-77

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance application	Great Northwestern Life Ins. Co., Spokane, Washington	July28,1977	June20,1946
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July17,1915 Idaho	--------	--------	
SUPPORTING RECORD 2.	Own child's birth certificate	on file Idaho #272211	on file	child born Sep.21,1938
	Age: 23 / Thunder City, ID	--------	--------	
SUPPORTING RECORD 3.	Affidavit by mother, age 83	Zelma D. Redmon	Aug.4,1977	Aug.4,1977
	July17,1915 / Thunder City, ID	Zelma D. Cromwell Redmon	John L. Redmon	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

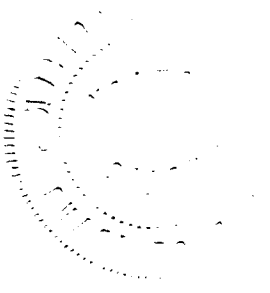
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: AUG 10 1977

FORM BH 56067

7-19-77

AUG 1 0 1977



464-103-010-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-385

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Stuart Dougan
2. Date Of Birth: (month) July (day) 3 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Lincoln Ida. Bonneville b. City or Town of Birth: Lincoln

FATHER

6. Full Name of Father: James Dougan
7. State or Country of Father's Birth: North Umberland England

MOTHER

8. Full Maiden Name of Mother: Margaret Martin
9. State or Country of Mother's Birth: Weber County Ogden Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George S Dougan
11. Present Address of Registrant: 403 Maple st. Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on July 18, 1977
12. Signature of Notary: Del Roy L. Bodily
13. Notary Commission expires: Life 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother, age 73	James R. Dougan	Apr.18,1977	Apr.18,1977
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July3,1915 / Lincoln, Idaho	Margaret Martin Dougan	James Dougan	
SUPPORTING RECORD 2.	Employment records	Utah-Idaho Sugar Company, Dahrl P. Humphreys,Payroll	Aug.8,1977	Oct.6,1938
	July3,1915 / Lincoln, Idaho	------	------	
SUPPORTING RECORD 3.	Notarized copies Pages*from book,Mormon John Martin.	Mormon John Martin, by McFarland and White	Aug.8,1977	copyright 1969
	July3,1915 / ------	Margaret Martin	James Robert Dougan	

QUALIFYING INFORMATION

*The information was taken from page 297.

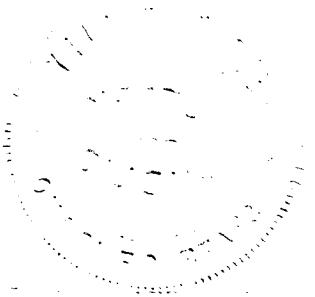
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	AUG 12 1977

FORM BH 56067

AUG 1 2 1977



DELAYED

DWP 001915-31862

236-113-021-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-387

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEWIS DALLAN STONE
2. Date of Birth (month) (day) (year): NOV 13 1915
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: FRANKLIN
b. City or Town of Birth: FRANKLIN IDAHO

FATHER

6. Full Name of Father: LEWIS HOUSLEY STONE
7. State or Country of Father's Birth: FRANKLIN

MOTHER

8. Full Maiden Name of Mother: HILDA ELVIRA NEELEY
9. State or Country of Mother's Birth: FRANKLIN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis Dallan Stone
11. Present Address of Registrant: Weiser Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 12 1977
12. Signature of Notary: Norman A. Ricks
13. Notary Commission expires: February 6, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Feb.6,1916	blessed Feb.6,1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.13,1915	Franklin, Idaho	Hilda E. Neeley	Lewis H. Stone

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father, age 87	Lewis Housley Stone	July12,1977	July12,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.13,1915	Franklin, Idaho	Hilda Elvira Neeley Stone	Lewis Housley Stone

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho # 56-2330	on file	child born Feb.20,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 40	Franklin, Idaho	----------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	AUG 15 1977

FORM BH 56067

AUG 15 1977

349-223-025-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Viola Curtis		2. Date Of Birth (month) (day) (year): March 23, 1915
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Clearwater, Ida - Idaho; b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: William Edward Curtis		7. State or Country of Father's Birth: Tina, Missouri
MOTHER	8. Full Maiden Name of Mother: Lena Loretta Gunter		9. State or Country of Mother's Birth: Carrol Co. Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola George	11. Present Address of Registrant: Rt 1, Box 28 Hayden Lake Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 4th 1977	12. Signature of Notary: E.G. Daniels	13. Notary Commission expires: August 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Loretta Curtis	Date Issued: Aug.4,1977	Date Orig. Entry: Aug.4,1977
	Date of Birth: Mar.23,1915 / Birth Place: Clearwater, ID	Full Name of Mother: Lena Loretta Gunter	Name of Father: William Edward Curtis	
SUPPORTING RECORD 2.	Type of Document: Notarized copy Page from family bible	By whom issued and signed: Family bible	Date Issued: Aug.1,1977	Date Orig. Entry: obviously old
	Date of Birth: Mar.23,1915 / Birth Place: ------	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #368780	Date Issued: on file	Date Orig. Entry: child born Feb.17,1943
	Date of Birth: Age: 27 / Birth Place: Clearwater, ID	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: AUG 24 1977	

FORM BH 56067 ICC#37310

4-26-77

George

AUG 25 1977

256-230-003-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myra Snow			2. Date Of Birth (month) (day) (year): Sep. 30, 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Grace Idaho Bannock	b. City or Town of Birth: Grace Idaho
FATHER	6. Full Name of Father: Lewis Henry Snow			7. State or Country of Father's Birth: Draper, Utah
MOTHER	8. Full Maiden Name of Mother: Hazel Paulsen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myra Harrison	11. Present Address of Registrant: 1989 So 5th East
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 31 1977		12. Signature of Notary: Norman Wilbur	13. Notary Commission expires: Jan 1 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of membership	By whom issued and signed: LDS Church	Date Issued: Feb.15,1966	Date Orig. Entry: blessed Nov.7,1915
	Date of Birth: Sep.30,1915 / Birth Place: Grace, Idaho	Full Name of Mother: Hazel L. Paulsen	Name of Father: Lewis H. Snow	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Sep.12,1977	Date Orig. Entry: child born May23,1942
	Date of Birth: Age: 26 / Birth Place: Grace, Idaho	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: Salt Lake County, Utah	Date Issued: Sep.12,1977	Date Orig. Entry: July10,1935
	Date of Birth: Sep.30,1915 / Birth Place: Grace, Idaho	Full Name of Mother: Hazel Paulsen	Name of Father: Lewis H. Snow	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	SEP 14 1977

FORM BH 56067

1 cc # 5893

8-29-77

Harrison

SEP 14 1977

SEP 10 2012

593-221-001-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROZELLA ELVENA NICHOLSON		2. Date Of Birth (month) AUG (day) 21 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: SPAULDING Idaho; b. City or Town of Birth: SPAULDING
FATHER	6. Full Name of Father: Parker CLINTON Nicholson		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: ANNA ELVENA ERICHSON		9. State or Country of Mother's Birth: DENMARK
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rozella Elvena Nicholson Phillips	11. Present Address of Registrant: PO Box 377 Grosser, Wash
NOTARY (Seal)	Subscribed and sworn to before me on 9th Sept. 19 77	12. Signature of Notary: Larry N. Marvin	13. Notary Commission expires: March 10 19 79

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 75	By whom issued and signed: Mae Hawkins	Date Issued: Jan.4,1975	Date Orig. Entry: Jan.4,1975
	Date of Birth: Aug.21,1915	Birth Place: Spaulding, Idaho	Full Name of Mother: Anna Elvina Erickson	Name of Father: Parker Clinton Nicholson
SUPPORTING RECORD 2.	Type of Document: Bible record	By whom issued and signed: Family bible	Date Issued: Sep.14,1977	Date Orig. Entry: obviously old
	Date of Birth: Aug.21,1915	Birth Place: -------	Full Name of Mother: Anna Elvena Nicholson	Name of Father: Parker Clinton Nicholson
SUPPORTING RECORD 3.	Type of Document: Own child's Hospital birth certificate	By whom issued and signed: Hilltop Maternity Home, Cathlamet, Washington	Date Issued: Dec.30,1944	Date Orig. Entry: child born Dec.30,1944
	Date of Birth: Aug.21,1915	Birth Place: Spalding, Idaho	Full Name of Mother: ---------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 15 1977

FORM BH 56067 ICC# 6605

4-20-78

Nicholson

SEP 1 6 1977

816-203-021-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elna Blenda Haworth			2. Date Of Birth (month) November (day) 3 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Thomas Henry Haworth			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Blenda Christine Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elna H Robinson		11. Present Address of Registrant: 1734 Copley Ave Burley Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 23, 1977	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Utah	Date Issued: June2,1964	Date Orig. Entry: child born Feb.25,1941
	Date of Birth: Age: 25	Birth Place: Franklin, ID	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Statement about Church records		By whom issued and signed: Miner Bruner, Pastor, Logan Presbyterian Church	Date Issued: Mar.21,1977	Date Orig. Entry: baptized June3,1917
	Date of Birth: Nov.3,1915	Birth Place: Franklin, ID	Full Name of Mother: Blenda Haworth	Name of Father: Thomas Haworth	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor, age 75		By whom issued and signed: Weldon A. Nash	Date Issued: June21,1977	Date Orig. Entry: June21,1977
	Date of Birth: Nov.3,1915	Birth Place: Franklin, Idaho	Full Name of Mother: Blenda Christine Johnson	Name of Father: Thomas Henry Haworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: SEP 23 1977

FORM BH 56067

Robins

SEP 28 1977

113-111-033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-447

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herman Delance Jacobsen
2. Date Of Birth (month) 2 (day) 11 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Canyon Creek. Madison
b. City or Town of Birth: Canyon Creek

FATHER

6. Full Name of Father: Hans Henry Jacobsen
7. State or Country of Father's Birth: Spring City, Utah

MOTHER

8. Full Maiden Name of Mother: Jensena Lorena Larsen
9. State or Country of Mother's Birth: Fredrickchen Vensyrrel Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herman D. Jacobsen
11. Present Address of Registrant: Rt 2. Jerome, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 23 1977
12. Signature of Notary: Alene McDonald
13. Notary Commission expires: 5-1 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho #314638	Dec.30,1959	child born May25,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Canyon Creek, ID	----------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Beneficial Life Ins. Co., Salt Lake City, Utah	Oct.2,1928	Oct.2,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.11,1915	Canion Creek, ID	Jensena Jacobson	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Sep.7,1977	baptized Sep.1,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.11,1915	Canyon Creek, ID	Jensena Larsen	Hans Henry Jacobson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 28 1977

FORM BH 56067

8-17-17

SEP 29 1977

294-107-028-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-481

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herman William Kruger
2. Date Of Birth (month) (day) (year): May 7 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: a home in Coeur d'Alene Kootenai
b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Edward Richard Kruger
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Amelia Higgelke Kruger (also spelled with E as Emelia)
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herman W Kruger
11. Present Address of Registrant: E2910 Indiana Spokane Wa.

NOTARY (Seal)

Subscribed and sworn to before me on 8/4 1977

12. Signature of Notary: William Zydell
13. Notary Commission expires: March 25 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military discharge	U.S. Armed Services	May21,1945	inducted Sep.9,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May7,1915	Coeur d'Alene,ID	-------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of confirmation	Lutheran Church, Carlin Bay,ID	Aug.9,1977	confirmed July6,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May7,1915	Coeur d'Alene,ID	----------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SS# Application	Treasury Department, IRS	Sep.23,1977	Mar.22,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May7,1915	Coeur d'Alene, ID	Amiala Higgekle	Edward Richard Krueger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

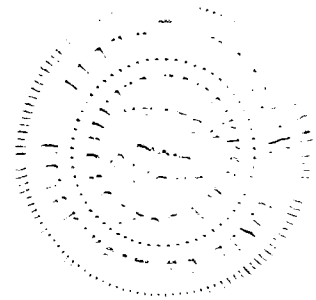
State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: OCT 28 1977

FORM BH 56067

ICC#3549

3-9-13

OCT 31 1977



695-203-016-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-488

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruth Freckleton		2. Date Of Birth (month) December (day) 3, (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Samuel H. Freckleton		7. State or Country of Father's Birth: March 23-1867 Deseret, Utah (Millard County)	
MOTHER	8. Full Maiden Name of Mother: Zelpha V. Cutler		9. State or Country of Mother's Birth: 3-5-1893 Slaterville Utah (Weber County)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Freckleton Hukari	11. Present Address of Registrant: 680 Highline Rd Hood River Oregon 97031	
NOTARY (Seal)	Subscribed and sworn to before me on September 20 1977	12. Signature of Notary: Berle A. Marty	13. Notary Commission expires: 11-16-77 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Aug.30,1977	Date Orig. Entry: blessed Mar.5,1916	
	Date of Birth: Dec.3,1915	Birth Place: Almo, Idaho	Full Name of Mother: Zelpha Cutler	Name of Father: Samuel H. Freckleton	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: May4,1924	Date Orig. Entry: baptized May4,1924	
	Date of Birth: Dec.3,1915	Birth Place: Almo, Idaho	Full Name of Mother: Zelpha V. Cutler	Name of Father: Samuel H. Freckleton	
SUPPORTING RECORD 3.	Type of Document: Voter registration	By whom issued and signed: Hood River County, Oregon	Date Issued: Oct.26,1977	Date Orig. Entry: Aug.5,1968	
	Date of Birth: Dec.3,1915	Birth Place: Almo, Idaho	Full Name of Mother: Zilpha Cutler	Name of Father: Samuel Freckleton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

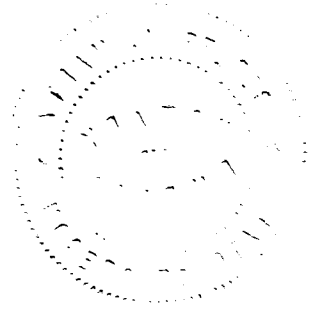
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	OCT 31 1977

FORM BH 56067 (CC #1427)

9-3

Hukari

NOV 1 1977
MAR 27 2000



262-231-010-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-543

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Wilhelmina Koster			2. Date Of Birth (month) Dec (day) 31 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Ida. Falls, Idaho Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Richard Koster			7. State or Country of Father's Birth: Netherlands	
MOTHER	8. Full Maiden Name of Mother: Anna Wilhelmina Klught			9. State or Country of Mother's Birth: Netherlands	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jennie W Munsan	11. Present Address of Registrant: 296 N Byron Shelley, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept-8 19 77		12. Signature of Notary: Betty L. Kirby	13. Notary Commission expires: 2-1 19 81	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Father's Naturalization Paper		By whom issued and signed: United States of America	Date Issued: Jan.29,1926	Date Orig. Entry: Jan.3,1922
	Date of Birth: Age: 6	Birth Place: ------	Full Name of Mother: Anna Wilhelmina Koster	Name of Father: Richard Koster	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate		By whom issued and signed: Methodist Episcopal Church	Date Issued: 1917	Date Orig. Entry: baptized 1917
	Date of Birth: Dec.31,1915	Birth Place: Idaho Falls, ID	Full Name of Mother: Anna Koster	Name of Father: Richard Koster	
SUPPORTING RECORD 3.	Type of Document: SS# Application		By whom issued and signed: Treasury Dept. IRS	Date Issued: Oct.27,1977	Date Orig. Entry: Mar.30,1946
	Date of Birth: Dec.31,1915	Birth Place: Idaho Falls, ID	Full Name of Mother: Annie Klught	Name of Father: Richard Koster	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 13 1977

cc

FORM BH 56067

6-24-77

DEC 14 1977

235-231-039-447

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-544

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Vonda Stevens		2. Date Of Birth (month) 12 (day) 31 (year) 15
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: American Falls Power; b. City or Town of Birth: American Falls Idaho
FATHER	6. Full Name of Father: Hulbert Raymond Stevens Idaho		7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Lottie Duggins		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ruby Vonda Pittman	11. Present Address of Registrant: Rt 7 Box 464 Olympia Wash
NOTARY (Seal)	Subscribed and sworn to before me on: December 5 1977	12. Signature of Notary: Ronald O Penley	13. Notary Commission expires: December 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Aug.17,1953	Date Orig. Entry: child born Apr.4,1953
	Date of Birth: Age: 37	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: Lincoln County, Oklahoma	Date issued: Sep.21,1977	Date Orig. Entry: Jan.17,1925
	Date of Birth: Dec.31,1915	Birth Place: ------	Full Name of Mother: ------	Name of Father: H.R. Stevens	
SUPPORTING RECORD 3.	Type of Document: Marriage return		By whom issued and signed: Thurston County, Washington	Date issued: Nov.21,1977	Date Orig. Entry: Dec.22,1934
	Date of Birth: Age: 18	Birth Place: American Falls,ID	Full Name of Mother: Lottie Duggins	Name of Father: H.R. Stevens	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

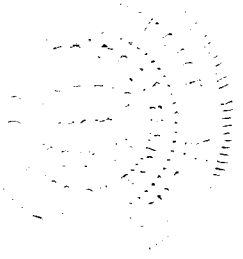
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 14 1977

FORM BH 56067 ICC # 9452 10-24-77

Pittman

DEC 15 1977



255-109-016-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-548

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Bench
2. Date Of Birth: (month) June (day) 9 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Edwin Harry Bench
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Bell Harris England
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X John Bench
11. Present Address of Registrant: 240 East 400 North, F-28 Logan, Utah 84321

NOTARY (Seal)

Subscribed and sworn to before me on: 9 Dec 1977
12. Signature of Notary: Logan L Bennett
13. Notary Commission expires: May 5 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Cache County, Utah	Dec.5,1977	Nov.23,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June9,1915	Burley, Idaho	Bell Harris.	E. H. Bench

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	July1923	baptized June19,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June9,1915	Burley, Idaho	Belle H. England	Edwin H. Bench

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Beneficial Life Ins. Co.	Dec.13,1977	Apr.28,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June9,1915	Burley, Idaho	Bell H. Bench	Edwin H. Bench

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 14 1977

FORM BH 56067

ICC # 11544

11-18

Hubbard

DEC 15 1977

212-112-036-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-550

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Luther Blaine Sasser Jr			2. Date Of Birth (month) Aug (day) 12 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Holbrook
FATHER	6. Full Name of Father: Luther Blaine Sasser Sr			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Helena Michaelis			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Luther Blaine Sasser Jr		11. Present Address of Registrant: Pingree, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 19 77	12. Signature of Notary: Leah L. Ekins		13. Notary Commission expires: June 17 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #50=201		Date Issued: on file	Date Orig. Entry: child born Jan.24,1950
	Date of Birth: Age: 34	Birth Place: Holbrook, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church		Date Issued: Aug.7,1933	Date Orig. Entry: ordained Aug.6,1933
	Date of Birth: Aug.12,1915	Birth Place: Holbrook, Idaho	Full Name of Mother: Helena Michaelis	Name of Father: Luther B. Sasser	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: June29,1926	Date Orig. Entry: June23,1926
	Date of Birth: Aug.12,1915	Birth Place: Holbrook, Idaho	Full Name of Mother: -------	Name of Father: Luther B. Sasser Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 14 1977

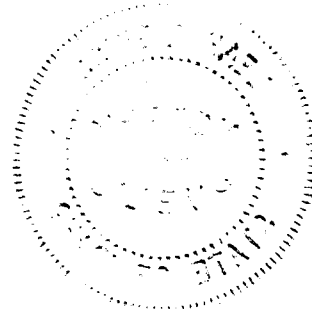
FORM BH 56067

ICC#12419

12-5-77

Sasser

DEC 15 1977



397-104-016-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jacob Fredrick Lippert			2. Date of Birth (month) December (day) 4 (year) 1915	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Cassia County	b. City or Town of Birth: Yale, (rural)	
FATHER	6. Full Name of Father: Gottlieb Lippert			7. State or Country of Father's Birth: Southern Russia	
MOTHER	8. Full Maiden Name of Mother: Christina Dockter			9. State or Country of Mother's Birth: Southern Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jacob Fredrick Lippert	11. Present Address of Registrant: P.O.BOX 493, St. Francis, KS	
NOTARY (SEAL) PUBLIC	Subscribed and sworn to before me on October 12 1977		12. Signature of Notary: Lamm M. Earl	13. Notary Commission expires: May 21, 1980.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 72		By whom issued and signed: Christina Schritter	Date Issued: Nov.4,1977	Date Orig. Entry: Nov.4,1977
	Date of Birth: Dec.4,1915	Birth Place: Yale,(rural), ID	Full Name of Mother: Christina Dockter	Name of Father: Gottlieb Lippert	
SUPPORTING RECORD 2.	Type of Document: Insurance application		By whom issued and signed: Bankers Life Ins. Co.	Date Issued: Dec.10,1953	Date Orig. Entry: Dec.4,1953
	Date of Birth: Dec.4,1915	Birth Place: Yale, Idaho	Full Name of Mother: Christina Lippert	Name of Father: Gottlieb Lippert	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of California	Date Issued: Nov.29,1977	Date Orig. Entry: child born Jan.4,1957
	Date of Birth: Age: 41	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION					

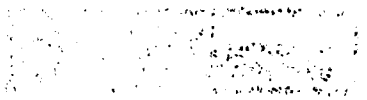
REGISTRAR'S CERTIFICATION (seal)

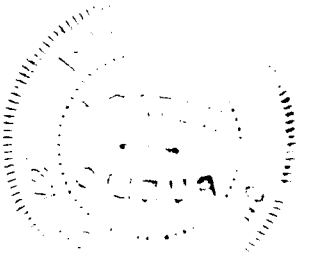
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Colleen Cunningham	DEC 20 1977

FORM BH 56067

JAN 3 1978





666-21-006-145

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Woodland			2. Date Of Birth (month) Sept. (day) 11 (year) 1915	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Riverside, Bingham	b. City or Town of Birth: Riverside, Idaho	
FATHER	6. Full Name of Father: Joseph M. Woodland			7. State or Country of Father's Birth: Frankl[illegible] Idaho	
MOTHER	8. Full Maiden Name of Mother: Johanna Adelaar			9. State or Country of Mother's Birth: Holland, Rotterdam	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bessie Woodland	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: December 15, 1977		12. Signature of Notary: Thomas B. Schumacher	13. Notary Commission expires: October 28, 1980	

OFFICIAL SEAL
THOMAS B. SCHUMACHER
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY
My Commission Expires Oct. 28, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Book of Mormon	By whom issued and signed: Family Record	Date Issued: 12/8/77	Date Orig. Entry: Document is obviously old	
	Date of Birth: 9/11/15	Birth Place: ==	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Genealogical Record	By whom issued and signed: Joseph Smith, Church Recorder.	Date Issued: --	Date Orig. Entry: Baptised 2/8/24	
	Date of Birth: 11 Sept. 15	Birth Place: Riverside, Id.	Full Name of Mother: Johanna Adelaar	Name of Father: Joseph Morrison Woodland	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate # 257967	By whom issued and signed: State of Idaho on file	Date Issued: on file	Date Orig. Entry: child born July 27, 1937	
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wiske	Evidence reviewed by: md Colleen Cunningham	Date Filed: DEC 23 1977		

FORM BH 56067 lcc pd. Rec.#12944

DEC 2 3 1977

944-21-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl James Rudd			2. Date Of Birth (month) (day) (year): August 14 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Heman
FATHER	6. Full Name of Father: Erastus James Rudd			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Katie Sinclair			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl James Rudd		11. Present Address of Registrant: 301 15th West Parker Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 27 1977	12. Signature of Notary: Merrill W Rudd		13. Notary Commission expires: 8-1 1980

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing		LDS Church	Date Issued: Dec.23,1977	Date Orig. Entry: blessed Sep.5,1915
	Date of Birth: Aug.14,1915	Birth Place: Heman, Idaho	Full Name of Mother: Kaite Sinclair	Name of Father: Erastus J. Rudd	
SUPPORTING RECORD 2.	Type of Document: School record		By whom issued and signed: Fremont County, Idaho	Date Issued: Dec.16,1977	Date Orig. Entry: 1927
	Date of Birth: Aug.14,1915	Birth Place: -----	Full Name of Mother: -------	Name of Father: E.J. Rudd	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle, age 81		By whom issued and signed: Melvin J. Rudd	Date Issued: Dec.20,1977	Date Orig. Entry: Dec.20,1977
	Date of Birth: Aug.14,1915	Birth Place: Heman, Idaho	Full Name of Mother: Katie Sinclair	Name of Father: Erastus James Rudd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	cc Colleen Cunningham	DEC 30 1977

FORM BH 56067 DEC 1977 12-23-77

Rudd

DEC 30 1977

249-216-006-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneve Alpha Burke		2. Date Of Birth (month) (day) (year): December 16 1915
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Woodville - Bingham; b. City or Town of Birth: Woodville Bingham Idaho
FATHER	6. Full Name of Father: Hyrum R Burke		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Estella Pack		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneve Alpha Burke Kennett	11. Present Address of Registrant: 402 2nd St. Rupert Id
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 31 1977	12. Signature of Notary: Ray C Condie	13. Notary Commission expires: 3 June 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date issued: Aug.9,1925	Date Orig. Entry: baptized Aug.8,1925
	Date of Birth: Dec.16,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Estella Pack	Name of Father: Hyrum R. Burke
SUPPORTING RECORD 2.	Type of Document: Blessing record	By whom issued and signed: LDS Church	Date issued: Sep.16,1974	Date Orig. Entry: blessed Dec.27,1915
	Date of Birth: Dec.16,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Estella Pack	Name of Father: Hyrum R. Burke
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor, age 81	By whom issued and signed: Roy M. Humphries	Date issued: Jan.7,1978	Date Orig. Entry: Jan.7,1978
	Date of Birth: Dec.16,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Estelle Pack	Name of Father: Hyrum R. Burke
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JAN 12 1978

FORM BH 56067 ICC # 37224 \ ICC # 14596 12-22-77

dbs file

JAN 13 1978.

463-216-022-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Velma Seriah Dockstader
2. Date Of Birth (month) (day) (year): April 16, 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Marysville

FATHER

6. Full Name of Father: George LeRoy Dockstader
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Inez Fidilia Hendricks
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velma Fenton
11. Present Address of Registrant: Rt 3 sp 244 Eagle Idaho 83616

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 27 1978

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Cassia County, Idaho	On file	May25,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 47	Marysville, ID	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Jan.23,1966	blessed July4,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.16,1915	Marysville, ID	Inez Hendricks	LeRoy Dockstader

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #240470	on file	child born Jan.22,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Marysville, ID	--------	--------

QUALIFYING INFORMATION

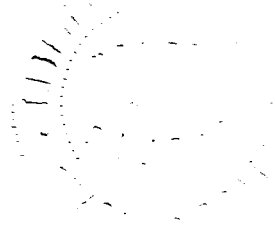
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JAN 27 1978

FORM BH 56067 ICC # 11255

JAN 30 1978



249-129-039-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-047

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHARLES ARTHUR SMITH
2. Date Of Birth (month) (day) (year): JULY 29 1915
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: POWER
b. City or Town of Birth: AMERICAN FALLS

FATHER

6. Full Name of Father: WILLIAM HENRY SMITH
7. State or Country of Father's Birth: CALIFORNIA

MOTHER

8. Full Maiden Name of Mother: AGNES SALLEE
9. State or Country of Mother's Birth: KENTUCKY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Arthur Smith
11. Present Address of Registrant: 1230 Concord Street, PLEASANTON, CA 94566

NOTARY SEAL — OFFICIAL SEAL LOIS C. KUHN Notary Public California Alameda County My Commission Expires JUNE 27, 1978

Subscribed and sworn to before me on January 26, 1978

12. Signature of Notary: Lois C. Kuhn
13. Notary Commission expires: June 27, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance policy	Metropolitan Life Ins. Co.,NY	Feb.1,1978	Mar.6,1933
	Date of Birth: turn 18 on July29,1933	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Military discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Jan.8,1946	Date Orig. Entry: inducted June17,1942
	Date of Birth: July29,1915	Birth Place: American Falls,ID	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: State of California	Date Issued: Feb.1,1978	Date Orig. Entry: Aug.31,1961
	Date of Birth: July29,1915	Birth Place: Idaho	Full Name of Mother: Agnes Sallee	Name of Father: William Henry Smith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 06 1978

FORM BH 56067

ICC # 16806

1-18-78

FEB . .78

FEB 7 1978

359-117-037-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mearl Amsey Crill			2. Date Of Birth (month) May (day) 17 (year) 1915
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Owyhee, County	b. City or Town of Birth: Oreana, Idaho
FATHER	6. Full Name of Father: Amsey Crill			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Reine Bernard			9. State or Country of Mother's Birth: IDAHO Bernard's Ferry, Owyhee Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mearl A. Crill	11. Present Address of Registrant: P.O. Box 857 San Rafael, CA 94902
NOTARY (Seal)	Subscribed and sworn to before me on 20 1978		12. Signature of Notary: [illegible]	13. Notary Commission expires: Jan 21 1981

GAY SPITZMILLER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
MARIN COUNTY
My Commission Expires Jan. 21, 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Reine Spencer	Date Issued: Nov.2,1977	Date Orig. Entry: Nov.2,1977
	Date of Birth: May17,1915	Birth Place: Oreana, ID	Full Name of Mother: Reine Bernard	Name of Father: Amsey Crill	
SUPPORTING RECORD 2.	Type of Document: Separation Qualification record		By whom issued and signed: Army of the United States	Date Issued: Jan.13,1947	Date Orig. Entry: entered service Mar.4,1943
	Date of Birth: May17,1915	Birth Place: Oreana, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Masonic Lodge application		By whom issued and signed: Masonic Lodge, San Leandro,CA	Date Issued: Feb.1,1978	Date Orig. Entry: Oct.1,1951
	Date of Birth: May17,1915	Birth Place: Oreana, Idaho	Full Name of Mother: ----------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	FEB 06 1978

FORM BH 56067

11-3-77

Cvill

FEB. 7 1978

386-110-040-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-077

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irvin Cleveland Thompson
2. Date Of Birth: (month) 3- (day) 10 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Pinecreek, Idaho

FATHER

6. Full Name of Father: George Thompson
7. State or Country of Father's Birth: Port Mouth Ohio USA

MOTHER

8. Full Maiden Name of Mother: Bessie Eva
9. State or Country of Mother's Birth: Cornwall England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irvin C. Thompson
11. Present Address of Registrant: Box 35 Smelterville Ida 83868

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 1977
12. Signature of Notary: Christine Brown
13. Notary Commission expires: February 15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School census marshal's report	Shoshone County, Idaho	Apr.27,1977	Oct.4,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.10,1915 / ------	--------	G. Thompson	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Idaho #63-3206	May10,1973	child born Mar.26,1963
	Age: 48 / Pine Creek, Idaho	--------	--------	
SUPPORTING RECORD 3.	Affidavit by family friend	Laura O. Wheatley, age 84	Feb.16,1978	Feb.16,1978
	Mar.10,1915 / Pinecreek, Idaho	Bessie Eva	George Thompson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: FEB 28 1978

FORM BH 56067

FEB 28 1978

619-203-022-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-090

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Ellen Farnworth		2. Date Of Birth (month) Nov (day) 3 (year) 1915
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Ashton Idaho, Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Herbert Farnworth		7. State or Country of Father's Birth: Mt. Pleasant Utah
MOTHER	8. Full Maiden Name of Mother: Rosie Lake		9. State or Country of Mother's Birth: Mt. Pleasant
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna F. Richins	11. Present Address of Registrant: RR 2 Box 2529 Oroville Calif. 95965
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 7 1977	12. Signature of Notary: Walter D. Summers	13. Notary Commission expires: Oct. 1 1979

OFFICIAL SEAL
WALTER D. SUMMERS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
BUTTE COUNTY
MY COMMISSION EXPIRES OCT. 1, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church membership	By whom issued and signed: LDS Church	Date Issued: Jan.15,1977	Date Orig. Entry: blessed Dec.5,1915
	Date of Birth: Nov.3,1915	Birth Place: Ashton, Idaho	Full Name of Mother: Rosie Lake	Name of Father: Herbert Farnworth
SUPPORTING RECORD 2.	Type of Document: Certificate of Identification and Registration	By whom issued and signed: Vierling Kersey, Supt. of Public Instruction, Gridley, CA	Date Issued: Oct.13,1977	Date Orig. Entry: July13,1934
	Date of Birth: Nov.3,1915	Birth Place: ------	Full Name of Mother: ----------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California	Date Issued: Dec.5,1977	Date Orig. Entry: child born Aug.27,1956
	Date of Birth: Age: 40	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 08 1978

FORM BH 56067 [illegible] # 4747

MAR 1 0 1978

155-126-039-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaMar Kenneth Jensen		2. Date Of Birth (month) Nov. (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland Idaho
FATHER	6. Full Name of Father: John Kenneth Jensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ella Inez Wood		9. State or Country of Mother's Birth: prob. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaMar K. Jensen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 29 1978	12. Signature of Notary: Dorothy M Martindale	13. Notary Commission expires: 9/17 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record		By whom issued and signed: University of Idaho, Moscow, ID	Date issued: June16,1969	Date Orig. Entry: Sep.18,1935
	Date of Birth: Nov.26,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Ella Wood Jensen	Name of Father: J.K. Jensen	
SUPPORTING RECORD 2.	Type of Document: Church membership		By whom issued and signed: LDS Church	Date issued: Apr.3,1976	Date Orig. Entry: blessed Jan.24,1916
	Date of Birth: Nov.26,1915	Birth Place: Rockland, Idaho	Full Name of Mother: Ella Wood	Name of Father: John K. Jensen	
SUPPORTING RECORD 3.	Type of Document: Insurance application		By whom issued and signed: Bankers Life Company, Iowa	Date issued: Mar.24,1978	Date Orig. Entry: Aug.5,1937
	Date of Birth: Nov.26,1915	Birth Place: Rockland, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 28 1978

FORM BH 56067 2 cc DH 14412 1-4-78

MAR 2 9 1978

569-22-016-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-137

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lyra Ogarita Vorhies
2. Date Of Birth (month) Sept (day) 21 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Hughy Franklin Vorhies
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Clara Alice Conrad
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lyra O. Bennett
11. Present Address of Registrant: 540 Home Edns. Dr. Reno Nevada

NOTARY (Seal)

Subscribed and sworn to before me on MARCH 17 19 78

12. Signature of Notary: Cathy L. Emerson
13. Notary Commission expires: 9-20 19 80

CATHY L. EMERSON
Notary Public State of Nevada
Washoe County
My Commission Expires Sept. 20, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized copy of bible page	Family bible	Mar.17,1978	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1915	--------	Clara Alice Conrad Vorhies	Hughy Franklin Vorhies

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census report,1920	U.S. Department of Commerce	Mar.10,1978	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:4yrs.5months.	Idaho	Clara Vorhies	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by relative, age 73	Marcellis Gordon Vorhies	Mar.29,1978	Mar.29,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.21,1915	Burley, Idaho	Clara Alice Conrad Vorhies	Hughy Frankin Vorhies

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: APR 06 1978

FORM BH 56067

STATE OF NEVADA
County of WASHOE } ss.

On this 17th day of MARCH A. D. one thousand nine hundred and seventy-eight

personally appeared before me LYRA O. BENNETT, a Notary Public in and for said

County of WASHOE

known (or proved) to me to be the person S described in and who executed the annexed instrument, who acknowledged to me that the y executed the same, freely and voluntarily, and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at my office in the County of WASHOE, the day and year in this Certificate first above written.

CATHY L. EMERSON
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 20, 1980

Cathy L. Emerson

Notary Public in and for the County of WASHOE, State of Nevada.

GENERAL

My commission expires 9-20-80

REVIEW—ES-12

APR 7 1978

262-228-043-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Ann Koskela			2. Date Of Birth (month) (day) (year): December 28, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Donnelly
FATHER	6. Full Name of Father: Gustof Koskela			7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Hannah Polyjarvi			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen K. Koskela		11. Present Address of Registrant: 6315 Grandview Hts Dr. Tillamook
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1977	12. Signature of Notary: Ruth Jensen		13. Notary Commission expires: March 29 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Valley County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Mar.5,1971	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 4	Birth Place: Idaho	Full Name of Mother: Hanna P. Koskela	Name of Father: Gustaf J. Koskela	
SUPPORTING RECORD 2.	Type of Document: Affidavit by first cousin	By whom issued and signed: Mary H. St.Clair A (bd. 9/29/1892)		Date Issued: May 10,1971	Date Orig. Entry: ---
	Date of Birth: Dec.28,1915	Birth Place: Donnelly, Idaho	Full Name of Mother: Hannah Koskela	Name of Father: Gust Koskela	
SUPPORTING RECORD 3.	Type of Document: Social Security number application	By whom issued and signed: Treasury Dept., IRS Social Security		Date Issued: May1,1978	Date Orig. Entry: Feb.19,1941
	Date of Birth: Dec.28,1914	Birth Place: Donnelly, Idaho	Full Name of Mother: Hannah Polyjarvi	Name of Father: Gustof Koskela	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham	MAY 02 1978

FORM BH 56067

MAY 3 1978

695-113-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-185

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FLOYD EDMOND FREEMAN
2. Date of Birth (month) Sept (day) 13 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Home Bonneville
b. City or Town of Birth: ANTELOPE, IDAHO

FATHER

6. Full Name of Father: HAROLD HEBER FREEMAN
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MARY JOSEPHINE LOVELL
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd E Freeman
11. Present Address of Registrant: Box 331 Ririe, Ida 83443

NOTARY (Seal)

Subscribed and sworn to before me on January 19 1978

12. Signature of Notary: Velma Bush
13. Notary Commission expires: 9-21 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Jan.24,1978	blessed Apr.1,1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.13,1915	Antelope, Idaho	Mary Josephine Lovell	Harold Heber Freeman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Cache county, Utah	June22,1977	Oct.10,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	-----	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement from Hospital records	Idaho Idaho Falls, Hosp., Idaho Falls	Mar.14,1978	Sep.29,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.13,1915	------	-------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham cc
Date Filed: MAY 04 1978

FORM BH 56067

MAY 4 1978

465-13-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-236

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RHEAL HYRUM MONSON
2. Date Of Birth (month) Dec (day) 13 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: IDAHO, BANNOCK
b. City or Town of Birth: BANCROFT IDAHO

FATHER

6. Full Name of Father: ALMA HYRUM MONSON
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MARGARET ENA PETERSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rheal H Monson
11. Present Address of Registrant: 188 W Owen Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on March 29 19 78

12. Signature of Notary: Helen J. Horton
13. Notary Commission expires: MY COMMISSION EXPIRES JANUARY 6, 1982

MY COMMISSION EXPIRES JANUARY 6, 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Dec.31,1923	baptized Dec.15,1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.13,1915 / Bancroft, Idaho	Margrette Ena Peterson	Alma H. Monson	
SUPPORTING RECORD 2.	Insurance application	Security National Life Ins. Co.	May2,1978	Apr.2,1968
	Dec.13,1915 / Idaho	--------	--------	
SUPPORTING RECORD 3.	Affidavit by aunt, age 75	Onetta P. Vernon	May31,1978	May31,1978
	Dec.13,1915 / Bancroft, Idaho	Margaret Ena Peterson	Alma Hyrum Monson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc/cc
Date Filed: JUN 12 1978

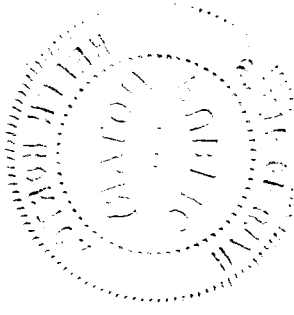
FORM BH 56067

ICC #4411

4-23-77

Illinois

JUN 13 1978



848-205-028-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Yuhas		2. Date Of Birth (month) Sept. (day) 5 (year) 1915
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Frank M. Yuhas		7. State or Country of Father's Birth: Poproch Czechoslovakia
MOTHER	8. Full Maiden Name of Mother: Mary Pavecky		9. State or Country of Mother's Birth: Poproch Czechoslovakia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Yuhas Tyrpak	11. Present Address of Registrant: 3977 Jeanne Dr. Parma Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 1978	12. Signature of Notary: Gary B. Sahl	13. Notary Commission expires: For Cuyahoga and Lake Counties, Ohio My commission expires April 9, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Ohio	Date Issued: Dec.7,1944	Date Orig. Entry: child born Oct.4,1940
	Date of Birth: Age: 25	Birth Place: Coeurde 'Alene,ID	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: Idaho St. Thomas Church,Coeur d'Alene	Date Issued: Mar.4,1916	Date Orig. Entry: baptized Sep.19,1915
	Date of Birth: Sep.5,1915	Birth Place: ------	Full Name of Mother: Mary Pavecky	Name of Father: Frank Yuhes
SUPPORTING RECORD 3.	Type of Document: Affidavit by father, age 89	By whom issued and signed: Frank M. Yuhas	Date Issued: May26,1978	Date Orig. Entry: May26,1978
	Date of Birth: Sep.5,1915	Birth Place: Coeur de Alene,ID	Full Name of Mother: Mary E. Pavecky Yuhas	Name of Father: Frank M. Yuhas
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUN 12 1978

FORM BH 56067 10 4 4304

JUN 13 1978

319-130-019-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-260

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Aldon Carlson
2. Date Of Birth (month) (day) (year): Jan. 30, 1915
3. Color or Race:
4. Sex: M
5. Place of Birth a. County: Goldburg. Custer
b. City or Town of Birth: Goldburg

FATHER

6. Full Name of Father: Chris Lee Carlson
7. State or Country of Father's Birth: Idaho, Custer Co.

MOTHER

8. Full Maiden Name of Mother: Cecile Jones
9. State or Country of Mother's Birth: Utah, Woodland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Carlson
11. Present Address of Registrant: Leadore Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 9 1965
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1965

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by aunt, age 75
By whom issued and signed: Ethel Jones Coburn
Date Issued: Dec.9,1965
Date Orig. Entry: Dec.9,1965
Date of Birth: Jan.30,1915
Birth Place: Goldburg, Idaho
Full Name of Mother: Cecile Jones Carlson
Name of Father: Chris Lee Carlson

SUPPORTING RECORD 2.

Type of Document: Employment record
By whom issued and signed: James Caples, Per. Mgt. Spec. Salmon Nat'l. Forrest, Idaho
Date Issued: June16,1978
Date Orig. Entry: June2,1958
Date of Birth: Jan.30,1915
Birth Place: Goldburg, Idaho
Full Name of Mother: ----------
Name of Father: ---------

SUPPORTING RECORD 3.

Type of Document: School record
By whom issued and signed: Lemhi County, Idaho
Date Issued: June15,1978
Date Orig. Entry: Sep.24,1926
Date of Birth: Age: 11 yrs. Born: Jan.30 ------
Birth Place:
Full Name of Mother: Mrs. Carlson
Name of Father: Mr. Carlson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUN 29 1978

FORM BH 56067 | cc DD

JUN 2 9 1978

844423-004-841

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-271

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Don A Humburg
2. Date Of Birth (month) 3 (day) 23 (year) 1915
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: DINGLE IDAHO Bear Lake
b. City or Town of Birth: Dingle Idaho

FATHER

6. Full Name of Father: Albert Edward Humburg
7. State or Country of Father's Birth: Idaho - Bear Lake County

MOTHER

8. Full Maiden Name of Mother: Janette Quayle
9. State or Country of Mother's Birth: Utah - Weber Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Don A Humburg
11. Present Address of Registrant: Dingle Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 19 1978

12. Signature of Notary:
13. Notary Commission expires: Life time 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	LDS Church	Feb.11,1978	child blessed Nov.7,1915
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.23,1915 Dingle, Idaho	Jeanette Quayle	Albert E. Humburg	
SUPPORTING RECORD 2.	Insurance application	Beneficial Life Ins. Co.	July5,1978	Dec.3,1937
	Mar.23,1915 Dingle, Idaho	----------	- ----------	
SUPPORTING RECORD 3.	Own child's birth certificate	on file Idaho #58-464	on file	child born Jan.8,1958
	Age: 42 Dingle, Idaho	---------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: JUL 07 1978

FORM BH 56067

Harrisburg

JUL 12 1978

453-126-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-273

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul L. Mecham
2. Date Of Birth (month) (day) (year): June 26, 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Kenyon Idaho, Cassia Cnty
b. City or Town of Birth: Kenyon, Idaho

FATHER

6. Full Name of Father: Ephriam Albert Mecham
7. State or Country of Father's Birth: Wallsburg, Utah

MOTHER

8. Full Maiden Name of Mother: Harriet Eliza Mecham
9. State or Country of Mother's Birth: Wallsburg, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul L. Mecham
11. Present Address of Registrant: 1553 Fuller Drive, SLC, Utah

NOTARY (Seal)

Subscribed and sworn to before me on June 29 1978

12. Signature of Notary: Dorothy L. Saley
13. Notary Commission expires: May 8 1979 84117

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Salt Lake County, Utah	June28,1978	Feb.17,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June26,1915	Kenyon, Idaho	Harriet E. Mecham	E. A. Mecham

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church	Mar.8,1931	ordained Mar.8,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June26,1915	Kenyon, Idaho	Harriet Eliza Mecham	Ephraim Albert Mecham

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Salt Lake City, Utah Employment record	Denver & Rio Grande RR Co.	July14,1978	Jan.30,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June26,1915	--------	----------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JUL 14 1978

FORM BH 56067 2-H-11-77

6-11-78

Mecham

JUL 14 1978

824-105 006-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 78-344

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Silas John Young
2. Date Of Birth (month) (day) (year): JAN 5 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Goshen Idaho

FATHER

6. Full Name of Father: William Reynolds Young
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lydia Leonora Bradley
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Silas John Young
11. Present Address of Registrant: 1704 Larkhurst Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 17 1978
12. Signature of Notary: Rollin D. Miller
13. Notary Commission expires: Apr. 10 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Birth issued By LDS Church.	Shelley Stake Goshen Ward	9/Oct.61	7/Feb/15

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.5,1915	Goshen, Idaho	Lydia L. Bradley	William R. Young.

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister Age 80	Maggie Fackrell	---	8/17/78

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1/5/15	Goshen	Lydia Leonora Bradley	William Reynolds Young

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho S.F.# 271330	8/18/78	child born 8/1/38

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 yr.	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 18 1978

FORM BH 56067

8-2-78

Carole Young.

AUG 1 8 1978

395-219-010-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Eunice Tingey		2. Date Of Birth (month) June (day) 19 (year) 1915
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Gray Idaho Bonneville; b. City or Town of Birth: Gray Idaho
FATHER	6. Full Name of Father: Perregrine Tingey		7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Hattie May Riddle		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis T. Warnock	11. Present Address of Registrant: 163 Quadrant Dr. Rock Springs Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: 7-18 1978	12. Signature of Notary: [illegible]	13. Notary Commission expires: 8-26 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #317929	Date issued: on file	Date Orig. Entry: child born July22,1941
	Date of Birth: Age: 26	Birth Place: Gray, Idaho	Full Name of Mother: ------	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Aug.13,1978	Date Orig. Entry: blessed ~~Nov.7,1915~~
	Date of Birth: June19,1915	Birth Place: Grays Lake, Idaho	Full Name of Mother: Hattie May Riddle	Name of Father: Perrigrinne Tingey
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative, age 74	By whom issued and signed: Edna Tingey Trimble	Date issued: July12,1978	Date Orig. Entry: July12,1978
	Date of Birth: June19,1915	Birth Place: Gray, Idaho	Full Name of Mother: Hattie May Riddle	Name of Father: Perrigrine Tingey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 25 1978

FORM BH 56067 11 [illegible] 4-21-71

Warnock

SEP 2 6 1978

266-108-041-247

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-425

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAX BUXTON BOWEN
2. Date Of Birth (month) 9 (day) 8 (year) 1915
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Teton
b. City or Town of Birth: Bates

FATHER

6. Full Name of Father: David K. Bowen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Florence Buxton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Max B Bowen
11. Present Address of Registrant: Box 11 Stevensville Mont.

NOTARY (Seal)

Subscribed and sworn to before me on October 5, 1978
12. Signature of Notary: Eleanor L. Price
13. Notary Commission expires: Jan. 24, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church birth certificate	LDS Church	Sep.20,1978	June30,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.8,1915 / Bates, Idaho	Florence Buxton	David K. Bowen	
SUPPORTING RECORD 2.	Affidavit by cousin, age 81	D.C. Buxton	July3,1978	July3,1978
	Sep.8,1915 / Bates, Idaho	Florence Buxton	David K. Bowen	
SUPPORTING RECORD 3.	Insurance application	New York Life Ins. Co.	Oct.22,1937	Oct.22,1937
	Sep8,1915 / Bates, Idaho	Florence Bowen	David K. Bowen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 17 1978

FORM BH 56067

1 cc DA/1 cark DR # 7407

6-5-79

Bowen

OCT 1 8 1978

OCT 2 0 1978

853-126-018-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-463

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vern Heckman			2. Date Of Birth (month) (day) (year): February 26 1915	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Ahsahka	
FATHER	6. Full Name of Father: William Alexander Heckman			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Allenspatch			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Vern Heckman	11. Present Address of Registrant: Box 1216, Winnemucca, NV	
NOTARY (Seal)	Subscribed and sworn to before me on: November 1 1978		12. Signature of Notary: William J. Dee	13. Notary Commission expires: Sept. 8 1982	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 85		By whom issued and signed: William A. Heckman	Date Issued: Mar.7,1977	Date Orig. Entry: Mar.7,1977
	Date of Birth: Feb.26,1915	Birth Place: Ahsahka, Idaho	Full Name of Mother: Elizabeth Allenspatch	Name of Father: William Alexander Heckman	
SUPPORTING RECORD 2.	Type of Document: notarized copy School census marshal's report		By whom issued and signed: District #63 Nez Perce County, Idaho	Date Issued: Mar.24,1977	Date Orig. Entry: Sep.13,1921
	Date of Birth: Age: 6	Birth Place: --------	Full Name of Mother: ----------	Name of Father: Alex Heckman	
SUPPORTING RECORD 3.	Type of Document: Federal census report, 1920		By whom issued and signed: U.S. Department of Commerce	Date Issued: Aug.28,1978	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 4 yrs.	Birth Place: 11 months Idaho	Full Name of Mother: Elizabeth Heckman	Name of Father: William Heckman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: NOV 17 1978

FORM BH 56067

4-14-77

Heckman (delayed file)

6 1978

154-201-034-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Onda Marie Anderson			2. Date Of Birth (month) May (day) 1 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Heyburn Minidoka	b. City or Town of Birth: Heyburn, Idaho	
FATHER	6. Full Name of Father: Andrew Anderson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Pearl Shumway			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of [redacted] NOTARY Onda Anderson Martindale	11. Present Address of Registrant: 550 Albion Ave. Burley ID	
NOTARY (Seal)	Subscribed and sworn to before me on October 23 19 78		12. Signature of Notary REGISTRANT Onda Anderson Martindale	13. Notary Commission expires 11-1 19 79	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of membership		By whom issued and signed: LDS Church	Date Issued: Mar.2,1978	Date Orig. Entry: baptized July29,1930
	Date of Birth: May1,1915	Birth Place: Heyburn, Idaho	Full Name of Mother: Pearl Shumway	Name of Father: Andrew Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: Nov.8,1978	Date Orig. Entry: child born June25,1938
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time		By whom issued and signed: Sidney A. Larsen, age 79	Date Issued: Nov.17,1978	Date Orig. Entry: Nov.17,1978
	Date of Birth: May1,1915	Birth Place: Heyburn, ID	Full Name of Mother: Pearl Shumway	Name of Father: Andrew Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	NOV 22 1978

FORM BH 56067

NOV 22 1978

269-101-004-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-490

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Harold Robert Sorenson		2. Date Of Birth (month) Oct. (day) 1 (year) 1915
	3. Color or Race: Cau.	4. Sex: Male	5. Place of Birth: Idaho a. County: Bear Lake b. City or Town of Birth: Dingle
FATHER	6. Full Name of Father: Charles S. Sorenson		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Amelia Hunzeker		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature: Harold R. Sorenson	11. Present Address of Registrant: 367 Paxton Ave S.L.C. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 28 1978	12. Signature of Notary: [signature]	13. Notary Commission expires: March 1 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Church Records		By whom issued and signed: Salt Lake City Presiding Bishop's office	Date Issued: 4/4/50	Date Orig. Entry: Blessing 10/16/15
	Date of Birth: 10/1/15	Birth Place: Dingle, Id.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #249865	Date Issued: 10/3/77	Date Orig. Entry: Child born 12/15/36
	Date of Birth: 21 yrs.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time George D. Pierce, age 80		By whom issued and signed:	Date Issued: Nov.28,1978	Date Orig. Entry: Nov.28,1978
	Date of Birth: Oct.1,1915	Birth Place: Dingile, Idaho	Full Name of Mother: Amelia Hunzeiker	Name of Father: Charles S. Sorenson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

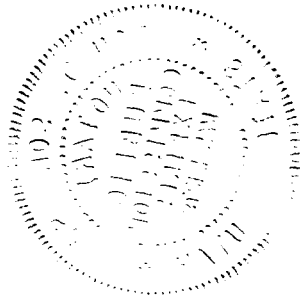
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 07 1978

FORM BH 56067

dec fil. ~~8-8-76~~

DEC 18 1978



859-110-043-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myron LaVaughn Herrick			2. Date Of Birth (month) June (day) 10 (year) 1915	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Alpha, Ida Valley	b. City or Town of Birth: Alpha	
FATHER	6. Full Name of Father: Coit Elisha Herrick			7. State or Country of Father's Birth: Exira, Iowa	
MOTHER	8. Full Maiden Name of Mother: Viola Annetta Cantrall			9. State or Country of Mother's Birth: Susanville, Calif	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myron L. Herrick		11. Present Address of Registrant: Cascade, ID	
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 19 78	12. Signature of Notary: Donna R. Petersen		13. Notary Commission expires: Life 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present	By whom issued and signed: LeRoy Dennis	Date Issued: Dec.27,1978	Date Orig. Entry: Dec.27,1978
	Date of Birth: June10,1915 Birth Place: Alpha, Idaho	Full Name of Mother: Viola Annette Cantrall Herrick	Name of Father: Coit Elisha Herrick	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Jan.16,1979	Date Orig. Entry: June15,1938
	Date of Birth: June10,1915 Birth Place: Alpha, Idaho	Full Name of Mother: ---------	Name of Father: Coit E. Herrick	
SUPPORTING RECORD 3.	Type of Document: Hospital admission record	By whom issued and signed: Valley County Hospital, Idaho	Date Issued: Jan.16,1979	Date Orig. Entry: Jan.30,1973
	Date of Birth: June10,1915 Birth Place: Alpha, Idaho	Full Name of Mother: Viola Cantrall	Name of Father: Coit Herrick	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JAN 31 1979

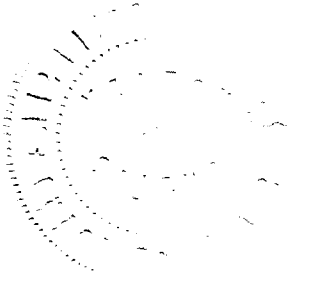
FORM BH 56067

MH 23120

12-7-78

Herrick

FEB 1 1979



231-118-022-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 79-062

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wayne Stewart Black
2. Date Of Birth: (month) 7 (day) 18 - (year) 15
3. Color or Race: White
4. Sex: M.
5. Place of Birth: a. County: Teton Fremont
b. City or Town of Birth: Teton, Idaho

FATHER

6. Full Name of Father: Joseph W Black
7. State or Country of Father's Birth: Oxford Idaho

MOTHER

8. Full Maiden Name of Mother: Sarah Stewart
9. State or Country of Mother's Birth: Clarkston Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wayne S Black
11. Present Address of Registrant: 1916 Tenday Boise

NOTARY (Seal)

Subscribed and sworn to before me on 15 February 19 79

12. Signature of Notary: Edna P Clark
13. Notary Commission expires: 30 June 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file - Idaho - # 466536	--------	child born May 23,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 31 / Teton, Idaho	--------	-------	
SUPPORTING RECORD 2.	Certificate of Blessing	L.D.S.Church	Feb.1979	Blessed Dec. 2,1915
	July 18,1915 / Teton,Idaho	Sarah Steward	Joseph W. Black	
SUPPORTING RECORD 3.	Honorable Discharge	Army of the U. S.	Jan.9,1937	Enlisted Oct.31,1934
	Age 19 / Teton, Idaho	------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

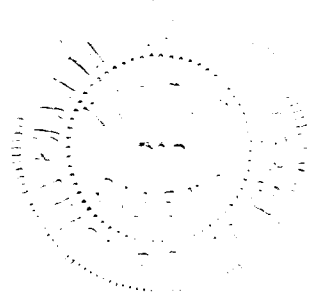
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.15,1979

FORM BH 56067

2-7-79

Black.

FEB 15 1979



~79

312-111-015-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ezra Charley Lakey		2. Date Of Birth (month) Dec (day) 11 (year) 1915
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Soda Springs, Idaho
FATHER	6. Full Name of Father: Charlie Robinson Lakey		7. State or Country of Father's Birth: North Carolina - Macon
MOTHER	8. Full Maiden Name of Mother: Evalyn Bishop		9. State or Country of Mother's Birth: Knoxville - Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ezra Charley Lakey	11. Present Address of Registrant: Box 575, Soda Springs, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 22, 19 73	12. Signature of Notary: Helen B. Kingsford	13. Notary Commission expires: 8/14/ 19 73.

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #291615	Date issued: on file	Date Orig. Entry: child born Oct.26,1939
	Date of Birth: Age: 23 / Birth Place: Soda Sprgs.	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Family bible record	By whom issued and signed: Family bible	Date issued:	Date Orig. Entry: obviously old
	Date of Birth: Dec.11,1915 / Birth Place: Idaho	Full Name of Mother: Evalyn Lakey	Name of Father: Charlie Robinson Lakey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 74	By whom issued and signed: Elizabeth V. Poulsen	Date issued: Feb.20,1979	Date Orig. Entry: Feb.20,1979
	Date of Birth: Dec.11,1915 / Birth Place: Caribou County,ID	Full Name of Mother: Evalyn Bishop Lakey	Name of Father: Charles Robinson Lakey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 01 1979

K FORM BH 56067 10 pp d rec # 5825 2-10-67

MAR 1 1979

814426-010-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-098

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Hammon		2. Date Of Birth (month) (day) (year): January 26, 1915
	3. Color or Race: W	4. Sex: male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Ammon
FATHER	6. Full Name of Father: Heber Levi Hammon		7. State or Country of Father's Birth: Hooper, Davis, Utah.
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Waters		9. State or Country of Mother's Birth: Millcreek, Salt Lake, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Hammon	11. Present Address of Registrant: Rout 8 Box 100 Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1979	12. Signature of Notary: [signature]	13. Notary Public: NOTARY PUBLIC LIFE TIME COMMISSION RIGBY, IDAHO 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.		By whom issued and signed: LDS Church	Date Issued: Oct.8,1925	Date Orig. Entry: baptized Oct.4,1925
	Date of Birth: Jan.26,1915	Birth Place: Ammon, Idaho	Full Name of Mother: Sarah A. Waters	Name of Father: Heber L. Hammon	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination		By whom issued and signed: LDS Church	Date Issued: Mar.25,1935	Date Orig. Entry: ordained Mar.24,1935
	Date of Birth: Jan.26,1915	Birth Place: Ammon, Idaho	Full Name of Mother: Sarah A. Waters	Name of Father: Heber L. Hammon	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 75		By whom issued and signed: Grace H. Thornton	Date Issued: Mar.14,1979	Date Orig. Entry: Mar.14,1979
	Date of Birth: Jan.26,1915	Birth Place: Ammon, Idaho	Full Name of Mother: Sarah Ann Waters	Name of Father: Heber Levi Hammon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 16 1979

FORM BH 56067 ICC # 4786 (general) 2-28-79

Hammon

MAR 19 1979

154-117-006-183

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ivan Anderson		2. Date Of Birth (month) 8 (day) 17 (year) 15
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Gustaf Adolphe Anderson		7. State or Country of Father's Birth: Kumle, Sweden
MOTHER	8. Full Maiden Name of Mother: Maria Augusta Ahlen		9. State or Country of Mother's Birth: Gefle, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ivan Anderson	11. Present Address of Registrant: Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 22, 1979	12. Signature of Notary: Gaye Forrest	13. Notary Commission expires: Oct. 3 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School record	By whom issued and signed: Shelley High School, Shelley, ID	Date issued: Feb.22,1979	Date Orig. Entry: 1930
	Date of Birth: Aug.17,1915	Birth Place: Shelley, Idaho	Full Name of Mother: ----------	Name of Father: Gustaf Adolphe Anderson
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend	By whom issued and signed: O. H. Jensen, age 88	Date issued: Feb.22,1979	Date Orig. Entry: Feb.22,1979
	Date of Birth: Aug.17,1915	Birth Place: Shelley, Idaho	Full Name of Mother: Maria Augusta Ahlen	Name of Father: Gustaf Adolphe Anderson
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date issued: Apr.4,1979	Date Orig. Entry: blessed Oct.3,1915
	Date of Birth: Aug.17,1915	Birth Place: Shelley, Idaho	Full Name of Mother: Maria Augusta Ahlen	Name of Father: Gustaf Adolphe Anderson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	APR 05 1979

FORM BH 56067 100 #2 + 20 9294

Anderson

APR 6 1979

386-207-035-157

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-154

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Opal Thomas		2. Date Of Birth (month) March (day) 7 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: WEBB, Idaho
FATHER	6. Full Name of Father: Talmage Wesley Thomas		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Bertha Emaline Angel		9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Opal Smith	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on December 4 1976	12. Signature of Notary: David E. Murphy	13. Notary Commission expires December 20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Records	By whom issued and signed: Hospital	Date Issued: ---	Date Orig. Entry: Jan. 4, 1956
	Date of Birth: Mar.7,1915	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, DOB 1893	By whom issued and signed: Goldie C. Fansler Angel	Date Issued: Oct.1,1976	Date Orig. Entry: Oct.1,1976
	Date of Birth: Mar.7,1915	Birth Place: Webb, ID	Full Name of Mother: Bertha E. Angel	Name of Father: Talmage W. Thomas
SUPPORTING RECORD 3.	Type of Document: Marriage license application Spokane County, WA	By whom issued and signed:	Date Issued: 3/22/76	Date Orig. Entry: Dec.26,1939
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Colleen Cunningham lc /cc	APR 27 1979

FORM BH 56067

MAY 4 1979

239-206-042-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE79-155

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frieda Rosella STRATTON
2. Date Of Birth (month) (day) (year): JULY 6 1915
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Twin Falls, Idaho
b. City or Town of Birth: Castleford

FATHER

6. Full Name of Father: Norman Edgar STRATTON
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Katie May ELLIKER
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frieda Rosella S. Young
11. Present Address of Registrant: 500 W 6th Jerome, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 19, 1979
12. Signature of Notary: Thelma Thompson
13. Notary Commission expires: May 1, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Oct.10,1974	Sep.4,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July6,1915	Castleford,ID	Katie M. Elliker	Norman E. Stratton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Jerome County, ID	Apr.20,1979	Nov.27,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 16	Idaho	Kate Stratton	N. E. Stratton

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 77	Pheby May Robison	Apr.12,1979	Apr.12,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July6,1915	Castleford,	ID Katie May Elliker	Norman Edgar Stratton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wilke
Evidence reviewed by: Colleen Cunningham
Date Filed: APR 27 1979

FORM BH 56067

100 # 11833 + 1 cert

4-9-79

Young

MAY 4 [illegible]

156-103-037-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-202

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rolland Henry Jewett
2. Date Of Birth: March 3 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Three Creeks, Idaho

FATHER

6. Full Name of Father: Charles Andrew Jewett
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Elizabeth Irene Suttles
9. State or Country of Mother's Birth: (State Unknown) U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ray H Jewett
11. Present Address of Registrant: P.O. Box 188, Highland, Ca.

NOTARY (Seal) OFFICIAL SEAL EDITH L. SMITH NOTARY PUBLIC - CALIFORNIA SAN BERNARDINO COUNTY My comm. expires JAN 15, 1980

Subscribed and sworn to before me on May 25 1979

12. Signature of Notary: Edith L. Smith
13. Notary Commission expires 1/15 1980 92346

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Sep.22,1958	baptized Sep.6,1958
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.3,1915 / Three Creeks, ID	Elisabeth Irene Suttles	Charles Andrew Jewett	
SUPPORTING RECORD 2.	Application for SS #	Social Security Administration	Jan.11,1979	Mar.17,1937
	Mar.3,1915 / Three Creek, ID	Lizzy Irene Suttles	Charles Andrew Jewett	
SUPPORTING RECORD 3.	Affidavit by uncle, age 77	Harry Frederick Jewett	Feb.26,1979	Feb.26,1979
	Mar.3,1915 / 3 Creeks, ID	Elizabeth Irene Suttles	Charles Andrew Jewett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAY 31 1979

FORM BH 56067

MAY 31 1979

753-212-016-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Laura Peterson		2. Date Of Birth (month) December (day) 12 (year) 1915	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Declo *
FATHER	6. Full Name of Father: Carl Julius Peterson		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Lou Stell Barham		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible] Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 11 19 79	12. Signature of Notary: [signature]	13. Notary Commission expires: May 10 19 80	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth from Church	By whom issued and signed: LDS Church	Date Issued: Apr.19,1979	Date Orig. Entry: Feb.13,1916
	Date of Birth: Dec.12,1915 / Birth Place: Marshfield, Idaho	Full Name of Mother: Lou Stell Barham	Name of Father: Carl Julius Peterson	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: New York Life Ins. Co.	Date Issued: May30,1947	Date Orig. Entry: May30,1947
	Date of Birth: Dec.12,1915 / Birth Place: Declo, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend, age 78	By whom issued and signed: Oleen Lewis	Date Issued: May29,1979	Date Orig. Entry: May29,1979
	Date of Birth: Dec.12,1915 / Birth Place: Declo (Marshfield),Idaho	Full Name of Mother: Lou Stell Barham	Name of Father: Carl Julius Peterson	

QUALIFYING INFORMATION

* Marshfield, Idaho and Declo, Idaho are names for the same town in the same location in Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUN 20 1979

FORM BH 56067

JUN 20 1979

715-127-035-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-238

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES WILLIAM PAVEL		2. Date Of Birth (month) 9 (day) 27 (year) 1915
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: NEZ PERCE; b. City or Town of Birth: SOUTHWICK IDAHO
FATHER	6. Full Name of Father: JOHN FRANK PAVEL		7. State or Country of Father's Birth: ABE NEBRASKA
MOTHER	8. Full Maiden Name of Mother: ANNA PRIBYL		9. State or Country of Mother's Birth: BURNT AUSTRI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James William Pavel	11. Present Address of Registrant: MOSCOW, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1979	12. Signature of Notary: Kay Bruck	13. Notary Commission expires: 10-10 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy family bible page	By whom issued and signed: Family bible	Date issued: Mar.5,1979	Date Orig. Entry: obviously old
	Date of Birth: Sep.27,1915	Birth Place: ---------	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother, age 76	By whom issued and signed: John Eward Pavel	Date issued: Mar.14,1979	Date Orig. Entry: Mar.14,1979
	Date of Birth: Sep.27,1915	Birth Place: Southwick, ID	Full Name of Mother: Anna Pribyl Pavel	Name of Father: John F. Pavel
SUPPORTING RECORD 3.	Type of Document: Social Security records	By whom issued and signed: Social Security Administration	Date issued: May23,1979	Date Orig. Entry: Apr.1963
	Date of Birth: Sep.27,1915	Birth Place: Southwick, ID	Full Name of Mother: Anna Pribyl	Name of Father: John F. Pavel
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 26 1979

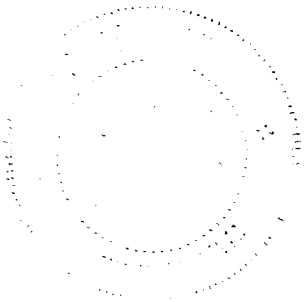
FORM BH 56067

1cc/1card pk #3760

2-16-79

Panel

JUN 28 1979



415-210-033-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-273

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IRENE LOUISE DAVIES
2. Date Of Birth (month) April (day) 10 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Benjamin Thomas Davies
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rose Zehnder "Sander"
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Irene Ellis
11. Present Address of Registrant: HAMER IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on June 25 1979
12. Signature of Notary: Margaret L Wood
13. Notary Commission expires: June 15 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of baptism/conf.	LDS Church	Aug.6,1951	baptized June30,1951
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.10,1915 Rexburg, ID	Rose Zander	Benjum T. Davies	
SUPPORTING RECORD 2.	Affidavit by mother, age 86	Rose Davies	July3,1979	July3,1979
	Apr.10,1915 Rexburg, ID	Rose Davies	Benijum Thomas Davies	
SUPPORTING RECORD 3.	Hospital admission record	Idaho Falls Hospital, Idaho	July26,1979	Mar.3,1967
	Apr.10,1915 ----------	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc/cc Colleen Cunningham
Date Filed: JUL 26 1979

FORM BH 56067 (CCM#20383)

1-13-25

JUL 27 1979

DECEASED

764-228-004-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-300

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Poulsen
2. Date Of Birth (month) (day) (year): Nov 28 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Liberty, Id Bear Lake
b. City or Town of Birth: Liberty Id

FATHER

6. Full Name of Father: Lorenzo George Poulsen
7. State or Country of Father's Birth: Liberty, Id

MOTHER

8. Full Maiden Name of Mother: Susan Amelia Smith
9. State or Country of Mother's Birth: Montpelier Id

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Andersen
11. Present Address of Registrant: Albion, Id Star Rt Box 30

NOTARY (Seal)

Subscribed and sworn to before me on August 21 1979
12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho 260014	on file	child born Oct.21,1937
	Date of Birth: Age: 21	Birth Place: Liberty, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Affidavit by uncle, age 82	Kenneth Poulsen	Aug.9,1979	Aug.9,1979
	Date of Birth: Nov.28,1915	Birth Place: Liberty, Idaho	Full Name of Mother: Susan Amelia Smith Poulsen	Name of Father: Lorenzo George Poulsen
SUPPORTING RECORD 3.	Type of Document: Family record book	By whom issued and signed: Family record book	Date Issued: viewed Aug.21,1979	Date Orig. Entry: obviously old
	Date of Birth: Nov.28,1915	Birth Place: Liberty, Idaho	Full Name of Mother: Susie Smith	Name of Father: Lorenzo George Poulsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 21 1979

FORM BH 56067

AUG 2 1 1979

752-218-014-353

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-328

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Gebert
2. Date Of Birth: (month) February (day) 18 (year) 1915
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Notus

FATHER

6. Full Name of Father: Fred Gebert
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Barbara Eva Beck
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Louise Gebert
11. Present Address of Registrant: + Wilder, Ida. 83676

NOTARY (Seal)

Subscribed and sworn to before me on May 25 19 78

12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor, age 73 born in Oct.	Nellie Tews	Sep.5,1979	Sep.5,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1915	Notus, Idaho	Barbara Beck Gebert	Fred Gebert

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Beneficial Hospital Plan	Oct.28,1952	Oct.28,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1915	Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Social Security Administration	May3,1979	June,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1915	Notus, Idaho	Barbara Beck	Fred Gebert

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 12 1979

FORM BH 56067

5-25-78

SEP 12 1979

Gebert.

747-204-006-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-330

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VELEAN ROSE PUGMIRE
2. Date Of Birth (month) OCT. (day) 4 (year) 1915
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County (AT HOME) STERLING, BINGHAM, IDAHO
b. City or Town of Birth: STERLING, IDAHO

FATHER

6. Full Name of Father: BRIGHAM YOUNG PUGMIRE
7. State or Country of Father's Birth: ST. CHARLES, BEARLAKE Co., IDAHO

MOTHER

8. Full Maiden Name of Mother: MARY ANN HALL
9. State or Country of Mother's Birth: BENNINGTON, BEARLAKE Co. IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velean Rose Kingsdall
11. Present Address of Registrant: 930 W. BUENA VISTA BARSTOW CALIF.

NOTARY (Seal)

OFFICIAL SEAL
RITA HERNANDEZ
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My comm. expires JUN 11, 1981

Subscribed and sworn to before me on June 6 19 79

12. Signature of Notary: Rita Hernandez
13. Notary Commission expires: 6-11- 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of blessing	LDS Church	Apr.2,1916	Blessing Apr.2,1916
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.4,1915 / Sterling, ID	Mary A. Hall	Brigham Y. Pugmire	
SUPPORTING RECORD 2.	Certificate of baptism/cnf.	LDS Church	Nov.1,1925	baptized Nov.1,1925
	Oct.4,1915 / Sterling, Idaho	Mary Ann Hall	Brigham Y. Pugmire	
SUPPORTING RECORD 3.	Affidavit by person present,	age 73 Myrtle Pope	Sep.5,1979	Sep.5,1979
	Oct.4,1915 / Sterling, ID	Mary Ann Hall	Brigham Young Pugmire	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 13 1979

FORM BH 56067

10CPP Rec#20627

8-3-79

Kuyk, Na 11

SEP 14 1979

362-214-003-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOUISE COBURN		2. Date Of Birth (month) March (day) 14 (year) 1915	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Marsh Center
FATHER	6. Full Name of Father: LAWRENCE COBURN		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: MARGARET LOUISE WOODLAND		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Coburn Leslie	11. Present Address of Registrant: 10642 Vinedale Street, Sun Valley, Ca. 91352	
NOTARY (Seal) attached	Subscribed and sworn to before me on Sep.20 19 79	12. Signature of Notary: Lesley Weisner signature on back	13. Notary Commission expires: Apr.8 19 83	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: May2,1915	Date Orig. Entry: blessed May2,1915
	Date of Birth: Mar.14,1915	Birth Place: Marsh Center,ID	Full Name of Mother: Margaret Woodland	Name of Father: Lawrence Coburn
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 82	By whom issued and signed: Martha Woodland Dalton	Date Issued: Aug.4,1979	Date Orig. Entry: Aug.4,1979
	Date of Birth: Mar.14,1915	Birth Place: Marsh Center, ID	Full Name of Mother: Margaret Louisa Woodland	Name of Father: Lawrence Coburn
SUPPORTING RECORD 3.	Type of Document: Marriage affidavit	By whom issued and signed: Santa Barbara County, CA	Date Issued: Sep.17,1979	Date Orig. Entry: July15,1939
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: Margaret Woodland	Name of Father: Lawrence Coburn
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 02 1979	

FORM BH 56067

OCT 3 1979

TO 1944 CA (8-74)

(Individual)

TITLE INSURANCE AND TRUST

A TICOR COMPANY

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On Sept. 20, 1979 before me, the undersigned, a Notary Public in and for said State, personally appeared Louise Coburn,

_____,

_____, known to me to be the person whose name subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Lesley Weisner

STAPLE HERE

OFFICIAL SEAL
LESLEY WEISNER
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires April 8, 1983

(This area for official notarial seal)

235126-003-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-362

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Bert Stephenson		2. Date Of Birth (month) (day) (year): February 26, 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County Now: Idaho Bannock (Caribou)	b. City or Town of Birth: Lago
FATHER	6. Full Name of Father: Charles Francis Stephenson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Nellie Ruud		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie Bert Stephenson	11. Present Address of Registrant: 705 Polhill, Ogden, Utah 84404	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 6, 1979	12. Signature of Notary: [illegible]	13. Notary Commission expires: 3-[illegible]-83	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Oct.2,1979	Date Orig. Entry: child born Nov.16,1948	
	Date of Birth: Age: 33	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend	By whom issued and signed: Nellie V. Johnson, age 80	Date Issued: Sep.24,1979	Date Orig. Entry: Sep.24,1979	
	Date of Birth: Feb.26,1915	Birth Place: Lago, Idaho	Full Name of Mother: Nellie Ruud	Name of Father: Charles Francis Stephenson	
SUPPORTING RECORD 3.	Type of Document: Military record	By whom issued and signed: Army of the United States	Date Issued: June4,1943	Date Orig. Entry: entered service June12,1942	
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Colleen Cunningham	OCT 19 1979

FORM BH 56067 [illegible] 1-5-78

OCT 19 1979

282-123-003-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Acy Conrad Bybee		2. Date Of Birth (month) April (day) 23 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cambridge-Idaho-BANNOCK; b. City or Town of Birth: Cambridge,
FATHER	6. Full Name of Father: Joseph Absalum Bybee		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Lowe		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Acy Conrad Bybee	11. Present Address of Registrant: 25 N-4th W. Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1979	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct. 25 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordintion	By whom issued and signed: LDS Church	Date issued: Feb.1928	Date Orig. Entry: ordained Feb.27,1928
	Date of Birth: Apr.23,1915 / Birth Place: Cambridge, Idaho	Full Name of Mother: Mary E. Lowe	Name of Father: Joseph A. Bybee	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date issued: Sep.24,1979	Date Orig. Entry: June6,1915 blessing
	Date of Birth: Apr.23,1915 / Birth Place: Cambridge, Idaho	Full Name of Mother: Mary E. Lowe	Name of Father: Joseph A. Bybee	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 79	By whom issued and signed: Lareta Bybee	Date issued: Oct.9,1979	Date Orig. Entry: Oct.9,1979
	Date of Birth: Apr.23,1915 / Birth Place: Cambridge, ID	Full Name of Mother: Mary E. Lowe	Name of Father: Joseph A. Bybee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 19 1979

FORM BH 56067 1cc 00940 + 3cc # 1299 9-11-79

Byron

OCT 19 1979

791-122-039-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-414

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Franklin Giannini
2. Date Of Birth (month) (day) (year): February 22 1915
3. Color or Race: caucasian
4. Sex: male
5. Place of Birth a. County: America Falls Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Giuseppe Giannini
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Fortunata Manfredi
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George F. Giannini
11. Present Address of Registrant: Box 8 Atomic City 83215

NOTARY (Seal)

Subscribed and sworn to before me on: 14 November 1979
12. Signature of Notary: Juliana Steffensen
13. Notary Commission expires: (Lifetime) 12 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism	Romas Catholic Church	Aug.4,1976	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.22,1915	--	Fortunata Giannini	June20,1915 Gisuseppe Giannini

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Giuseppe Giannini	Nov.10,1979	Nov.10,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.22,1915	American Falls,ID	Fortunata Manfredi	Giuseppe Giannini

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Personnel Questionnaire	Atomic Energy Commission	Dec.1,1971	Dec.1,1971

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.22,1915	American Falls,ID	Fortuna Giannini	Giuseppe Giannini

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Colleen Cunningham	12/19/1979

FORM BH 56067

2 Cert # 293-7

DEC 19 1979

418228-033-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-416

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Day			2. Date Of Birth (month) April (day) 28 (year) 1915
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexberg
FATHER	6. Full Name of Father: Riley Edgar Day			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Florence Celest Henderson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Day		11. Present Address of Registrant: Sun Valley Mobil Park Lot 12 Quincy Wa. 98848
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 19 78	12. Signature of Notary: Frank G. Kearns		13. Notary Commission expires: Life Term 19 —

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate Own child's birth certificate	By whom issued and signed: Jones Maternity Home, Rupert, ID	Date Issued: May 10, 1979	Date Orig. Entry: child born Nov. 4, 1945	
	Date of Birth: Apr. 28, 1915	Birth Place: Rexburg, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Certificate of birth, Church	By whom issued and signed: LDS Church	Date Issued: Nov. 5, 1979	Date Orig. Entry: Nov. 19, 1915	
	Date of Birth: Apr. 28, 1915	Birth Place: Rexburg, ID	Full Name of Mother: Florence Henderson	Name of Father: Riley Day	
SUPPORTING RECORD 3.	Type of Document: Employment application	By whom issued and signed: Lamb-Weston, Inc., Quincy, WA	Date Issued: Nov. 19, 1979	Date Orig. Entry: Nov. 21, 1960	
	Date of Birth: Apr. 28, 1915	Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	DEC 18 1979

FORM BH 56067

ICC # 18490 41CC 6177

4-11-77

Johnson

DEC 19 1979

DECEASED

255-22-022-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-004

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eunice Irene Seely
2. Date Of Birth (month) 11 (day) 22 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St Anthony Fremont Idaho
   b. City or Town of Birth: St Anthony Idaho

FATHER

6. Full Name of Father: Stuart R Seely
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Millie Nielson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eunice S. Loosli
11. Present Address of Registrant: 196 So. Lloyd Circle

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 12 1979
12. Signature of Notary: Jean Wolfring
13. Notary Commission expires: May 15 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/cnf.	LDS Church	Oct.22,1979	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.22,1915	St. Anthony, ID	Millie Nielson	July20,1936 Stewart R. Seely

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Cache County, Utah	Oct.12,1979	Oct.6,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	St. Anthony,ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 78	Alonzo L. Seely	Nov.14,1979	Nov.14,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.22,1915	St. Anthony,ID	Millie Nielson Seely	Stuart R. Seely

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JAN 03 1980

FORM BH 56067

12-5-78

Loosli

JAN 4 1980

743-213-016-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Louise Pulley		2. Date Of Birth (month) Feb. (day) 13 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Andrew Jackson Pulley		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Louise Alkaner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Louise Pulley	11. Present Address of Registrant: 467 E Highland Hermiston Ore
NOTARY (Seal)	Subscribed and sworn to before me on 1/7 1980	12. Signature of Notary: Wilma H Basford	13. Notary Commission expires 2/7 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Apr.25,1961	Date Orig. Entry: baptized Mar.25,1961
	Date of Birth: Feb.13,1915 / Birth Place: Albion, ID	Full Name of Mother: Louise Alkaner	Name of Father: Andrew Jackson Pulley	
SUPPORTING RECORD 2.	Type of Document: Own child's hospital birth record	By whom issued and signed: The Good Shepherd Hospital, Hermiston, Oregon	Date Issued: Feb.12,1962	Date Orig. Entry: child born Feb.12,1962
	Date of Birth: Feb.13,1915 / Birth Place: Albion, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: United American Ins. Co.	Date Issued: Oct.12,1972	Date Orig. Entry: Oct.12,1972
	Date of Birth: Feb.13,1915 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: FEB 01 1980

FORM BH 56067

FEB 4 1980

215-226-042-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarice Elizabeth Bandy		2. Date Of Birth (month) 1 (day) 26 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Floyd Bandy		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Ila Smith		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarice E. Davis	11. Present Address of Registrant: Rt #2 Twin Falls, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1980	12. Signature of Notary: Carolyn Hoover	13. Notary Commission expires: Lifetime 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's hospital birth record Twin Falls, ID	By whom issued and signed: Magic Valley Mem. Hospital	Date Issued: Jan.21,1980	Date Orig. Entry: child born Aug.22,1956
	Date of Birth: Jan.26,1915	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Federal census report	By whom issued and signed: U.S. Department of Commerce	Date Issued: Jan.10,1980	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 4 yrs. Age:11 months	Birth Place: and Idaho	Full Name of Mother: Ila A. Bandy	Name of Father: Floyd Bandy
SUPPORTING RECORD 3.	Type of Document: Physician's record	By whom issued and signed: Medical Record Department	Date Issued: Jan.8,1980	Date Orig. Entry: Jan.26,1915
	Date of Birth: Jan.26,1915	Birth Place: Twin Falls, ID	Full Name of Mother: Ila Smith	Name of Father: Floyd Bandy
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	Colleen Cunningham	FEB 04 1980

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FORM BH 56067

ICC#7026 +5cc #10218

1-4-80

FEB 5 1980

JUN 27 2003

245-229-004-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ardell Kunz
2. Date Of Birth (month) (day) (year): September 29, 1915
3. Color or Race: Caucasian
4. Sex: Fe
5. Place of Birth a. County: Bern Bear Lake
b. City or Town of Birth: Bern, Idaho

FATHER

6. Full Name of Father: Henry Daniel Kunz
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Matilda Esther Kunz
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ardell Kunz Koford
11. Present Address of Registrant: 345 N 01 E, Logan Utah 84321

NOTARY (Seal) LINDA G. HANSEN NOTARY PUBLIC State of Utah

Subscribed and sworn to before me on February 4, 1980

12. Signature of Notary: Linda G. Hansen
13. Notary Commission expires: June 10 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Cache County, Utah	Feb.1,1980	Sep.10,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1915	Bern, Idaho	Matilda Kunz	Henry Kunz

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Dec.5,1915	blessed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1915	Bern, Idaho	Mathilda Kunz	Dec.5,1915 Henry D. Kunz

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	Dec.11,1923	baptized

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1915	Bern, Idaho	Matilda E. Kunz	Sep.29,1923 Henry D. Kunz

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 15 1980

FORM BH 56067

1-19-

FEB 15 1980

259-111-006-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Serr			2. Date Of Birth (month) 3 (day) 11 (year) 1915	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Taber	Idaho
FATHER	6. Full Name of Father: Fredrick Serr			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Anna M. Zimmerle			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Serr	11. Present Address of Registrant: R1 Box 72 Blackfoot Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 11/12 1976		12. Signature of Notary: Darlene M. Stewart	13. Notary Commission expires 5/26 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy		By whom issued and signed: Bankers Life Co., DesMoines, Iowa	Date Issued: Nov. 21, 1977	Date Orig. Entry: Mar. 24, 1938
	Date of Birth: Age: 23	Birth Place: ------	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Employment application		By whom issued and signed: Blackfoot Idaho Potato Starch Co.	Date Issued: Nov. 21, 1977	Date Orig. Entry: Aug. 29, 1960
	Date of Birth: Mar. 11, 1915	Birth Place: Taber, Idaho	Full Name of Mother: -------	Name of Father: Fred Serr	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative, age 75		By whom issued and signed: Jacob G. Serr	Date Issued: Feb. 6, 1980	Date Orig. Entry: Feb. 6, 1980
	Date of Birth: Mar. 11, 1915	Birth Place: Tabor, Idaho	Full Name of Mother: Anna Marie Zimmerle	Name of Father: Fredrick Serr, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	FEB 20 1980

FORM BH 56067

ICC #11710

7-3-76

FEB 21 1980

449-124-033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stanley Murdock
2. Date Of Birth (month) (day) (year): Oct. 24 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Madison
b. City or Town of Birth: Sugar City

FATHER

6. Full Name of Father: Alva Nymphas Murdock
7. State or Country of Father's Birth: Salt Lake City Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Castina Larsen
9. State or Country of Mother's Birth: Manti, Sanpete Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley Murdock
11. Present Address of Registrant: Route 1 - New Plymouth ID 83655

NOTARY (Seal)

Subscribed and sworn to before me on 2-20 1980

12. Signature of Notary: [illegible]
13. Notary Commission expires: 11-15 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho	on file	child born
	Date of Birth / Birth Place: Age: 39 / Sugar City, ID	Full Name of Mother: ----------	Name of Father: Aug.25,1955	
SUPPORTING RECORD 2.	Certificate of baptism/conf.	LDS Church	Dec.7,1924	baptized
	Date of Birth / Birth Place: Oct.24,1915 / Sugar City, ID	Full Name of Mother: Sarah C. Larsen	Name of Father: Alva N. Murdock	Dec.6,1924
SUPPORTING RECORD 3.	Insurance application	Crown Life Ins. Co.	Mar.16,1956	Mar.16,1956
	Date of Birth / Birth Place: Oct.24,1915 / Madison County, ID	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1980

FORM BH 56067

2-7-80

Murdock

FEB 20 1980

255-225-010-791

DE80-067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alton Pratt Bennett		2. Date Of Birth (month) July (day) 25 (year) 1915
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth: ~~Idaho Falls~~ Ft. Home a. County: Bonneville b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: James Craig Bennett		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Ida Margaret Pratt		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alton B. Carlson	11. Present Address of Registrant: Route 9 Box 78 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 23 19 80	12. Signature of Notary: [signature]	13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital record	Sacred Heart Hospital, ID. Falls, ID	Jan.25,1980	Jan.24,1965
	Date of Birth: July25,1915 / Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Marriage affidavit	Bonneville County, ID	Jan.22,1980	June10,1939
	Date of Birth: Age: 23 / Birth Place: Idaho Falls, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Affidavit by neighbor at time, age 87 Edith Lindburg		Feb.27,1980	Feb.27,1980
	Date of Birth: July25,1915 / Birth Place: Idaho Falls, ID	Full Name of Mother: Ida Margaret Pratt	Name of Father: James Craig Bennett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	FEB 29 1980

FORM BH 56067

100 Dd #9410

11-15-63

FEB 29 1980

425-224-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Julia Use (Julia Use)			2. Date Of Birth (month) (day) (year): December 24 1915	
	3. Color or Race: Am. Indian	4. Sex: F	5. Place of Birth: Fort Hall, ID a. County: Bingham	b. City or Town of Birth: Fort Hall	
FATHER	6. Full Name of Father: Johnnie Use			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Flossie Katawa			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Julia Use Shay		11. Present Address of Registrant: Rt. 2 No., Bx 77, Poca., ID 83201	
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 19 80	12. Signature of Notary: Judith S. Burns		13. Notary Commission expires: Lifetime 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family list	By whom issued and signed: Fort Hall Agency, Idaho		Date Issued: Feb. 13, 1980	Date Orig. Entry: May, 1960
	Date of Birth: Dec. 24, 1915	Birth Place: Fort Hall, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: County register of birth	By whom issued and signed: Bingham County, Idaho		Date Issued: Feb. 13, 1980	Date Orig. Entry: Dec. 24, 1915
	Date of Birth: Dec. 24, 1915	Birth Place: Fort Hall, ID	Full Name of Mother: Flossie	Name of Father: Johnnie Use	
SUPPORTING RECORD 3.	Type of Document: Affidavit by lifetime friend	By whom issued and signed: Joe R. Baker, age 76		Date Issued: Feb. 29, 1980	Date Orig. Entry: Feb. 29, 1980
	Date of Birth: Dec. 24, 1915	Birth Place: Fort Hall, ID	Full Name of Mother: Flossie Katawa Nephi Use	Name of Father: Johnny Use	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

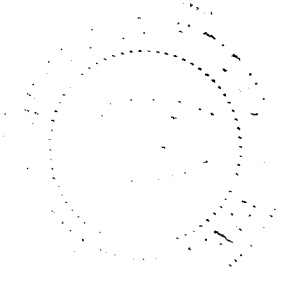
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 21 1980

FORM BH 56067

2-12-80

SHAY

MAR 24 1980



297-108-021-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-094

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Preece Biggs
2. Date Of Birth (month) (day) (year): June 8, 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Franklin, Idaho
b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: John Wright Biggs
7. State or Country of Father's Birth: Franklin, Franklin, Idaho

MOTHER

8. Full Maiden Name of Mother: Beulah Braley
9. State or Country of Mother's Birth: Ashland, Wayne, Tenn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 401 East Avenue H, Jerome, Id. 83338

NOTARY (Seal)

Subscribed and sworn to before me on: Mar 6 1980
12. Signature of Notary: [signature]
13. Notary Commission expires: 6-1 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Temple Recommend	LDS Church	Oct.2,1955	Baptized June8,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June8,1915	Franklin, ID	Beulah Braley	John Wright Biggs

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of memebership	LDS Church	Oct.10,1939	blessed ~~Aug.1,1915~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June8,1915	Franklin, Idaho	Bulah Braley	John Wright Biggs

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Armed Services	Jan.22,1946	entered service Mar.5,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June8,1915	Franklin, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	MAR 25 1980

FORM BH 56067

2cc# 10777

2-19-1980

Biggs

MAR 2 6 1980

133-19-003-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-121

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARION CALKINS ALLEN
2. Date Of Birth (month) (day) (year): JULY 19 1915
3. Color or Race: white
4. Sex: M.
5. Place of Birth a. County: GRACE, BANNOCK
b. City or Town of Birth: IDAHO GRACE

FATHER

6. Full Name of Father: LORENZO PREECE ALLEN
7. State or Country of Father's Birth: COVEVILLE, UTAH (Cash Co.)

MOTHER

8. Full Maiden Name of Mother: MARY ELLEN CALKINS
9. State or Country of Mother's Birth: LAGO, BANNOCK, IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marion Calkins Allen
11. Present Address of Registrant: St. Anthony, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 27 1980

12. Signature of Notary: S.J. Hathaway

13. Notary Commission expires: Life Term 19___

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Apr.1,1980	blessed Sep.5,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July19,1915	Grace, Idaho	Mary Ellen Calkins	Lorenzo Preece Allen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle, born 1893	Mark P. Allen	Feb.21,1980	Feb.21,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July19,1915	Grace, Idaho	Mary Ellen Calkins	Lorenzo Preece Allen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	U.S. Navy	Nov.6,1945	entered Service May26,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July19,1915	Grace, Idaho	-------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick

Evidence reviewed by: Colleen Cunningham

Date Filed: APR 14 1980

FORM BH 56067

ALLEN

APR 15 1980

235-215-009-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-129

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Ila Steele
2. Date Of Birth (month) (day) (year): Sept. 15th 1915
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Sandpoint

FATHER

6. Full Name of Father: Arthur Murad Steele
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Charlotte Irene Boyer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth I Hylton
11. Present Address of Registrant: 2615 NE 22nd Ave Portland, Ore

NOTARY (Seal)

Subscribed and sworn to before me on: August 16 1978
12. Signature of Notary: Erik Rasmussen
13. Notary Commission expires: July 14 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Alexander Hamilton Life Ins. Co.	Aug.23,1978	Feb.16,1967

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1915	Sandpoint, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth record	State of Oregon	July20,1960	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Sandpoint, ID	----------	Dec.23,1942

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 83	Charlotte Shawver	Apr. 8,1980	Apr. 8,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.15,1915	Sandpoint, ID	Charlotte Irene Boyer	Arthur M. Steele

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	cc Colleen Cunningham	APR 18 1980

FORM BH 56067

Copy paid rec # 14682 No search made 7-21-67

APR 18 1980

316-102-006-748

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Timms Lawrence		2. Date of Birth (month) (day) (year): September 2, 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho Bingham; b. City or Town of Birth: Thomas
FATHER	6. Full Name of Father: Robert Henry Lawrence		7. State or Country of Father's Birth: Australia
MOTHER	8. Full Maiden Name of Mother: Louisa Guy		9. State or Country of Mother's Birth: Australia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Lawrence	11. Present Address of Registrant: 24950 Outlook Drive Carmel, Calif. 93923
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 1980	12. Signature of Notary: [signature]	13. Notary Commission expires: January 1 1983

OFFICIAL SEAL NANCY YEE NOTARY PUBLIC - CALIFORNIA MONTEREY COUNTY My comm. expires JAN 1 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: May9,1980	Date Orig. Entry: baptized
	Date of Birth: Sept.2,1915 / Birth Place: Thomas, ID	Full Name of Mother: Louise Guy	Name of Father: Robert H. Lawrence	Sep.2,1923
SUPPORTING RECORD 2.	Type of Document: Ordination	By whom issued and signed: LDS Church	Date Issued: May9,1980	Date Orig. Entry: Jan.7,1930 ordained
	Date of Birth: Sep.2,1915 / Birth Place: Thomas, ID	Full Name of Mother: Louise Guy	Name of Father: Robert H. Lawrence	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, ten yrs. older	By whom issued and signed: Gladys L. Fernley	Date Issued: Mar.14,1979	Date Orig. Entry: Mar.14,1979
	Date of Birth: Sep.2,1915 / Birth Place: Thomas, ID	Full Name of Mother: Louisa Guy	Name of Father: Robert Henry Lawrence	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham	JUN 04 1980

FORM BH 56067

8-30-79

Lawrence

JUN 5 1980

DELAYED

DUP OF 1915-35484

643-217.036-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Mary Fuller			2. Date Of Birth (month) (day) (year): April 17, 1915
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Stone, Oneida	b. City or Town of Birth: Stone
FATHER	6. Full Name of Father: Amos L. Fuller			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Brockbank			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Fuller Reese		11. Present Address of Registrant: Box 1054 Steilacoom Wn 98388
NOTARY (Seal)	Subscribed and sworn to before me on: May 22nd 1980	12. Signature of Notary: Lucille P. May		13. Notary Commission expires: June 20 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: June6,1915	Date Orig. Entry: June6,1915
	Date of Birth: Apr.17,1915	Birth Place: Stone, ID	Full Name of Mother: Agnes R. Brockbank	Name of Father: Amos L. Fuller	blessed
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Washington		Date Issued: May8,1979	Date Orig. Entry: child born Dec.10,1945
	Date of Birth: Age: 30	Birth Place: Stone, ID	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church		Date Issued: Apr.16,1979	Date Orig. Entry: baptized
	Date of Birth: Apr.17,1915	Birth Place: Stone, ID	Full Name of Mother: Agnes Brockbank	Name of Father: Amos Levi Fuller	May31,1923
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wiske	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 05 1980

FORM BH 56067

LDC # 1953

11-9-79

Rose

JUN 5 1980

DELAYED

Dep #1915-35025

354-216-008-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-211

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Isabell S. LeMaster
2. Date Of Birth (month) Sept. (day) 16 (year) 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise b. City or Town of Birth: Horse Shoe Bend Idaho

FATHER

6. Full Name of Father: Franklin Clyde LeMaster
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Laura Soward
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of ~~Registrant~~ Notary: [signature]
11. Present Address of Registrant: 13609 Cascadian Way Everett, Wash. 9824

NOTARY (Seal)

Subscribed and sworn to before me on March 1, 1978

12. Signature of ~~Notary~~ Registrant: Isabell S Wicks
13. Notary Commission expires: July 1, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Laura Jolley	Sep.12,1952	Sep.12,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.16,1915	Horseshoe Bend,ID	Laura Soward	Franklin Clyde LeMaster

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Bankers Life and Casualty	July21,1964	July16,1964

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.16,1915	--------	----------	- ---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security # application	Social Security Administration	May6,1980	Dec.,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.16,1915	Horse Shoe Bend, ID	Laurabell Soward	Franklyn C. LeMaster

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	JUN 26 1980

FORM BH 56067

IC # 17102

2-4-74

Works

JUN 27 1980

265-22-0224-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-223

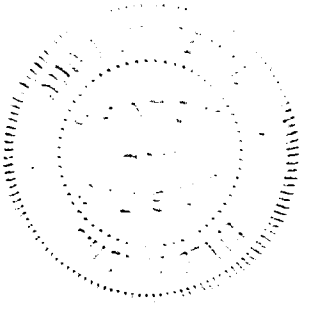
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veneta Bonneru		2. Date Of Birth (month) (day) (year): December 26, 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Christian Willard Bonneru		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Myrtle Sophia Olsen		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veneta Ballschmieder	11. Present Address of Registrant: 34 Colgate Pocatello, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1980	12. Signature of Notary: Janet M. Long	13. Notary Commission expires: July 26 1982 (7-26-82)

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by birth attendant	By whom issued and signed: E. L. Hargis, M.D., Ashton, ID	Date Issued: Nov.3,1967	Date Orig. Entry: Nov.3,1967
	Date of Birth: Dec.26,1915	Birth Place: Ashton, ID	Full Name of Mother: Myrtle Sophia Olsen	Name of Father: Christian Willard Bonneru
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #253671	Date Issued: on file	Date Orig. Entry: child born ~~Apr.24,1937~~
	Date of Birth: Age: 21	Birth Place: Ashton, ID	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: Salt Lake County, Utah	Date Issued: May28,1980	Date Orig. Entry: May5,1936
	Date of Birth: Dec.26,1915	Birth Place: Ashton, ID	Full Name of Mother: Myrtle S. Olsen	Name of Father: Christian Willard Bonneru
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JUL 09 1980	

FORM BH 56067

JUL 10 1990



133-117-022-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-320

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ronald Lewis Allen
2. Date Of Birth: (month) Sept. (day) 17, (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: ~~PARKER~~, Fremont; b. City or Town of Birth: Parker, Idaho.

FATHER

6. Full Name of Father: Lewis Riley Allen
7. State or Country of Father's Birth: Lewiston, Utah.

MOTHER

8. Full Maiden Name of Mother: Lois Emeline Winegar
9. State or Country of Mother's Birth: Parker, Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ronald L Allen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Oct 1 19 80
12. Signature of Notary: Colleen Cunningham
13. Notary Commission expires: Comm life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth record	State of Wyoming	Mar.25,1964	Child born Jan.4,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 30	Fremont County, ID	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Military record	Army of the United States	Oct.25,1946	entered service ~~Feb.26,1943~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.17,1915	Parker, ID	----------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Family record	viewed Oct.2,1980	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.17,1915	Parker, ID	Lois Emeline Winegar	Lewis Riley Allen

QUALIFYING INFORMATION

Affidavit by aunt, Arvilla B. Moore, age 79, shows Ronald L. Allen, born September 17, 1915, in Parker, Fremont County, Idaho, to Lewis Riley Allen and Lois Emeline Allen. The affidavit is dated September 12, 1980.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 02 1980

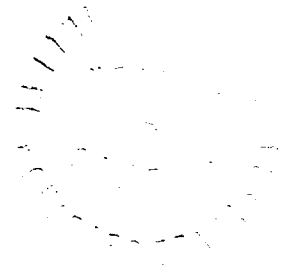
FORM BH 56067

ICCR #7735

9-9-80

ALLEN

OCT 3 1939



689-105-003-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-349

REGISTRANT

1. Registrant's Full Name at Birth: Lowell Hubbard Whitehead
2. Date Of Birth (month) (day) (year): November 5 1915
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Bannock County
   b. City or Town of Birth: Bench

FATHER

6. Full Name of Father: John William Whitehead
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith Maria Hubbard
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lowell H Whitehead
11. Present Address of Registrant: 614 Guava Ave. Chula Vista, California

NOTARY (seal)

Subscribed and sworn to before me on October 1, 19 80

12. Signature of Notary: Donna M Selo
13. Notary Commission expires: March 26 19 82

DONNA M. SALO
NOTARY PUBLIC - CALIFORNIA
Principal Office in San Diego County
My Commission Exp. Mar. 26, 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church	Feb.4,1934	ordained Feb.4,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.5,1915	Bench, ID	Edith M. Hubbard	John W. Whitehead

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Florida	Jan.15,1954	child born Feb.23,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 27	Bench, ID	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother, age 75	Newell W. Whitehead	Sep.26,1980	Sep.26,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.5,1915	Bench, ID	Edith Maria Hubbard	John William Whitehead

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	NOV 05 1980

FORM BH 56067

9-8-80

NOV 5 1980

WHITEHEAD

753-213-010-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Celia Peterson		2. Date Of Birth (month) (day) (year): October 13, 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Milo, Idaho Bonneville; b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: Christian Peterson		7. State or Country of Father's Birth: Logan, Utah (Cache County)
MOTHER	8. Full Maiden Name of Mother: Mary Lois Tolley		9. State or Country of Mother's Birth: Nephi, Utah (Juab County)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Celia Sarah Peterson (Lesmith - married name)	11. Present Address of Registrant: 4810 Pheasant Ln W. Richland, Wash 99352
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1980	12. Signature of Notary: Naeen R. Millhauer	13. Notary Commission expires: March 20 1984

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: Dec.5,1915	Date Orig. Entry: blessed
	Date of Birth: Oct.13,1915	Birth Place: Milo, Idaho	Full Name of Mother: Mary Tolley	Name of Father: Christian Peterson Dec. 5,1915
SUPPORTING RECORD 2.	Type of Document: Own child's hospital birth record	By whom issued and signed: Idaho Falls L.D.S. Hosp. Idaho Falls, ID	Date issued: Jan.18,1939	Date Orig. Entry: child born Jan.18,1939
	Date of Birth: O-t.13,1915	Birth Place: Milo, ID	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Voter registration record	By whom issued and signed: Benton County, Washington	Date issued: Nov.7,1980	Date Orig. Entry: Aug.10,1956
	Date of Birth: Oct.13,1915	Birth Place: Milo, ID	Full Name of Mother: ----------	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 20 1981

cc

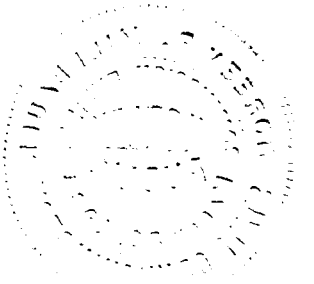
FORM BH 56067

10 #1955

9-79-50

FEB 23 1991

SMITH



319-118-022-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-172

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George A Larsen
2. Date Of Birth (month) July (day) 18 (year) 1915
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: ASHTON, IDAHO FREMONT
b. City or Town of Birth: Ashton Idaho

FATHER

6. Full Name of Father: Nels Larsen
7. State or Country of Father's Birth: Idaho - U.S.A.

MOTHER

8. Full Maiden Name of Mother: Anna Cecelia Christensen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George A Larsen
11. Present Address of Registrant: RT 1 Box 1569 Lakeside AZ 85929

NOTARY (Seal)

Subscribed and sworn to before me on 4-11 19 81

12. Signature of Notary: [illegible]
13. Notary Commission expires: My Commission Expires December 1 1982

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister age 77	Emma Victoria LarsenBurmingham	Aug 1,1980	--------
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July18,1915 / Ashton,Idaho	Annie Cecelia Christensen	Mels Larsen	
SUPPORTING RECORD 2.	child's birth certificate	State of Idaho	Aug 15, 1980	Nov 8, 1937
	age 21 yrs. / Idaho	----------	- ----------	
SUPPORTING RECORD 3.	Church record	George A. Larsen family	Nov17,1966	Baptized July 24,1926
	July 18, 1915 / Ashton, Idaho	Anna Cecilia Christensen	Nels Larsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: tc Teresa L. Cleverly
Date Filed: MAY 15 1981

FORM BH 56067

MAY 1 8 1981

266-219-010-992

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-235

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Lucile Bowman			2. Date Of Birth (month) May (day) 19 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Woodville Bonneville	b. City or Town of Birth: Woodville
FATHER	6. Full Name of Father: Percy Eyring Bowman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rachel Risenmay			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Lucile Bowman		11. Present Address of Registrant: Route 1, Box 282
NOTARY (Seal)	Subscribed and sworn to before me on June 1, 1981	12. Signature of Notary: Carl A Hall		13. Notary Commission expires: March 26, 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificateof Blessing		By whom issued and signed: LDS Church, Idaho	Date Issued: Blessed July 4,1915	Date Orig. Entry: Blessed July 4,1915
	Date of Birth: May19,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Rachel Risenmay	Name of Father: Percy E. Bowman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age 80yrs		By whom issued and signed: Jane L. Risenmay	Date Issued: Aug 21, 1977	Date Orig. Entry: -----
	Date of Birth: May19,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Rachel Risenmay	Name of Father: Percy E. Bowman	
SUPPORTING RECORD 3.	Type of Document: Certif of Baptism		By whom issued and signed: LDS Church, Idaho	Date Issued: July 1,1923	Date Orig. Entry: Baptized June30,1923
	Date of Birth: May19,1915	Birth Place: Woodville, Idaho	Full Name of Mother: Rachel Risenmay	Name of Father: Percy E. Bowman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs,R.N.	Evidence reviewed by: TEresa L. Cleverly	Date Filed: JUN 26 1981

FORM BH 56067

JUN 26 1981

JUL 1 1981

432-204-022-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PHYLLIS MAYE McKERIGAN	2. Date Of Birth (month) MAY (day) 4 (year) 1915
	3. Color or Race: WHITE; 4. Sex: F; 5. Place of Birth a. County: FREMONT	b. City or Town of Birth: ASHTON
FATHER	6. Full Name of Father: LEO McKERIGAN	7. State or Country of Father's Birth: NEBRASKA
MOTHER	8. Full Maiden Name of Mother: HATTIE LEIF	9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maye Whitmore; 11. Present Address of Registrant: RTE. 9, Box 287 IDAHO FALLS, ID 83402
NOTARY (Seal)	Subscribed and sworn to before me on: 18 September 1981	12. Signature of Notary: Rose C. Trowbridge; 13. Notary Commission expires: March 10 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: family member	Date issued: Obivously	Date Orig. Entry: old
	Date of Birth: May4,1915; Birth Place: Ashton, Idaho	Full Name of Mother: Hattie Leif	Name of Father: Leo McKerigan	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Great Northwest Life Ins. Co	Date issued: Nov.2,1955	Date Orig. Entry: ----
	Date of Birth: May4,1915; Birth Place: Ashton, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #257074	Date issued: child born May 22, 1937	Date Orig. Entry: child born May 22, 1937
	Date of Birth: age22yrs; Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TLC Teresa L. Cleverly	DEC 17 1981

K FORM BH 56067 1CC pd # 14500 Rush 9-16-81

W. Stetmore

DEC 17 1981

259-218-026-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-119

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gwen Rachel Berrett
2. Date of Birth (month) (day) (year): Jan. 18 1915
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: William Silas Berrett
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Rachel Thomas Beach
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gwen B. Dellmore
11. Present Address of Registrant: Rt 6 Box 413 Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 26, 1982
12. Signature of Notary: Esther H. Brathes
13. Notary Commission expires: Cont. 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Blessing record	LDS Church	May 29,1981	Blessed Mar. 7, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18, 1915	Menan, Idaho	Rachel Beach	William S. Berrett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's hosp. birth Certif.	Idaho Falls LDS Hosp, Idaho	child born July 15,1939	child born July 15, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1915	Menan, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
1907-1918 Church Membership record	LDS Church, Rexburg, Idaho	Mar. 1915	March 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1915	Menan, Idaho	Rachel Thomas Beach	Wm. S. Berrett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

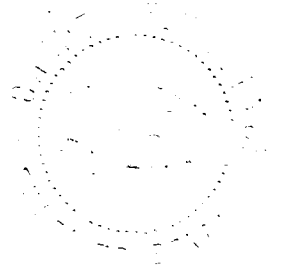
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAY 19 1982

K FORM BH 56067

3-18-82 research made

Fellowes

MAY 19 1982



753-225-039-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-131

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lala Bernice Peterson
2. Date Of Birth (month) (day) (year): January 25 1915
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bower
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Henry Victor Peterson
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Beatrice Susan West
9. State or Country of Mother's Birth: Am Falls Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Lala B O'Neil
11. Present Address of Registrant: 77 Chase Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 29 April 1978

12. Signature of Notary: Dallas Jackins
13. Notary Commission expires: 7 July 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 83	Beatrice S. Peterson	Apr.20,1978	Apr.20,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.25,1915	American Falls,ID	Beatrice Susan West	Henry Victor Peterson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license affidavit	Bonneville County, Idaho	June7,1978	Nov.29,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	-------	----------	- ---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Sec.#	Social Security Administration	Sept.16,1938	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan25,1915	American Falls,ID	Beatrice S. West	Haney V. peterson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

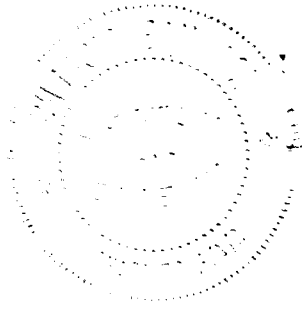
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUN 25 1982

cc

FORM BH 56067

O'N-1

JUN 2 9 1982



DECEASED

155-106-006-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE82-233

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clinton Berg Jensen		2. Date of Birth (month) August (day) 19 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Clinton Jensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Bertha Berg		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clinton Berg Jensen	11. Present Address of Registrant: Star Rt. Box 95 Vaughn, Mt.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 31 1980	12. Signature of Notary: Ida L. Day	13. Notary Commission expires: June 1 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Montana	Date Issued: Oct.7,1957	Date Orig. Entry: child born Nov.18,1950	
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Military record	By whom issued and signed: U.S. Infantry	Date Issued: AUG.30,1945	Date Orig. Entry: inducted Feb.27,1941	
	Date of Birth: Aug.19,1915	Birth Place: Basalt, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Church record(ordination)	By whom issued and signed: LDS Church	Date Issued: Oct.7,1957	Date Orig. Entry: Oct. 9, 1938	
	Date of Birth: Aug.19,1915	Birth Place: Basalt, Idaho	Full Name of Mother: Annie B. Berg	Name of Father: Clinton Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	cc Teresa L. Cleverly	OCT 14 1982

FORM BH 56067

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5-2-06

OCT 1 4 1982

249-22402 08-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Lucille Smith			2. Date Of Birth (month) February (day) 24 (year) 1915	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: (Rural) Boise	b. City or Town of Birth: Arrowrock Dam	
FATHER	6. Full Name of Father: Clifford Joseph Smith			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary Verona Beeks			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy L. Smith	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 19 82		12. Signature of Notary: Florence Cartright	13. Notary Commission expires: April 20 19 86	

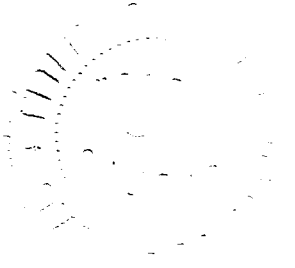
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Family	Date Issued: Feb.24,1925	Date Orig. Entry: Feb.24,1925
	Date of Birth: age 10	Birth Place: Idaho	Full Name of Mother: Mary Beeks	Name of Father: Clifford Joseph Smith	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: on file - Idaho #220643	Date Issued: -----	Date Orig. Entry: child born Mar.10,1934
	Date of Birth: Age 19	Birth Place: Arrowrock, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application for social security number		By whom issued and signed: Social Security Admin.	Date Issued: Sept.2,1982	Date Orig. Entry: June 1953
	Date of Birth: Feb.24,1915	Birth Place: Arrowrock,Idaho	Full Name of Mother: Mary V. Beeks	Name of Father: Clifford J. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: fc TEresa L. Cleverly	Date Filed: OCT 29 1982

FORM BH 56067

OCT 2 9 1982



213-22-226-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-029

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Knowlton Ball
2. Date Of Birth: (month) Aug (day) 26 (year) 1915
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Jefferson, Ida
b. City or Town of Birth: Lewisville

FATHER

6. Full Name of Father: Lorenzo C Ball
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hazel Knowlton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Ball
11. Present Address of Registrant: 5037 marbrisa lane Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Feb 2 1983
12. Signature of Notary: Thomas F. Snouffer
13. Notary Commission expires: June 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certif. of Ordination-Teacher	LDS Church, Geo. L. Hart	Oct.19,1930	Oct.19,1930
	Date of Birth: Aug.26,1915 / Birth Place: Lewisville, Idaho	Full Name of Mother: Hazel Knowlton	Name of Father: Lorenzo C. Ball	
SUPPORTING RECORD 2.	Patriarchal Blessing	Calvin Delos McOmber	Oct.11,1942	Oct.11,1942
	Date of Birth: Aug.26,1915 / Birth Place: Lewisville, Idaho	Full Name of Mother: Hazel Knowlton	Name of Father: Lorenzo C. Ball	
SUPPORTING RECORD 3.	Own child's birth certificate	By whom issued and signed: Rigby, Ida) Hendrick Mat. Hosp, Idaho	Date issued: child born May 29,1951	Date Orig. Entry: child born May 29, 1951
	Date of Birth: Aug.26, 1915 / Birth Place: Lewisville, Ida.	Full Name of Mother: -----	Name of Father: -------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

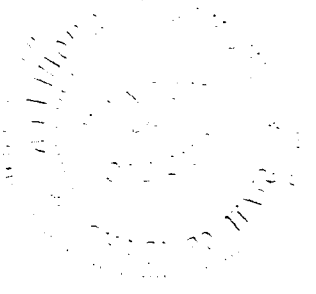
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 2 1983

FORM BH 56067 12-30-82 100pd new 5360

Bell

FEB 2 1983



269-107-003-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-092

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Dennis O Sorensen
2. Date Of Birth: (month) December (day) 9 (year) 1915
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Lago

FATHER

6. Full Name of Father: Ephraim Aaron Sorensen
7. State or Country of Father's Birth: Lago, Bannock Co., Idaho

MOTHER

8. Full Maiden Name of Mother: Emily Jane Olsen
9. State or Country of Mother's Birth: Ovid, Bear Lake Co., Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dennis O Sorensen
11. Present Address of Registrant: 775 Lone Tree Road, Fallon, Nevada

NOTARY

Subscribed and sworn to before me on: March 21 1983

12. Signature of Notary: Eva B. Whitaker
13. Notary Commission expires: March 22 1986

EVA B. WHITAKER
Notary Public - State of Nevada
Appointment Recorded in Churchill County
MY APPOINTMENT EXPIRES MAR 22, 1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church - E.A. Sorenson	June1,1924	Baptized June 1, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.9,1915	Lago, Idaho	Emily Olson	Ephraim Aaron Sorenson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for insurance	New York Life Ins. Co.	Aug.11,1949	Aug. 11, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.9,1915	Lego, Idaho	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Nevada	Nov.20,1973	child born Sept.26,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30yrs	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 1 1983

FORM BH 56067 3-17-83 lwpd rev# 16571

APR 1 1983

Sorensen

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALTHEA MAY Goe			2. Date Of Birth (month) OCT (day) 31 (year) 1915
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: Heise a. County: JEFFERSON	b. City or Town of Birth: Heise
FATHER	6. Full Name of Father: THOMAS Goe			7. State or Country of Father's Birth: ILLINOISE
MOTHER	8. Full Maiden Name of Mother: BERTHA WEIBEL			9. State or Country of Mother's Birth: BERNE, SWITZERLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Althea Goe MacKenzie		11. Present Address of Registrant: Box 1352, PARKER, AZ 85344
NOTARY (Seal)	Subscribed and sworn to before me on April 22 1983 State of Arizona County of La Paz	12. Signature of Notary: Linda Maya		13. Notary Commission expires: 12-4 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal record	Fred C. Braun, Pastor	Oct.15,1916	Oct.15, 1916
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 31,1915 Heise, Idaho	Bertha Goe	Thomas Goe	
SUPPORTING RECORD 2.	Marriage license	State of California	Sept.19,1936	Sept.19,1936
	age 20yrs / Idaho	------	----------	
SUPPORTING RECORD 3.	Insurance policy	Illinois Mutual Life Ins.	Aug.14,1971	Aug. 14, 1971
	Oct.31,1915 / Idaho	------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 19 1983

FORM BH 56067

Mackenzie

7-8-118-204-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CECIL EUGENE PAYNE			2. Date Of Birth (month) 11 (day) 18 (year) 15	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: GEORGETOWN	
FATHER	6. Full Name of Father: LOT LEO PAYNE			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: HATTIE HAYES			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil E Payne		11. Present Address of Registrant: 1786 south 2100 east salt lake city ut 84108	
NOTARY (Seal)	Subscribed and sworn to before me on: 4/28 1983	12. Signature of Notary: Shannon J. Weiler		13. Notary Commission expires: 2/9 1985	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Charles R. Clark		Date Issued: Nov.27,1923	Date Orig. Entry: Nov.23,1923
	Date of Birth: Nov.18,1915	Birth Place: Georgetown, Idaho	Full Name of Mother: Hattie Hayes	Name of Father: Lot L. Payne	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United States Army		Date Issued: Dec.6,1945	Date Orig. Entry: Sept.10,1941
	Date of Birth: Nov.18,1915	Birth Place: Georgetown, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Kansas City Life Ins. Co.		Date Issued: Nov.22,1940	Date Orig. Entry: Nov.22,1940
	Date of Birth: Nov.18,1915	Birth Place: Idaho	Full Name of Mother: Hattie Hayes Payne	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: MAY 19 1983

FORM BH 56067 4-84-5 Copel 0.C.# 19590

MAY 19 1983

282-207-003-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Sylvia Bybee		2. Date of Birth (month) Sept. (day) 7 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: George Andrew Bybee		7. State or Country of Father's Birth: Ogden, Weber Co. Utah
MOTHER	8. Full Maiden Name of Mother: Sylvia Caroline Green		9. State or Country of Mother's Birth: Layton, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Sylvia Mauch	11. Present Address of Registrant: 616 Leading Rock Springs Wyo. 82901
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 19 71	12. Signature of Notary: Nora Kramer	13. Notary Commission expires: Oct. 18 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #351668	Date Issued: ----	Date Orig. Entry: child born Mar.18,1942
	Date of Birth: Age: 26	Birth Place: Grace, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Church Membership record	By whom issued and signed: LDS Church, SLC, Utah	Date Issued: Feb.15,1979	Date Orig. Entry: Nov.7,1915
	Date of Birth: Sept.7,1915	Birth Place: Grace, Idaho	Full Name of Mother: Sylvia Green	Name of Father: George A. Bybee
SUPPORTING RECORD 3.	Type of Document: Application for social security number	By whom issued and signed: Social Security Admin.	Date Issued: July 29,1983	Date Orig. Entry: May 11, 1937
	Date of Birth: Sept.7,1915	Birth Place: Grace, Idaho	Full Name of Mother: Sylvia Greene	Name of Father: George Bybee
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	gml Teresa L. Cleverly	NOV 2 1983

FORM BH 56067

NOV 2 1983

386-207-025-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-065

OFFICIAL SEAL — CHARLES B. WILES — NOTARY PUBLIC - CALIFORNIA — Principal Office in SUTTER County — My Commission Expires Sept. 19, 1977

REGISTRANT

1. Registrant's Full Name at Birth: Alice Rachel Thompson
2. Date Of Birth (month) (day) (year): March 7 1915
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Idaho
   b. City or Town of Birth: White Bird

FATHER

6. Full Name of Father: John Melvin Thompson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Grace Rodgers
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice R. Cramer
11. Present Address of Registrant: P.O. Box 983 Marysville Calif 95901

NOTARY (Seal)

Subscribed and sworn to before me on: MARCH 7 1977

12. Signature of Notary: Charles B Wiles
13. Notary Commission expires: SEPT. 19 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor age82yrs	Fae R. Price	Dec.23,1976	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.7,1915	White Bird, Idaho	Mary Grace Thompson	John Melvin Thompson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	U.S. Census Bureau	Jan.19, 1977	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 4 yrs	Idaho	Mary G. Thompson	John M. Thompson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record	Fremont Medical Center	Apr.30,1974	Apr.28,1974

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.7,1915	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	APR 6 1984

FORM BH 56067

1-14-26

APR 6 1984

847-213-006-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Francis Hugues		2. Date Of Birth (month) 10 (day) 13 (year) 15
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Fort Hall, Idaho
FATHER	6. Full Name of Father: Charles Frederick Hugues		7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Althea Le Sieur		9. State or Country of Mother's Birth: Calif U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas F. Hugues	11. Present Address of Registrant: 13178 47th lane Yuma Ariz
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1984	12. Signature of Notary: Charlene I. Dilley	13. Notary Commission expires: My Commission Expires May 7, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by Fort Hall Agnecy		By whom issued and signed: W. A. Inehojoh, Sr. Super.	Date issued: July 16,1970	Date Orig. Entry: ----
	Date of Birth: Oct.13, 1915	Birth Place: Fort Hall, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers		By whom issued and signed: United States Navy	Date issued: Dec.27,1954	Date Orig. Entry: Feb.8,1947
	Date of Birth: Oct.13,1915	Birth Place: Fort Hall, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Chemawa Indian School Chemawa Oregon	Date issued: Oct.29,1963	Date Orig. Entry: Sept. 1,1929
	Date of Birth: Oct.13,1915	Birth Place: Fort Hall,ID	Full Name of Mother: Althea LeSieur Hugues	Name of Father: Charles Hugues	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal) See

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Biggs, R.N.	tc Florence Curtright	May 9, 1984

FORM BH 56067 NM Rush! 2-29-84

Hughes

MAY 9 1984

E01

845-202-004-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Almira Hunter		2. Date Of Birth (month) June (day) 2 (year) 1915
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Bear Lake; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Daniel M. Hunter		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Almira Curtis		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Almira Hunter Bartley	11. Present Address of Registrant: P.O. Box 46, Price, Utah 84501
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1984	12. Signature of Notary: Sherrie Grange	13. Notary Commission expires: 10/28 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: LDS Church	Date issued: 9-22-77	Date Orig. Entry: 7-1-23
	Date of Birth: 6-2-15	Birth Place: Montpelier ID	Full Name of Mother: Almira Curtis	Name of Father: Daniel M. Hunter	
SUPPORTING RECORD 2.	Type of Document: Birth _ertificate of child		By whom issued and signed: State of Utah	Date issued: 1-14-46	Date Orig. Entry: 12-18-45
	Date of Birth: Age 30	Birth Place: Montpelier ID	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Montana	Date issued: 7-2-38	Date Orig. Entry: 7-2-38
	Date of Birth: Age 23	Birth Place: Montpelier ID	Full Name of Mother: Almira Curtis	Name of Father: D.M. Hunter	
QUALIFYING INFORMATION					

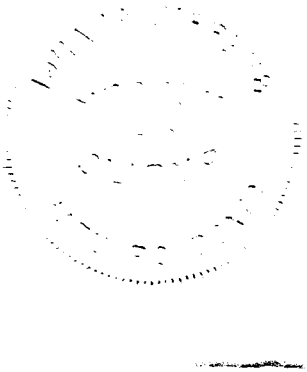
REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
See Biggs, R.N.	James Stewart	6-21-84

FORM BH 56067

Bartley

JUN 2 1 1984



152-228-010-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha marie ~~Ma~~ Jessen		2. Date Of Birth (month) May (day) 28 (year) 1915	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Swan Valley Bonneville	b. City or Town of Birth: Swan Valley, Ida
FATHER	6. Full Name of Father: Herman Jessen		7. State or Country of Father's Birth: Fredrichsheide, Schleswig Holstein Germ	
MOTHER	8. Full Maiden Name of Mother: Anna Sophia Michelsen		9. State or Country of Mother's Birth: Plattelenter, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Marie Jessen Marten	11. Present Address of Registrant: 5055 Canyon Creek Rd - Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1984	12. Signature of Notary: Rebecca Holzem	13. Notary Commission expires: 07/09 1988	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Aug. 16, 1936	Date Orig. Entry: Baptized July 19, 1936	
	Date of Birth: May 28, 1915	Birth Place: Swan Valley, Idaho	Full Name of Mother: Annie Sophia Mickelson	Name of Father: Herman Jessen	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Idaho #428123	Date Issued: Sept. 26, 1967	Date Orig. Entry: child born Nov. 23, 1946	
	Date of Birth: age 31yrs.	Birth Place: Swan Valley, ID	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Life Insurance application	By whom issued and signed: Columbian National Life	Date Issued: 10-26-51	Date Orig. Entry: 10-26-51	
	Date of Birth: 5-28-15	Birth Place: Swan Valley ID	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	tc James J. Stewart	10-23-84

FORM BH 56067 Suppl # 5735

7-17-84

OCT 23 1984

Martin

796·123·033·284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marshall Glenn Grover			2. Date Of Birth (month) 7 (day) 23 (year) 1915	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Archer, Madison County	b. City or Town of Birth: Archer	
FATHER	6. Full Name of Father: William Leslie Grover			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Grace Squires			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marshall Glenn Grover		11. Present Address of Registrant: 565 N Colonial Layton	
NOTARY (Seal)	Subscribed and sworn to before me on: 14 February 1985	12. Signature of Notary: Elaine M. Dern		13. Notary Commission expires: 18 May 1986 (Utah 84041)	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother 91yrs	By whom issued and signed: Grace Squires Grover		Date Issued: Feb.5,1985	Date Orig. Entry: -----
	Date of Birth: July 23,1915	Birth Place: Archer, Idaho	Full Name of Mother: Grace Squires	Name of Father: William Leslie Grover	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Archer Ward, Ida.		Date Issued: Blessed Sept5.1915	Date Orig. Entry: Blessed Sept.5,1915
	Date of Birth: July 23,1915	Birth Place: Archer, Idaho	Full Name of Mother: S. Grace Squires	Name of Father: Wm. L. Grover	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Archer Ward, ID		Date Issued: Aug.26,1923	Date Orig. Entry: Aug.18,1923
	Date of Birth: July 23,1915	Birth Place: Archer, Idaho	Full Name of Mother: Grace Squires	Name of Father: Wm. L. Grover	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

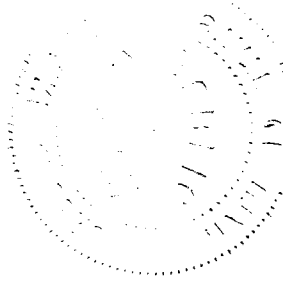
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 13 1985

FORM BH 56067

GROVER

APR 9 1985



385-227-009-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DORIS ELSIE THERIEN			2. Date Of Birth (month) August (day) 27 (year) 1915
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Hope, Idaho
FATHER	6. Full Name of Father: Charles Russell Therien			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Hazel Elsie Frank			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Doris Murrietta		11. Present Address of Registrant: Tanaja Trading Post, Rt 53 Ramaha, N.M. 87321
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 1985	12. Signature of Notary: Alva J. Patterson		13. Notary Commission expires: January 18 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Bonner Co.Shcool Dist.# 82	Date Issued: Oct.22,'84	Date Orig. Entry: Census taken Sept. 1931
	Date of Birth: Aug.27,1915 / Birth Place: Hope, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Aug.27,1915 / Birth Place: Hope, Idaho	Full Name of Mother: Hazel Elsie Frank	Name of Father: Charles Russell Therien	
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Feb.15,1985	Date Orig. Entry: Census taken Jan 1920
	Date of Birth: Age 4yr 3mo / Birth Place: Idaho	Full Name of Mother: Hazel Therien	Name of Father: C. R. Therien	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Lee Briggs, R.N.	Evidence reviewed by: fc Florence Curtright	Date Filed: 5-21-85

FORM BH 56067

319.126 · 006 · 315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE85-144

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN MAX CAZIER			2. Date Of Birth (month) JULY (day) 26 (year) 1915
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Wapello
FATHER	6. Full Name of Father: WILLIAM DAVID CAZIER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: LULA TANNER			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Max Cazier		11. Present Address of Registrant: 429 Locust Street Twin Falls, Idaho 83301
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 10th 19 85	12. Signature of Notary: Barbara Nelson		13. Notary Commission expires: 12-14-1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certif of Baptism	By whom issued and signed: LDS Church Buhl Ward, Idaho	Date Issued: June7,1925	Date Orig. Entry: June 5, 1925
	Date of Birth: July 26,19	Birth Place: 5 Wapello, Idaho	Full Name of Mother: Lula Tanner	Name of Father: Wm. David Cazier
SUPPORTING RECORD 2.	Type of Document: Mother's appl. for Membership Society of Daughter's of Utah	By whom issued and signed: Mother, Luna Cazier	Date Issued: Feb. 26, 1935	Date Orig. Entry: ----
	Date of Birth: July 26,1915	Birth Place: Wapello, Idaho	Full Name of Mother: Luna J. Tanner Cazier	Name of Father: William David Cazier
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Idaho #434790	Date Issued: child born Mar.25,1947	Date Orig. Entry: child born Mar. 25, 1947
	Date of Birth: age 31yrs	Birth Place: Wapello, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	OCT 3 1985

FORM BH 56067

OCT 3 1985

693-106-003-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FAIRBANKS COPLEY WILSON	2. Date Of Birth (month) (day) (year): November 6 1915
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: BANNOCK-COUNTY	b. City or Town of Birth: COTTONWOOD - IDAHO
FATHER	6. Full Name of Father: JOSEPH - R. WILSON	7. State or Country of Father's Birth: PAYSON - UTAH - U.S.A.
MOTHER	8. Full Maiden Name of Mother: FRANCES GEORGIA JACOBSEN	9. State or Country of Mother's Birth: Oregon - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fairbanks Copley Wilson; 11. Present Address of Registrant: 3015 so. 3380 East Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 2-5- 19 86	12. Signature of Notary: Berva B. Pierce; 13. Notary Commission expires: 1-25- 19 90

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church, Salt Lake City, UT	Date issued: Dec.12,1941	Date Orig. Entry: Mar. 2, 1924
	Date of Birth: Nov.6,1915	Birth Place: Cottonwood, Idaho	Full Name of Mother: Frances Georgia Jacobsen	Name of Father: Joseph R. Wilson	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certif.		By whom issued and signed: State of Utah	Date issued: Feb.5,1986	Date Orig. Entry: child born Dec.18,1953
	Date of Birth: age38yrs.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge papers		By whom issued and signed: U.S. Army	Date issued: Jan.8,1935	Date Orig. Entry: Nov.14,1933
	Date of Birth: age 18yrs	Birth Place: Cottonwood, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tcTeresa L. Cleverly	FEB 25 1986

FORM BH 56067 Pd 6.00 # 1110 1-30-86

FEB 25 1986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE90-025

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERNICE HAMMER
2. Date Of Birth (month) (day) (year): JULY 16 1915
3. Color or Race: WH
4. Sex: F
5. Place of Birth a. County: BONNEVILLE
b. City or Town of Birth: WOODVILLE

FATHER

6. Full Name of Father: AUSTIN JOSIAH HAMMER
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ORETA HUNTSMAN
9. State or Country of Mother's Birth: WAYNE CO. UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice Smith
11. Present Address of Registrant: 6826 S.E. 17 Port. Or.

NOTARY (Seal)

Subscribed and sworn to before me on: March 16 1990
12. Signature of Notary: Kathy M Laskowski
13. Notary Commission expires: 12-21 1991

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Membership Record	LDS Church Salt Lake City, Utah	May 9, 1977	Blessed Sept/5,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July16,1915	Woodville, Idaho	Oreta Huntsman	Austin Z. Hammer

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Number	Social Secuirty Administration	Feb. 1,1990	December 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July16,1915	Idaho	Oreta Huntsman	Austin Hammer

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's Birth Certificate	State of Oregon	child born Juen28,1943	child born June 28,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 27yrs	Idaho	--------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Richard W. Blair	Teresa L. Cleverly	APR 16 1990

FORM BH 56067

1 cc PR #10724

1-21-77

Smith

APR 17 1990

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE94-0010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSA AUGUSTA WOLFE			2. Date of Birth (month) Sept. (day) 4 (year) 1915	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: IDAHO a. County: IDAHO	b. City or Town of Birth: GLENWOOD	
FATHER	6. Full Name of Father: HERMAN WOLFE			7. State or Country of Father's Birth: MENOMONIE, WISCONSIN	
MOTHER	8. Full Maiden Name of Mother: BERTHA MARIA PRIEFER.			9. State or Country of Mother's Birth: MENOMONIE, WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose A. West		11. Present Address of Registrant: Box 123 Kamiah Idaho 83536	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 10 1993	12. Signature of Notary: Karen J. Smith		13. Notary Commission expires: 1-14 1999	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Baptismal Record	By whom issued and signed: E. J. A. Probst Ev.Luth. Pastor		Date Issued: Oct.27,1915	Date Orig. Entry: Baptized Oct.27,1915
	Date of Birth: Sept.4,1915	Birth Place: Glenwood, Idaho	Full Name of Mother: Bertha Priefer	Name of Father: Hermann Wolf	
SUPPORTING RECORD 2.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #54-1991		Date Issued: child born Feb.19,1954	Date Orig. Entry: child born Feb.19, 1954
	Date of Birth: Age: 38yrs	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Older Sister Age: 89yrs	By whom issued and signed: Anna B Warner		Date Issued: Dec.10,1993	Date Orig. Entry: Dec. 10, 1993
	Date of Birth: Sept.4,1915	Birth Place: Glenwood, Idaho	Full Name of Mother: Bertha Maria Priefer	Name of Father: Herman Wolfe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane A. Smith	Teresa L Cleverly	FEB 24 1994

FORM HW 0610

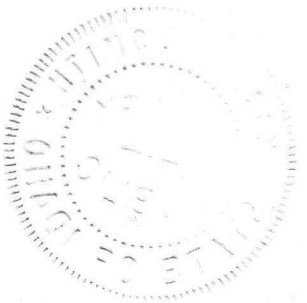
K

88pd#139768

West

FILE # FROM DE93-010 TO DE94-0010 PER FILE DATE. 8/31/12 KMC

FEB 2 4 1994



Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0045

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PAUL NELSON LIDEN
2. Date of Birth: (month) JAN. (day) 11 (year) 1915
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth: a. County: KOOTENAI (COUNTY) b. City or Town of Birth: COEUR D'ALENE, IDAHO

FATHER

6. Full Name of Father: OSCAR E. LIDEN
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: HILDA A. NELSON
9. State or Country of Mother's Birth: OHIO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Paul N Liden
11. Present Address of Registrant: 1051 NEAR OCEAN DRIVE VERO BEACH, FL. 32963

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1997

12. Signature of Notary: Betty J. Sands

13. Notary Commission expires

BETTY J. SANDS
MY COMMISSION # CC 403589
EXPIRES: August 28, 1998
Bonded Thru Notary Public Underwriters

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Baptismal record	C. P. Swanson, Pastor	Jan.19,1915	Jan. 19, 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1915	Coeur d'Alene,ID	Hilda	Oscar E. Lidin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Military Discharge Papers	U S Navy	Dec.11,1945	June 1, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1915	Coeur d'Alene,ID	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Social Security Benefit Information	Social Secuirty Admin.	Aug.6,1997	December 1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1915	Coeur d'Alene,ID	---	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane S. Smith

Evidence reviewed by: tlc Teresa L. Cleverly

Date Filed: AUG 13 1997

FORM HW 0610

NM

3-14-96

Lidren

AUG 1 3 1997

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE99-0034

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HELMUTH REINHART MEYER

2. Date Of Birth: (month) JULY (day) 13 (year) 1915

3. Sex: M

4. Place of Birth: a. County: TWIN FALLS HOME

b. City or Town of Birth: TWIN FALLS IDAHO

FATHER

5. Full Name of Father: EDUARD MEYER

6. State or Country of Father's Birth: ILLINOIS

MOTHER

7. Full Maiden Name of Mother: MARIE RIGGERT

8. State or Country of Mother's Birth: KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Helmuth Reinhart Meyer

10. Present Address of Registrant: 4646 RD N. ORLAND CA. 95963

NOTARY Subscribed and sworn to before me on 8/20/99 (mo. / day / yr.)

LAURI ISCE
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
GLENN COUNTY
My Commission Exp. July 24, 2001

11. Signature of Notary

12. Notary Commission expires: 7 (mo.) 24 (day) 01 (yr.)

BBR BBR

APPLICANT – DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	1920 CENSUS	U S CENSUS BUREAU	MAR,16,1920	MARCH 16, 1920
	Date of Birth / Birth Place: AGE: 4YRS / IDAHO	Full Name of Mother: MARY MEYER	Name of Father: EDWARD MEYER	
SUPPORTING RECORD 2.	AFFIDAVIT BY FREIND OF FAMILY AGE: 93YRS	RUTH ELIZABETH MEYER SPRAGUE	AUG.20,199	---
	JULY13,1915 / TWIN FALLS, ID	MARIE RIGGERT	EDUARD MEYER	
SUPPORTING RECORD 3.	CERTIFICATE OF BAPTISM	J. A. SCHLICHTING	SEPT.5,1915	BAPTIZED SEPT.5,1915
	JULY13,1914 / TWIN FALLS, ID	MARIE C. RIGGERT	EDUARD MEYER	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce A. Smith	Teresa L. Cleverly	SEP 8 1999

FORM HW 0610 8/10 00 # 025239

7-28 99

meyer

SEP 13 1999